

Memorandum

To: Gold Coast Health Plan Hospice Providers

From: Vicki Wrighster
Senior Director, Provider Network Operations

Re: Online Medi-Cal Hospice Program Attestation Form Requirement

Date: March 3, 2026

Effective March 2, 2026, the Department of Health Care Services (DHCS) will require that **all hospice providers** use only the online [Medi-Cal Hospice Program Attestation Form](#) to notify DHCS when a Medi-Cal fee-for-service member has elected to receive hospice services.

The *Medi-Cal Hospice Program Attestation Form* is to be completed in conjunction with hospice providers counseling Medi-Cal fee-for-service members, obtaining informed consent, and completing and obtaining a signature on the *Medi-Cal Hospice Program Election Notice* form ([DHCS 8052](#)).

Note: Consistent with the timeline for completing the *Medi-Cal Hospice Program Election* form, hospice providers are required to complete and submit the online *Medi-Cal Hospice Program Attestation Form* within five (5) calendar days of Medi-Cal fee-for-service members electing hospice services.

- a. The *Medi-Cal Hospice Program Attestation Form* serves as official notice to DHCS of Medi-Cal fee-for-service members' hospice election in compliance with Medi-Cal policy.
- b. The signed *Medi-Cal Hospice Program Election* form is **not** submitted to DHCS; however, the hospice provider **must** maintain it in Medi-Cal fee-for-service members' medical records and make it available to DHCS upon request or in the event of a state or federal audit.

For **Medi-Cal members enrolled in Medi-Cal managed care, including Gold Coast Health Plan (GCHP), and who receive hospice services through their assigned Medi-Cal Managed Care Plan (MCP)**, hospice providers **do not** submit either the *Medi-Cal Hospice Program Attestation Form* or *Medi-Cal Hospice Program Election Notice* form to DHCS. Instead, Medi-Cal managed care members' notice of hospice election must be **given directly to their assigned Medi-Cal MCP.**

Key Requirements

- **Medi-Cal Managed Care members' notice of hospice election must be given directly to their assigned Medi-Cal MCP** and it is the responsibility of hospice providers to confirm and adhere to all Medi-Cal MCP submission requirements, consistent with all Medi-Cal policies.
- **Medi-Cal Fee-For-Service Members Only:** The below process applies **only** to Medi-Cal fee-for-service members, for members enrolled in the Medi-Cal managed care delivery system who receive hospice services through their assigned Medi-Cal MCP.
- **Mandatory Online Submission:** Emailed or paper submissions will **no** longer be accepted starting on March 2, 2026. Completion and submission of the online *Medi-Cal Hospice Program Attestation Form* will be required to formally document that all Medi-Cal coverage and billing policy requirements have been met and to confirm that a *Medi-Cal Hospice Program Election Notice* form has already been completed and **is being maintained in the Medi-Cal fee-for-service member's medical record.**
- **Payment Eligibility:** Completion and submission of the online *Medi-Cal Hospice Program Attestation Form* is required for DHCS to approve claims for reimbursement for hospice services provided to Medi-Cal fee-for-service members, but it alone does not guarantee payment. Claims will only process and adjudicate correctly after DHCS validates all submitted information on the *Medi-Cal Hospice Program Attestation Form* and adds the unique hospice indicator (900 code) to **the Medi-Cal fee-for-service member's record.**

Documentation and Record Keeping

- Hospice providers **should** keep a copy of their confirmation email from DHCS, which will be received after submitting the *Medi-Cal Hospice Program Attestation Form* for their records. This email confirmation formally documents Medi-Cal fee-for-service members' hospice election and can be used as a record of timely filing.
- Hospice providers **must** use the *Medi-Cal Hospice Program Election Notice* form to document required counseling, informed consent, and Medi-Cal member or authorized/legal representative signature(s) on the *Medi-Cal Hospice Program Election Notice* form.
- While signed *Medi-Cal Hospice Program Election Notice* forms are no longer submitted directly to DHCS, hospice providers **must** maintain those forms in Medi-Cal fee-for-service members' medical records and make them available to DHCS upon request or in the event of a state or federal audit.

For questions and additional support, see DHCS' [Hospice Care](#) website and/or contact DHCS' Hospice Clerk via email at MCHospiceClerk@dhcs.ca.gov. Also, please feel free to reach out to us at providerrelations@goldchp.org.



Thank you.