




MassHealth
Nursing Facility Bulletin 142
May 2019

TO: Nursing Facility Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: **Nursing Facility Provider Requirements for Comprehensive Care Planning, Quality of Life and Care, and Providing Services in Anticipation of Discharge**

Introduction and Purpose

As a MassHealth participating provider, and in accordance with federal regulations at 42 CFR Part 483 and state regulations at 130 CMR 456.000 and 105 CMR 150.000, nursing facilities must comply with certain requirements, including those related to comprehensive care planning, quality of life and quality of care for residents, and providing services in anticipation of discharge.

The Executive Office of Health and Human Services (EOHHS), as the MassHealth agency, expects that each MassHealth member who is a resident at a nursing facility will receive person-centered, quality care sufficient to address the resident's individualized needs and wishes, and that each resident will experience the highest practicable quality of life during the resident's stay in the facility. To that end, nursing facilities have an obligation to provide quality care that prevents the avoidable worsening of each resident's health status, which includes appropriate provision of therapy services, treatment and care to address mobility and range of motion, and other care. In addition, when a resident anticipates a discharge from the facility, the nursing facility must account for this goal of the resident when determining appropriate care. EOHHS expects the nursing facility to satisfy these existing regulatory obligations, as described below.

I. Comprehensive Person-Centered Care Plan

The nursing facility must develop and implement a comprehensive person-centered care plan for each resident in accordance with 42 CFR 483.21(b). This comprehensive person-centered care plan must include measurable objectives and timeframes to meet residents' medical, nursing, mental, and psychosocial needs that are identified in the comprehensive assessment made in accordance with 42 CFR 483.20(b).

The services identified in the comprehensive person-centered care plan must be furnished in a manner that allows each resident to attain or maintain each resident's highest practicable physical, mental, and psychosocial well-being, and as required under 42 CFR 483.24 and 42 CFR 483.25 (see also below).

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I. Comprehensive Person-Centered Care Plan (*cont.*)

In addition, and in accordance with 42 CFR 483.65, the nursing facility must provide or arrange for the provision of physical therapy, occupational therapy, and other therapies and specialized rehabilitative services required in the resident's comprehensive person-centered care plan.

The nursing facility must include in each resident's comprehensive person-centered plan a description of the resident's goals for admission and desired outcomes. Additionally, the nursing facility must include in the comprehensive plan the resident's preference and potential for future discharge to the community, and specifically include the discharge plan as appropriate and in accordance with 42 CFR 483.21(c) (see also below).

II. Quality of Life and Quality of Care

In accordance with 42 CFR 483.24, the nursing facility must ensure residents' quality of care and that residents are provided appropriate and necessary treatment and services to attain or maintain the highest practicable physical, mental, and psychological well-being. Services must be consistent with the residents' comprehensive assessments and plans of care as well as the resident's needs and choices. Specifically, residents must be provided care that ensures residents' abilities in activities of daily living do not diminish unless unavoidable due to circumstances specific to clinical condition. **This includes providing treatment and services appropriate to maintain or improve the ability to carry out activities of daily living.**

Nursing facilities must ensure residents receive such treatment, care, and services in accordance with professional standards of practice, each resident's comprehensive person-centered care plan, and residents' choices, and in accordance with 42 CFR 483.25. These quality of care standards include, but are not limited to, ensuring that residents with limited mobility and range of motion must receive treatment, equipment, and services as applicable and appropriate to maintain or improve mobility and improve or prevent decrease in range of motion. Further, such services, equipment, and assistance to maintain or improve mobility must be provided to ensure the maximum practicable independence. See 42 CFR 483.25(c).

III. Providing Services in Anticipation of Discharge

Pursuant to 42 CFR 483.21(c)(1), the nursing facility must develop and implement an effective discharge planning process that focuses on residents' discharge goals, the preparation of residents to be active partners and an effective transition to post-discharge care. As part of the discharge planning process, as appropriate, and as described below, nursing facilities must provide certain therapy and counseling services and coordinate with a durable medical equipment (DME) provider to ensure residents have access to needed DME post-discharge.

A. Physical, Occupational, or Other Therapy or Counseling in Anticipation of Discharge

1. Some residents pending discharge may have experienced a reduction in or termination of one or more of physical, occupational, or speech/language therapy services during their facility stay. In accordance with 42 CFR 483.21(c)(1)(ii), nursing facilities must regularly re-evaluate residents' therapy needs as part of the discharge planning process to account for discharge as a goal, and provide any medically necessary therapy services prior to their discharge.
2. Additionally, in accordance with 42 CFR 483.15(c)(7), nursing facilities must provide and document sufficient preparation and orientation to residents to ensure safe and orderly discharge from the facility. This includes developing a post-discharge plan of care that includes any arrangements that have been made for follow-up care and any post-discharge medical and non-medical services.
3. Providing necessary and appropriate therapy and counseling services will help ensure residents' successful discharges.

B. Durable Medical Equipment (DME) in Anticipation of Discharge

1. Nursing facilities must assess residents and coordinate with durable medical equipment (DME) providers to meet the DME needs of residents pending discharge, including residents' access to the required DME while in the nursing facility. For residents who have a planned and pending discharge, and who are dually eligible for Medicare and MassHealth, nursing facilities and DME providers must access DME through Medicare before seeking reimbursement through MassHealth. If the DME cannot be accessed through Medicare, nursing facilities and DME providers must arrange for DME covered by MassHealth.
2. MassHealth covers certain DME for delivery to residents in a facility in anticipation of discharge. In accordance with 130 CMR 456.414 and 130 CMR 409.415(A)(1), nursing facilities are not responsible for payment for DME delivered in anticipation of discharge if facilities provide certain documentation to DME providers, including residents' written discharge plan. Additionally, in accordance with 130 CMR 409.419(C), DME providers may deliver DME to nursing facilities up to 10 business days before residents' discharge dates for the purpose of fitting or training residents in the proper use of the DME.

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