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Bureau of Health Care Safety and Quality
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Circular Letter: DHCQ 13-9-595

TO: Administrators: Long Term Care Facilities

FROM: Madeleine Biondolillo, MD
Interim Associate Commissioner, DPH
Paul DiNatale, MA, MSW
Assistant Director HCQ

RE: Long Term Care Facility Respite Care program

DATE: September 9, 2013

The purpose of this circular letter is to inform Long Term Care facilities that the Department no longer requires a facility to submit a specific waiver request to provide respite care. Long Term Care facilities who wish to provide respite care services may do so if the guidelines below are followed and there exists a facility policy that is in compliance with the Department's guidelines.

The regulation 105 150.003(B) reads in part:

> Facilities shall admit and care for only those individuals in need of long term care services for whom they can provide care and services appropriate to the individual's physical, emotional and social needs. Prior to admission, an individual's needs shall be evaluated and alternative care plans considered. This evaluation shall be a joint responsibility of the referring agency or institution, the admitting physician and the receiving facility.

The Department has historically granted a facility a waiver to provide respite care in accordance with Department guidelines. This valuable service helps support families who are seeking to maintain their family member at home and in a community setting. The Department has seen a recent influx of requests for individual facility waivers to provide respite care. The Department wishes to support the provider's efforts in helping families to maintain their family member at home. Heretofore, the Department at this time will no longer require facilities to submit a request for a waiver to provide this service in their community. Rather, Long Term Care facilities wishing to provide respite care to individuals in the community may do so in accordance with these Department Guidelines:

1. The facility shall maintain written policies and procedures for patient care and services that are not otherwise in conflict with the LTCF regulations at 105 CMR 150.000 or the Medicare/Medicaid requirements at 42 CFR 483 subpart B and at least include the following:

2. An individual shall be admitted only upon written order of a physician, who designates placement as medically and socially appropriate.

3. Upon admission, based upon a physical examination and medical evaluation, the attending physician provides a medical care plan that, at a minimum, contains a primary diagnosis, orders for treatment including therapeutic diets and medications as applicable; short term goals; estimated length of stay; and proposed discharge date. (If the individual has had a physical examination within 90 days prior to admission by the physician who will continue as the attending physician, a repeat physical examination following admission to the facility is not required).

4. A nursing care plan that contains a nursing assessment and short-term goals

5. Facilities participating in the Medicare/Medicaid program must maintain compliance with all requirements and provide respite residents with all services required under 42 CFR Part 483, subpart B for Long Term Care Facilities (e.g., complete the MDS process within 14 days and development of a comprehensive care plan within 7 days following the completion of the MDS assessments, resident rights, notice and discharge). *(Not applicable to Level IV units).*

6. The number of beds designated for respite care use shall not exceed ten percent (10%) of the facility's licensed bed quota.

7. Each individual to be admitted is notified of all charges and fees.

8. All services offered by the facility are made available to individuals admitted for respite care purposes.

9. Length of stay of individuals admitted for respite care services shall not exceed 30 days.

Surveyors will inquire as to the existence of a respite care program at the time of a facility's survey. Any questions may be directed to: Paul DiNatale at Paul.DiNatale@state.ma.us