



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Care Facility Licensure and  
Certification  
99 Chauncy Street, Boston, MA 02111

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**Circular Letter: DHCQ – 15-08-639**

**TO:** Nursing Home Administrators

**FROM:** Sherman Lohnes   
Director, Division of Health Care Licensure and Certification

**SUBJECT:** Dementia Special Care Unit Disclosure Statement – Updated Instructions

**DATE:** August 21, 2015

Under Massachusetts General Laws Chapter 111, section 71C, any nursing home that advertises or holds itself out as providing specialized services and programming for dementia special care units must: meet the requirements for dementia special care units at 105 CMR 150.022 through 150.029, including training, staffing, activities and physical design; and complete a disclosure statement that is available to the public and filed annually on March 1 with the Department of Public Health, regardless of whether the information previously reported in the form has changed.<sup>1</sup>

Some facilities, while complying with the requirements for training, staffing, activities and physical design, have failed to file a copy of their disclosure statement with the Department in a timely manner. This violates 105 CMR 150.028. Facilities that have failed to file a copy of their disclosure statement with the Department must do so immediately, or immediately remove all references to dementia care from their advertising.

A facility which substitutes another term for dementia or Alzheimer's disease in its advertising is out of compliance with the requirements of the statute and the regulations. This includes language such as "memory care" or "cognitive impairment" or a description of symptoms commonly associated with dementia.

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<sup>1</sup> All nursing homes, including those without a dementia special care unit, must comply with the training requirements at 105 CMR 150.024 and 150.025.

A facility which does not operate a dementia special care unit **may not** include a reference to dementia care or memory care in a list of provided services, or indicate that the facility has received “Memory Care Certification” or a similar designation from an accrediting organization such as the Joint Commission, even with a disclaimer that the facility does not operate a dementia special care unit. This represents a change from previous guidance.

The Department recognizes that any facility, even if it does not operate a dementia special care unit, may admit a resident with dementia and that residents or their legal surrogates may choose a particular nursing home for a variety of reasons, which may or may not include a facility operating a dementia special care unit. A facility may include the term “dementia” in a bulleted or other list of the type of residents it admits, so long as it: 1) includes a disclaimer that it does not operate a dementia special care unit; and 2) there is no other language included that describes the services specifically available to residents with dementia, which suggests that some sort of specialized dementia care is available.

**Disclosure forms must be submitted electronically to the Department using the Health Care Facility Reporting System (HCFRS). When submitting its disclosure form, a facility must follow these steps:**

1. Complete the disclosure form in its entirety (see attached).
2. Scan the disclosure form.
3. Create an incident in HCFRS under the incident type “Dementia SCU Disclosure” using March 1<sup>st</sup> as the incident date if you are refiling an annual statement in a timely manner (or the actual filing date for an annual statement filed after March 1<sup>st</sup>; or projected opening date of the unit if this is an initial submission).
4. Attach the scanned copy of the completed disclosure form to the incident created.
5. Submit the incident to the Department by March 1<sup>st</sup> on an annual basis (or prior to projected opening date if this is an initial submission).
6. **Submit any requests for a waiver by mail, as indicated below.** A copy of your waiver request should be scanned and attached with your disclosure form.

Any facility which is seeking a continuation of a waiver, or a new waiver, of a dementia special care unit requirement must submit a new waiver request form for each requirement that it seeks to have waived.

**Waiver requests must be submitted by mail to:**

**Licensure Coordinator  
Division of Health Care Facility Licensure and Certification  
Massachusetts Department of Public Health  
99 Chauncy Street, 11<sup>th</sup> Floor  
Boston, MA 02111**

As indicated in the Department's Circular Letter 14-5-615, dated May 22, 2014, requests submitted in 2014 for a waiver of any of the physical plant requirements were to specify how the facility would achieve compliance in a timely manner, but not later than February 28, 2015.

Any facility seeking continuation or a new waiver of any dementia special care unit requirement beyond February 28, 2015 must provide sufficient documentation to the Department which supports its request. As facilities are not required to have a dementia special care unit, the Department anticipates requests for a permanent waiver will be made in only the most extreme situations and will be subject to thorough review by the Department before approval.

Facility questions regarding the dementia special care unit regulations should be directed to the appropriate regional manager of the Department for the facility. For questions about this Circular Letter, please contact the Regional Supervisor for your facility at 617-753-8106.

## Dementia Special Care Unit (DSCU) Disclosure Form

This disclosure form must be submitted to Massachusetts Department of Public Health using the Health Care Facility Reporting System (HCFRS) annually on March 1<sup>st</sup> by each DSCU; posted in a conspicuous place in the facility; and provided by the facility to each resident or resident's authorized representative prior to admission, and to each resident, resident's authorized representative, or any member of the public upon request. See 105 CMR 150.028.

Facility Name:

Unit Name(s – if applicable):

Address:

Town or City:

Zip:

DPH License Number:

Phone:

### Number of Beds:

Facility Total:

In DSCU:

Not in DCSU:

### Ratio of Staff to Residents on the DSCU:

Staff Type	Weekday				Weekend			
	7AM – 3PM	3PM – 7PM	7PM – 11PM	11PM – 7AM	7AM – 3PM	3PM – 7PM	7PM – 11PM	11PM – 7AM
Registered Nurse/ Licensed Practical Nurse								
Certified Nurse Aide								
Activity Personnel								

### Are the following services available within the facility to residents on the dementia special care unit?

Service	Yes	No	Service	Yes	No
Dental			Occupational therapy		
Optical			Mental Health		
Podiatry					

### Hours of therapeutic activities offered for each shift:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (7AM – noon)							
Afternoon (noon – 5PM)							
Evening (5PM – 11PM)							

Are activities provided 24 hours a day for residents who need them? (Please check appropriate box)

Yes

No

**DSCU Policies, Programs, and Physical Environment Features:**

Please indicate a “yes” or “no” answer for each question:	Yes	No
Is there secure outdoor space with walkways for residents?		
Is the dementia special care unit locked?		
Does the dementia special care unit offer private bedrooms?		
Is the dementia special care unit equipped with a cooling system which will maintain a comfortable temperature, no greater than 75 degrees?		
Does the dementia special care unit have an Alzheimer’s/dementia support group for family members?		
Does the program/unit have a family council?		
Are written guidelines on the use of chemical and physical restrains available to consumers?		
Are family members informed of procedures for registering, resolving, and appealing any grievances or complaints?		
Does the care planning team include a variety of professionals with skills in medical and nursing, as well as in behavioral, emotional, and social needs?		
Do care plans include personal histories prior to dementia, such as skills, occupations, interests, and daily routine?		
Are care-planning meetings open to family members?		
Are care-planning meetings scheduled to accommodate family members?		
Does the dementia special care unit practice consistent assignment of direct care staff?		
Are end of life issues discussed with family members at the time of admission?		

**Waivers to DSCU Requirement:**

Has the DSCU requested a waiver of any DSCU regulation? If “yes”, attach copy of waiver request.

Requirement	Yes/ Copy Attached	No	Requirement	Yes/ Copy Attached	No
Training (105 CMR 150.024-025)			Disclosure (105 CMR 150.028)		
Activities (105 CMR 150.026-027)			Physical Environment (105 CMR 150.029)		

**Facility Contacts for Additional Information:**

Name:	
Phone Number:	E-mail Address:
<b>Facility Administrator’s attestation the information on this disclosure form is a true and accurate representation of the staffing, services and program activity provided by the DSCU to its residents:</b>	
Typed Name:	License Number:
Signature:	Date: