

DMH POLICY

Title: Nursing Facility Informed Choice	Policy #: 26-01 Date Issued: February 2, 2026 Effective Date: February 2, 2026
Approval by Commissioner: 	
Signature: Last Review: Beth Lucas, MPA, OT	February 2, 2026

I. PURPOSE

The purpose of this policy is to ensure that individuals assisted by DMH's Nursing Facility Transition Team are provided with reasonable accommodation for cognitive impairments or other challenges to allow participation in decision-making to the fullest extent possible. DMH's informed choice policy recognizes an individual's right to participate and act on their own behalf and acknowledge an individual's right to consult with and include chosen supporters but shall also recognize the authority of guardians in situations where an individual has a guardian.

II. SCOPE

This policy applies to NF in-reach and transition planning activities conducted by DMH Nursing Facility Transition Team for individuals with SMI as determined by Preadmission Screening and Resident Review (PASRR).

III. DEFINITIONS

Informed Choice: A decision-making process led by the individual, with involvement from their guardians (if applicable), that:

1. Provides comprehensive information about options to receive long-term care services in the community.
2. Provides reasonable accommodation for cognitive impairments or other challenges to allow participation in decision making to the fullest extent possible.
3. Addresses the individual's strengths, needs, and concerns; and,

4. Empowers the individual with the tools and support needed to actively participate in the decision-making process.

Nursing Facility (NF): An institution or a distinct part of an institution that meets the provider eligibility and certification requirements of 130 CMR 456.404 or 456.405.

Serious Mental illness: The term as defined at 42 U.S.C. § 1396r(e)(7)(G)(i) and in accordance with the federal PASRR regulations at 42 CFR 483.102(b)(1).

IV. PRINCIPLES OF INFORMED CHOICE

In conducting nursing facility in-reach and transition planning activities, DMH operates under the following principles:

- a. In-reach and transition efforts start with the presumption that individuals are capable of living in the community, and that an individual's interest in continuing to receive services in a nursing facility may change over time and that living in an NF does not necessarily mean they are opposed to transitioning to community living.
- b. Culturally and linguistically competent services are provided consistent with National Standards for Culturally and Linguistically Appropriate Services (CLAS).
- c. Individuals have the right to participate and act on their own behalf, and to consult with and include chosen supporters. DMH also recognizes the authority of guardians, where applicable, in decision-making processes, and that guardians should encourage, to the extent possible, the individual to participate in decisions and consider the individual's expressed desires and personal values. See, G.L. 190B, Art. V, § 5-309(a).
- d. Decision-making processes, methods of communication, and information format are tailored to the needs and desires of the individual to help ensure their ability to make an Informed Choice about their long-term care options.

V. POLICY

DMH shall engage in the following activities when determined to be clinically appropriate:

- a. Offer NF residents receiving DMH transition case management, at a minimum, a monthly in-person visit to support transition activities as identified through the needs assessment and service plan.
- b. Provide case managers/service or transition coordinators who are trained in CLAS standards and are available to assist and support their clients with informed choice and transition processes.
- c. Engage with individuals to ascertain their strengths, goals, needs, and preferences concerning transition.

- d. Identify barriers and concerns about transition including sociocultural barriers to transition (e.g., barriers related to varying perspectives about illness or fears and concerns about medications).
- e. Provide information and education about transition options in a form and manner consistent with each individual's assessed communication strengths and preferences from staff trained in CLAS standards.
- f. Provide opportunities to visit community programs and service providers.
- g. Provide referrals to state agencies, community programs, and other service providers; as well as assistance in applying for supportive community services surrounding community transition.

VI. RESPONSIBILITY

The DMH Central Office Director of Community Services shall be responsible for the overall implementation of this policy. The DMH Nursing Facility Transition Team Nurse Manager, in conjunction with the Team, shall be responsible for the direct implementation and coordination of the activities identified herein.

VII. REVIEW

This policy and its implementation shall be reviewed annually.