



**MassHealth**  
**Acute Inpatient Hospital Bulletin 186**  
**July 2021**

**TO:** Acute Inpatient Hospitals Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth

**RE: Discharge Planning to Support Members Experiencing or at Risk of Homelessness**

## Overview

MassHealth is working in coordination with the Department of Housing and Community Development (DHCD), the Interagency Council on Housing and Homelessness (ICHH), and other departments within the Executive Office of Health and Human Services (EOHHS) to better align expectations for Acute Inpatient Hospitals (AIHs), Psychiatric Inpatient Hospitals, and emergency shelters in order to decrease the number of people who are discharged from healthcare facilities directly to homeless shelters. This initiative is an outgrowth of the [Commonwealth's Olmstead Plan](#), which included a specific strategy for EOHHS to *support homelessness prevention and more effective discharge planning efforts across populations*. To assist discharging hospitals and shelters, DHCD, ICHH and MassHealth have developed new tools and guidance, all of which are available on a new website: [Helping Patients who are Homeless or Housing Unstable](#).

This bulletin sets forth AIH discharge planning requirements for members experiencing or at risk of homelessness (as defined herein) and related reporting requirements. This bulletin further clarifies that a member experiencing or at risk of homelessness is a "member expected to require post-hospital care or services" for purposes of 130 CMR 415.419: *Discharge-planning Standards*. The required discharge planning procedures are designed to enable AIHs to identify this vulnerable population in a timely fashion after admission and ensure that such members have access to the post-hospital care (including an appropriate place to live) or services that they need. In addition to any discharge planning procedures required by other applicable laws, regulations, or contracts, all hospitals enrolled in the MassHealth AIH program must incorporate these discharge planning procedures into their discharge planning processes for MassHealth members. Contemporaneous with this bulletin, MassHealth is publishing companion bulletins for its participating Psychiatric Inpatient Hospitals and Managed Care Entities (MCEs).<sup>1</sup>

This bulletin is effective for admissions on and after September 1, 2021.

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<sup>1</sup> For purposes of this bulletin, a Managed Care Entity includes any MassHealth Managed Care Organization, Accountable Care Partnership Plan, Senior Care Organization, One Care Plan, Program of All-Inclusive Care for the Elderly, and the State's behavioral health vendor.

## **Definitions**

- **A Member Experiencing Homelessness** is any member who lacks a fixed, regular, and adequate nighttime residence and who:
  - has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings including a car, park, abandoned building, bus or train station, airport, or camping group; or
  - is living in a supervised publicly or privately operated emergency shelter designated to provide temporary living arrangements, including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals.
- **A Member at Risk of Homelessness** is any member who does not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation.

## **Discharge Planning Procedures for Members Experiencing or at Risk of Homelessness**

MassHealth regulations at 130 CMR 415.419 describe discharge planning requirements for members expected to require post-hospital care and services. As explained above, this bulletin clarifies that a member experiencing or at risk of homelessness is a “member expected to require post-hospital care and services” for purposes of those regulations. Building on those regulations, the required discharge planning procedures that follow are designed to enable AIHs to identify these members in a timely fashion after admission and ensure that such members have access to the post-hospital care or services that they need, including an appropriate housing setting.

### **Discharge Planning Activities at the Time of Admission**

- At the time of admission, and as part of its general discharge planning processes, each AIH must assess each admitted member’s current housing situation. At a minimum, the AIH must assess whether such member is experiencing or at risk of homelessness. To aid in this assessment, AIHs must also ensure that their discharge planning staff screen admission data, including but not limited to age, diagnosis, and housing status, within 24 hours of admission. For any member determined by the AIH to be experiencing or at risk of homelessness, the AIH must commence discharge planning activities within three working days of the member’s admission.
- To assist in the discharge planning process for each member experiencing homelessness or at risk of homelessness, the AIH must, to the extent consistent with all applicable federal and state privacy laws and regulations,<sup>2</sup> invite and encourage the following persons to participate in or otherwise contribute to such member’s discharge planning activities: the

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<sup>2</sup> To the extent that any applicable federal or state privacy law or regulation requires member consent as a prerequisite to any activity described in this bulletin, the AIH must seek such consent.

member; the member's family members, guardians, primary care providers, behavioral health providers, key specialists, Community Partners, case managers or other representatives, emergency shelter outreach or case management staff, or care coordinators; and any other supports identified by the member. For any such member who is a client of the Department of Mental Health (DMH), the Department of Developmental Services (DDS), or the Massachusetts Rehabilitation Commission (MRC), the AIH must, to the extent consistent with all applicable federal and state privacy laws and regulations, invite and encourage designated staff from each such agency to participate in such member's discharge planning activities.

- For any member experiencing or at risk of homelessness enrolled with a MassHealth MCE, the AIH must contact the member's MCE to work together to identify resources to assist the member's housing situation.
- The AIH must determine whether any non-DMH, non-DDS, or non-MRC-involved member experiencing or at risk of homelessness may be eligible to receive services from some or all of those agencies. For any such member, the AIH must, within two business days of admission, and to the extent consistent with all applicable federal and state privacy laws and regulations, offer to assist the member with completing and submitting an application to receive services from DMH, DDS, or MRC, as appropriate. Please click the following links to obtain additional information about the process of applying to receive services from [DMH](#), [DDS](#), and [MRC](#).
- The AIH must determine whether any member experiencing or at risk of homelessness has any substance use disorder. For any such member, the AIH must contact the DPH-sponsored [Helpline](#) ((800) 327-5050), the statewide, public resource for finding substance use treatment, recovery options, and assistance with problem gambling. The Helpline's trained specialists will help the member understand the available treatment services and their options.
- For any member experiencing homelessness who is expected to remain in the AIH for fewer than 14 days, the AIH must contact:
  - The emergency shelter in which the member most recently resided, if known, to discuss the member's housing options post discharge; or
  - If the member has not resided in an emergency shelter, or if the emergency shelter in which the member most recently resided is unknown, the local emergency shelter to discuss the member's housing options post discharge.
  - The names and contact information for emergency shelters is available via <https://hedfuel.azurewebsites.net/iShelters.aspx>.

### **Assessing Discharge Options**

- AIHs must ensure that their discharge planning staff are aware of and utilize available community resources to assist with discharge planning for members experiencing homelessness or at risk of homelessness. For example, AIHs must provide regular training to discharge planning staff on available resources and/or up-to-date resource guides. Various resources are available on [Helping Patients who are Homeless or Housing Unstable](#).
- AIHs must make all reasonable efforts to prevent discharges to emergency shelters of members who have skilled care needs, members who need assistance with activities of daily living, or members whose behavioral health condition would impact the health and safety of individuals residing in the shelter. For such members, AIHs should seek placement in more

appropriate settings, such as DMH community based programs or skilled nursing facilities. EOHHS has established a [website](#) to assist provider hospital discharge staff when helping patients with skilled nursing or other long term care needs. This website also includes information about EOHHS's new [Long Term Care Discharge Support Line](#).

- For certain members, discharge to an emergency shelter or the streets may be unavoidable. For example, certain members may choose to return to the streets or go to an emergency shelter despite the best efforts of the AIH. For these members, the AIH shall:
  - Discharge the member only during daytime hours;
  - Provide the member a meal prior to discharge;
  - Ensure that the member is wearing weather appropriate clothing and footwear;
  - Provide the member a copy of their health insurance information;
  - To the extent clinically appropriate and consistent with all applicable laws and regulations, provide the member with a written copy of all prescriptions and at least one week's worth of filled prescription medications;
  - If the member is to be discharged to an emergency shelter:
    - Provide at least 24 hours advance notice to the shelter prior to discharge;
    - Provide the member with access to paid transportation to the emergency shelter;
    - Ensure that the shelter has an available bed for the member. In the event that a shelter bed is unavailable on the planned discharge date, but a bed will be available soon, the AIH should delay discharge until a bed is available. In these cases, the AIH should bill MassHealth at the administrative day rate for each such day on which the member remains in the AIH, in accordance with the Acute Hospital Request for Applications and Contract (RFA).

### **Tracking and Reporting Discharge Planning Activities**

- AIHs must document in each member's medical record all efforts related to the discharge planning activities described above, including options presented to the member and, if applicable, the member's refusal of any alternatives to discharge to the streets or emergency shelters.
- AIHs must track discharges of members to local emergency shelters or the streets in a form, format, and cadence to be specified by MassHealth.

### **Available Resources**

As part of the collaborative effort with DHCD and ICHH, MassHealth has jointly developed a Discharge Planning Toolkit – a series of guidance documents and technical assistance products. The section below provides an overview of these tools, all of which incorporate the protocols described above.

All of these materials can be accessed online at a new website: [Helping Patients who are Homeless or Housing Unstable](#). This website includes resources, information, and a support line to assist hospital staff in placing members who are experiencing or at risk of homelessness.

- ***Housing Tool for Housing Discharge Staff***

Housing resources, particularly during the COVID-19 pandemic, can be challenging to navigate. This online decision tree can help guide hospital discharge staff when working with a member experiencing or at risk of homelessness by providing specific action steps tailored to the individual's unique situation. A short companion video provides instructions for using the Housing Tool.

- ***DHCD Letter to Individual Emergency Shelter Providers***

This newly released letter outlines DHCD's expectations and requirements for providers that operate emergency shelters for individuals experiencing homelessness with regards to communicating and collaborating with provider hospital discharge staff. Highlights of the letter include reminders that emergency shelters may not place geographic/community of origin restrictions on access, and may not refuse entry to individuals taking prescribed medications, including opiates, oxygen, and benzodiazepines. In addition, DHCD guidance encourages shelters to be prepared to receive and be receptive to inquiries from provider hospitals who may have an individual that previously resided in a shelter by sharing information about the individual's housing history and any other support systems they may have (family, friends, case managers, housing leads, etc.).

- ***ICHH Letter to State Agency Stakeholders***

This letter from ICHH provides the context for the renewed focus on the intersection between facility discharges and homelessness.

- ***Reporting Form for Inappropriate Discharge to Adult Individual Shelter***

To develop more robust information related to discharges from facilities into shelters, DHCD, in consultation with ICHH and MassHealth have developed a Discharge Reporting Form for shelters to complete for any situations in which an individual may have been inappropriately discharged from a hospital to a shelter. This information will help guide future policy discussions and inform hospital practices.

- ***Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff and Shelter Realities***

The following documents are helpful tools to use during discharge to identify possible housing solutions other than shelter. *Finding Alternatives to Shelter: A Discussion Guide for Hospital Discharge Staff* provides examples of specific prompts and questions to help facilitate an in-depth iterative conversation between discharge staff and a member about possible housing options during discharge. *Shelter Realities* provides clear information about things for a member to consider before choosing to discharge to shelter, including space configurations (e.g., beds, privacy, storage), and operations (e.g., rules around daytime hours, time limits).

- ***How to Obtain Identification Documents***

A useful fact-sheet that AIH discharge staff can refer to in assisting members in accessing key identification documents.

- ***Homeless Support Line for Discharge Staff***

EOHHS currently operates a Homeless Support Line for Discharge Staff for hospitals to call when they have exhausted all potential placement options, including speaking with a local shelter. Support Line staff aid with trouble-shooting benefits issues, connecting with resources not known to the facility, and coordinating with state government partners to address the individual's needs.

- ***EOHHS Long Term Care Discharge Support Line***

EOHHS currently operates a Long Term Care Discharge Support Line for provider hospitals to assist staff from provider hospitals and other settings, who are working with members in need of facility-based long-term care post discharge.

In addition, training opportunities will be forthcoming over the summer and fall.

## **MassHealth Website**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## **Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.