

Discharge Planning to Support Members Experiencing or at Risk of Homelessness (MassHealth Bulletins AIH-186 and PIH-27)

Frequently Asked Questions (updated February 2025)

GENERAL

- **What is the effective date of MassHealth [Acute Inpatient Hospital \(AIH\) Bulletin 187](#) and [Psychiatric Inpatient Hospital Bulletin 27](#)?**

The MassHealth Bulletins went into effect on September 1, 2021, and will be incorporated into corresponding contracts in the coming months.

Of note, prior to the release of the MassHealth Bulletins, DMH licensed facilities/units were already subject to related discharge planning requirements at [104 CMR 27.09 DMH Licensing and Operational Standards for Mental Health Facilities](#) including:

(b) A facility shall make every effort to avoid discharge to a shelter or the street. The facility shall take steps to identify and offer alternative options to a patient and shall document such measures, including the competent refusal of alternative options by a patient, in the medical record. In the case of such discharge, the facility shall nonetheless arrange for or, in the case of a competent refusal, identify post-discharge support and clinical services. The facility shall keep a record of all discharges to a shelter or the street, in a form approved by the Department, and submit such information to the Department on a quarterly basis

EOHHS staff has provided intensive technical assistance and support to hospital staff, including sessions with individual hospitals, which will continue to be available. If a hospital would like an individual training session with EOHHS, please email your request to EHSDischargesupport@mass.gov.

- **How were the requirements in these Bulletins developed?**

MassHealth worked with multiple state agencies – including the Department of Mental Health, the Department of Housing and Community Development, and the Interagency Council on Housing and Homelessness – in developing these Bulletins. They are part of a larger suite of resources related to discharge planning that can be found online at <https://www.mass.gov/info-details/helping-patients-who-are-homeless-or-housing-unstable>

To inform and shape the content of the Bulletins, the interagency group, with assistance from the Technical Assistance Collaborative, held numerous focus groups and interviews with hospital discharge staff and shelter providers.

APPLICABILITY

- **What type of patients do the Bulletins apply to?**

The requirements documented in AIH-186 and PIH-27 apply to all MassHealth members who are admitted to an Acute Inpatient Hospital or Psychiatric Inpatient Hospital participating in MassHealth and are experiencing homelessness or at risk of homelessness. These requirements only apply to inpatient admissions. A list of these hospitals is attached.

- **Do the Bulletins apply to patients that are enrolled in both Medicaid/MassHealth and Medicare?**

Yes. The requirements in AIH-186 and PIH-27 apply to all MassHealth members who are admitted to an Acute Inpatient Hospital or Psychiatric Inpatient Hospital participating in MassHealth and are experiencing homelessness or at risk of homelessness. This includes members who are dually enrolled in MassHealth and Medicare.

- **Do the Bulletins apply to patients that are enrolled in MassHealth and are involuntarily committed to a hospital for a 3-day stay?**

MassHealth recognizes that hospital staff may be limited in what they can accomplish within a 3-day involuntary stay. However, hospital staff are still encouraged to flag any members experiencing homelessness at admission and communicate with any involved shelters, case managers, and/or DMH about the situation.

- **There is a companion Bulletin for Managed Care Entities (MCEs). What are MassHealth MCEs required to do for members experiencing homelessness or at risk of homelessness who have been admitted to an AIH or PIH?**

According to [MassHealth MCE Bulletin 64](#), managed care plans and PACE organizations must include the planning procedures outlined in the Bulletin in their discharge planning and transitions of care protocols with network hospitals. Some examples of how MCEs can support hospital discharge planning staff include:

- When MCEs become aware that a member who is experiencing homelessness or is at risk of homelessness is admitted to an AIH or PIH, proactively reach out to hospital staff soon after admission to coordinate care for the member, including helping to identify an appropriate post-hospital placement. If applicable, Accountable Care Organizations (ACOs) should leverage their Flexible Services programs to assist with care coordination and housing assistance.
- Actively communicate with hospital discharge staff throughout the member's hospital stay and help identify possible post-discharge housing options.
- For those members who may be eligible, assist hospital discharge staff in completing applications for services from DMH, DDS, or MBY, as applicable.
- Assist hospital discharge staff in locating appropriate post-discharge placements for those members who are not appropriate for shelter because they have skilled care needs, need assistance with activities of daily living, or have a behavioral health condition that would impact the health and safety of individuals residing in the shelter.
- For days of inpatient hospitalization when a member is clinically ready for discharge, but for whom an appropriate setting, including but not limited to a shelter, is not available the MCE shall allow the hospital to bill the administrative day rate for each such day on which the member remains in the hospital.

- For those members who may choose to return to the streets or go to an emergency shelter despite the best efforts of the hospital discharge staff, MCEs should:
 - Assist in locating, identifying, and arranging for weather appropriate clothing and footwear; and
 - Assist the hospital discharge staff in arranging for the provision of at least one week's worth of filled prescription medications for the member, especially for those hospitals that do not have an outpatient pharmacy.

WORKING WITH SHELTERS

- **The Bulletin requires hospitals to communicate and collaborate with emergency shelters. Is there a list of shelters and contact numbers?**

Yes. A list of individual shelters can be found online [here](#).

- **What the expected turnaround time for responses from shelters?**

The Executive Office of Housing and Livable Communities (EOHLC) has instructed shelters to answer the phone when discharging facilities call and return voicemails, all with the overall goal of finding suitable alternatives to placement into shelter.

If hospital discharge staff is routinely having a difficult time reaching shelter staff, please email EHSDischargesupport@mass.gov with a description of these outreach efforts, including details about the number of attempts and the dates.

- **What are the expectations for shelters to work with hospital discharge Staff?**

EOHLC has issued [guidance](#) and expectations for EOHLC -funded shelters to communicate and collaborate with hospital staff including shelters:

- May not place geographic/community of origin restrictions on access; however, shelters may help individuals return to a shelter or housing in their home community
- May not refuse entry to individuals taking prescribed medication, including, but not limited to, opiates, oxygen, and benzodiazepines.
- Should be prepared to receive and be receptive to inquiries from hospitals who may have an individual who previously resided in shelter. In these situations, the shelter should:
 - Share information about the individual's housing history and any other support systems they may have (family, friends, case managers, housing leads, etc.)
 - Coordinate placement from the discharging facility into shelter if space is available in the shelter, the person does not require higher levels of care, and no other safe alternative placements exist.
- Should be prepared to receive and be receptive to inquiries from hospitals who may have an individual who may not be known to the shelter. In these situations, the shelters should:
 - Engage in conversations with discharge staff to determine if an alternative placement or safe and alternative housing would be appropriate, and use Rapid Transitions for Individuals funds where possible

- Coordinate placement from the discharging facility into shelter if space is available in the shelter, the person does not require higher levels of care, and no other safe alternative placements exist.
- **Will shelters be holding beds for patients who will be discharged from hospitals?**
As described in the [Online Housing Tool for Hospital Discharge Staff](#) and MassHealth guidance, for any member experiencing homelessness who is expected to remain in the hospital for fewer than 14 days, the hospital must contact the 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 shelter to discuss the member's housing options post discharge.

As part of this conversation, the hospital discharge staff should review the member's needs and the anticipated discharge date. With this information the shelter should be able to determine if they are able to meet the member's needs and when a bed may be available. If the discharge date is more than 2 days from the conversation, the hospital discharge staff will need to contact the shelter again to determine the availability of a bed. In the event that a shelter bed is unavailable on the planned discharge date, but a bed will be available soon, the hospital should delay discharge until a bed is available. In these cases, the hospital should bill the administrative day rate for each such day on which the member remains in the hospital.

APPLICATIONS FOR ASSISTANCE

- **Are hospital discharge staff expected to complete DMH/DDS/MBY applications?**
Yes. 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 patient with completing and submitting an application to receive services from DMH, DDS, or MBY, as described below. This should occur for all inpatient admissions, as applicable, regardless of anticipated length of stay.

Note that prior to completing an application, hospital discharge staff should contact the appropriate state agency listed below to discuss whether completing an application is necessary (i.e., is the member already an enrolled consumer) or appropriate (i.e., is the member potentially eligible for services). This conversation will help determine whether an application should be completed or submitted.

For members with **serious mental illness**, the hospital should contact the local [Department of Mental Health \(DMH\) Area Office](#) to determine if the member is a DMH consumer and to identify potential housing and/or respite resources. If the member is not already a DMH consumer, consult with the local DMH Area office to determine if a [DMH application for services](#) is appropriate.

For members with **developmental or intellectual disabilities**, the hospital should contact the [local Department of Developmental Services \(DDS\) Area Office](#) to determine if the

member is a DDS consumer and to identify potential housing and/or respite resources. If the member is not already a DDS consumer, consult with the local DDS Area office about completing and submitting a [DDS application for services](#).

For members with **traumatic or acquired brain injuries**, the hospital should contact the [MassAbility](#) (MBY) to determine if the member is a MBY consumer and to identify potential housing and/or respite resources. If the member is not already an MBY consumer, consult with the MBY office about [applying for MBY community-based services](#).

- **What if hospital discharge staff need assistance completing DMH applications as these staff are often not experienced nor routinely trained in filling out these applications?**
DMH licensed facilities/units should contact their designated DMH Liaison for assistance in completing applications or accessing DMH resources.

Acute Inpatient Hospitals that do not have a DMH licensed unit should contact the local [Department of Mental Health \(DMH\) Area Office](#) for assistance in completing applications or accessing DMH resources.

- **For members who stay in the hospital for fewer than 14 days, who is responsible for conducting the follow-up for the applications for state services?**
For members that stay in the hospital fewer than 14 days, but during that time hospital staff have submitted an application for state services on their behalf, the information should be communicated and conveyed clearly to the staff where the member is discharged so that they may follow up.
- **What is the timeline for response from state agencies? Does EOHHS anticipate expedited review for these applications?**
EOHHS does not currently have a policy in place to expedite review of these applications. As mentioned above, hospital discharge staff should be communicating with the DMH/DDS/MBY area office staff regarding any need for state services. For any delays, hospital discharge staff should continue to contact these area offices. However, for DMH licensed units/facilities, the hospital discharge staff should also reach out to its designated DMH Liaison regarding any delay.

In addition, with receipt of a completed Discharge Support Intake Form (see below for more information), EHS Discharge Support can provide support to hospital staff connecting with these state agencies.

MEMBER DISPOSITION

- **For MassHealth members who are admitted, are hospitals expected to extend their stay if they do not have an appropriate discharge option? How would these extra days be paid for?**
In the event that a discharge option, including shelter, is not currently available but may be available shortly, the hospital should delay discharge until an appropriate option is

identified. In these cases, the hospital should bill MassHealth at the Administrative Day (AD) rate for each such day on which the member remains in the hospital. This expectation has also been communicated to MassHealth managed and integrated care plans, who are expected to work with hospital discharge staff to identify an option, including approving administrative days as needed and appropriate.

If a member is dually eligible for Medicare and MassHealth and stays at a hospital for an administratively necessary day, since Medicare doesn't cover Administrative Day, the claim will cross over to MassHealth and be paid.

The hospital's billing department should be familiar with the billing process. Specifically, hospitals are required to split their claims when billing for a continued inpatient stay that includes both acute hospital level of care and AD level of care, and also must enter an Occurrence Span Code on their AD claims. For the AD level of care stay, acute hospitals should bill with an Occurrence Span Code of 31 along with the Occurrence Span Dates for the member's stay. The member's status on the last day of acute level of care, when immediately preceding the AD stay, should indicate the member is still a patient in the hospital.

- **What should hospital discharge staff do when a MassHealth member who was involuntarily committed to the hospital for a 3-day stay can't be held longer?**
MassHealth recognizes that hospital staff's activities are limited by the consent and cooperation of the members. In this situation, upon discharge, the hospital staff should notify the shelter if they are aware that the member will be headed there.
- **How should hospital discharge staff meet these requirements for MassHealth members who refuse to cooperate, won't give consent, leave AMA, and/or choose to go to an emergency shelter?**
MassHealth recognizes that hospital staff's activities are limited by the consent and cooperation of the member.
- **What if a member is ready for discharge but is only willing to go to a specific shelter that doesn't have a bed and the patient is rejecting the shelter where the bed is available?**
MassHealth recognizes that hospital staff's activities are limited by the consent and cooperation of the member. In this situation, it may be helpful to have the shelter staff speak directly with the member to explain the space limitations.
- **What if a member declines to go to a shelter, but also does not want to leave the hospital without a housing option?**
MassHealth recognizes that hospital staff's activities are limited by the consent and cooperation of the member. In this situation, it may be helpful to review the information and resources at <https://www.mass.gov/info-details/helping-patients-who-are-homeless-or-housing-unstable> to help identify any potential housing options.

DISCHARGES TO SHELTER

- **Given the new guidance are hospitals ever allowed to discharge patients to shelters?**

Per the Bulletins, members who were homeless prior to admission and remain in the hospital for fewer than 14 days, may return to the shelter under the following conditions:

- The member must not have skilled care needs, need assistance with activities of daily living, or have a behavioral health condition that would impact the health and safety of individuals residing in shelter
- The member must not have tested positive for COVID19
- Soon after admission the hospital has contacted 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, contacted the local emergency shelter in the hospital's geographic area to discuss the member's housing options post discharge.
- Hospital discharge staff provides the shelter with at least 24 hours advance notice prior to discharge.
- The member is discharged during daytime hours.
- The member is provided with access to paid transportation to the emergency shelter.
- The member is provided with a meal prior to discharge.
- Ensure that the member is wearing weather appropriate clothing and footwear.
- The member is provided with a copy of their health insurance information.
- The member is provided with a written copy of all prescriptions and at least one week's worth of filled prescription medications.

As noted above, MassHealth recognizes that hospital staff's activities are limited by the consent and cooperation of the member and there may be some members who refuse assistance and/or leave Against Medical Advice and choose to go to the streets or shelter.

- **The Bulletins state that if a MassHealth member is discharged to a shelter the hospitals must ensure that the member is wearing weather appropriate clothing and footwear. What if the member does not have weather appropriate clothing and footwear when they arrive at the hospital?**

Most shelters are aware of community agencies that are able to provide clothing for people experiencing homelessness. Some shelters even have clothing available for guests, if needed. As part of the outreach and communication with shelter staff that is a required part of discharge planning, hospital discharge staff should request information about clothing resources in the community.

- **The Bulletins state that if a MassHealth member is discharged to a shelter the hospitals must provide the member with access to paid transportation to the emergency shelter. Can you confirm that hospitals are supposed to pay for this transportation?**

Yes. Hospital discharge staff are expected to both arrange and pay for transportation from the hospital to the shelter.

- **Upon discharge to a shelter does the hospital need to provide the member with a written copy of all prescriptions and at least one week's worth of filled prescription medications?**
Yes. Both are needed to ensure continuity of medication administration given the transient nature of this population. In addition, prior to discharge, hospital staff should provide written medication instructions and review these instructions with members so that they are clear on how to administer the medication.
- **105 CMR 721.000 requires that every prescription generated in the Commonwealth of Massachusetts must be an Electronic Prescription and include an Electronic Signature. How can a hospital give a written prescription instead?**
[DPH Drug Control Program \(DCP\) Circular 19-12-108](#) includes the definition of emergency situations as:

The CARE Act authorizes a pharmacist to dispense a schedule II-VI substance upon written or oral prescription in emergency situations. Pursuant to 105 CMR 721.001, an emergency situation arises when the immediate administration of a controlled substance is necessary for the proper treatment of the patient, and-

- 1. it is not reasonably possible for the prescriber to generate or transmit an electronic prescription prior to dispensing; or*
- 2. the prescriber determines that the electronic prescription requirement would result in a delay that would adversely impact the patient's medical condition.*

Members experiencing homelessness who are being discharged from hospitals would fit as an emergency situation that allows for a written prescription as per the example provided below in the DPC Circular:

An emergency situation may arise when a patient is discharged with from a hospital's emergency department with a prescription at a time or in a location that does not allow the patient to visit a pharmacy with which she has a routine relationship. In such instances, the patient's ability to take a written prescription to a 24-hour pharmacy on route to the patient's home or temporary residence may be essential to the prompt treatment of the patient's condition.

- **For those hospitals that don't have outpatient retail pharmacies, how are these hospitals supposed to code and seek reimbursement for prescriptions supplied to patients upon discharge?**

Prescriptions that are filled for patients during an inpatient hospital stay should be billed as part of the Adjudicated Payment Amount per Discharge (APAD) claim. This includes any prescriptions filled by inpatient pharmacies for patients that are about to be discharged.

REPORTING AND DOCUMENTATION

- **Do hospital discharge staff need to document what they have done to assist with a discharge of a member who is experiencing or at risk of homelessness?**

Yes. Hospital discharge staff must document in each member's medical record all efforts related to the discharge planning activities described in the Bulletins, including options presented to the member and, if applicable, the member's refusal of any alternatives to discharge to the streets or emergency shelters.

- **What does “making all reasonable efforts” to prevent discharge to shelters for those patients with behavioral health conditions entail?**

Hospital discharge staff should at a minimum complete the activities that are described in the [Online Housing Tool for Hospital Discharge Staff](#) for the specific member situation.

- **The Bulletin states that hospitals must track discharges of members to local emergency shelters or the streets in a form, format, and cadence to be specified by MassHealth. Can you provide more information about this?**

MassHealth is currently working to design and implement an online system for hospitals to report any discharges to the street or shelter. The online form will be HIPAA compliant and ask for identifying information about the patient, insurance information, prior living situation, and discharge location.

We recognize that DMH already has a system for collecting this information for some hospitals and are actively working with DMH to design a joint reporting form so that each hospital would only need to complete the form once per discharge.

In addition to submitting the form online, for any MassHealth member enrolled in a managed care plan, the hospital will be responsible for sending a copy of the completed form to the plan representative in a timely manner.

We anticipate that this reporting system will be implemented early in calendar year 2022.

LONG TERM CARE

- **Can a nursing facility or rest home refuse to admit a patient because they have a history of homelessness?** A nursing facility cannot deny admittance based upon a person's housing status. If hospital discharge staff are having difficulties finding a skilled placement for an individual experiencing homelessness, please contact EHSDischargeSupport@mass.gov to request a *Discharge Support Intake Form*. Send a completed *Discharge Support Intake Form* to EHSDischargeSupport@mass.gov using the state secure email system. The Discharge Support Team will work in collaboration with the nursing facility program staff at MassHealth to address the situation.

MassHealth understands it can be difficult to find a placement for an individual experiencing or at risk of homelessness and is working to develop additional strategies to address this issue.

- **When should hospital discharge staff contact the EHS Discharge Support Team?**

Hospital discharge staff should email the EHSDischargeSupport@mass.gov after they have exhausted all options. To receive assistance, hospital discharge staff need to submit a completed *Discharge Support Intake Form* using the state secure email system. Before submitting the Intake Form, hospital discharge staff should have:

- Contacted the individual's health insurance plan
- Ensured there is a payor source for the facility
 - Short Term Rehab: health insurance plan is generally the payor source
 - Long Term Care: MassHealth is generally the payor source. Since the MassHealth Long Term Care application process can take 45 days, hospital discharge staff, should work with the individual/family/guardian, encouraging they communicate with the MassHealth worker and provide all requested information as soon as possible. Hospital discharge staff can facilitate communication between MassHealth and potential facilities, by completing a Permission to Share Information (PSI) form for the facility. This allows the facility to learn directly from MassHealth the status of the application.
- Used the [online interactive map](#) to search for a facility that can provide the supports and services the individual requires. Called facilities that have denied admission to review the reason for denial.

EHS Discharge Support will not be able to provide assistance until a Discharge Support Intake Form is submitted through the state secure email system. To use the state secure email system, you will need to go to [Encrypted Email Login \(mass.gov\)](#)

EOHHS Discharge Support will respond within 24 hours of receipt of a completed intake form.

• **What information will the hospital discharge staff need to supply to get assistance from EHS Discharge Support?**

- Hospital discharge staff must submit a completed *Discharge Support Intake Form*. It is important to note the intake form has a release statement within the form allowing Support Line staff to connect with state agencies and community partners. It is necessary for Support Line staff to have this release to communicate with agencies on behalf of the individual.
- The intake form must include a direct phone number for the hospital discharge staff submitting the form.
- The intake form must be submitted at least 48 hours prior to anticipated discharge
- The intake form must be emailed to EHSDischargeSupport@mass.gov.
- The intake form must be emailed using the state secure email system; to use the state secure email system you will need to go to [Encrypted Email Login \(mass.gov\)](#)

EHS Discharge Support team will respond within 48 hours of receipt of a completed intake form.

SUPPORT FOR HOSPITALS

- **What training and technical assistance opportunities are available for Hospital Discharge Staff?**

There are numerous opportunities in place and planned for the near future to support hospital discharge staff. These include:

- *Online resources:* Multiple useful documents are available [online](#) including discussion guides, fact sheets, and links to key information such as shelter contacts. Online courses will be added to this resource page in the near future.
- *Individualized sessions for hospital discharge staff:* EOHHS is happy to meet with individual hospitals to review the recent guidance and discuss questions that may arise. To schedule an individual session, please email EHSDischargeSupport@mass.gov

- **When should hospital discharge staff contact EHSDischargeSupport@mass.gov?**

Hospital discharge staff should email the EHS Discharge Support after they have exhausted all options. To receive assistance, hospital discharge staff need to submit a completed intake form using the state secure email system. Before submitting the Intake Form, hospital discharge staff should have:

- Completely reviewed the information on www.mass.gov/discharge-resources-and-guides-for-hospitals
- Completed the [Online Housing Tool for Hospital Discharge Staff](#) for the specific patient situation
- Ensured the individual has applied for or is receiving income from DTA, Social Security or other sources
- If appropriate, discussed DMH services with the individual and if the individual agrees, contacted the [DMH area office](#). Discharge staff should review the situation with the area DMH office, discuss the application process and DMH respite bed availability.
- If appropriate, discussed [sober homes](#) with the individual
- Explored all family/ friend options
- Contacted the local [Housing Consumer Education Center](#), the [Aging Service Access Point Agency](#), and/or the [Independent Living Center](#) for information about rooming houses, rest homes, and other possible housing options.

EHS Discharge Support will not be able to provide assistance until a Discharge Support Intake Form is submitted through the state secure email system. To use the state secure email system, you will need to go to [Encrypted Email Login \(mass.gov\)](#)

EHS Discharge Support will respond within 48 hours of receipt of a completed intake form.

- **What information will the hospital discharge staff need to supply to get assistance from EHS Discharge Support?**

- Hospital discharge staff must submit a completed Discharge Support Intake Form. It is important to note the intake form has a release statement within the form allowing Support Line staff to connect with state agencies and community partners. It is necessary for Support Line staff to have this release to communicate with agencies on behalf of the individual; a phone call to the Support Line cannot be used as a release.

- The intake form must include a direct phone number for the hospital discharge staff submitting the form.
- The intake form must be submitted at least 48 hours prior to anticipated discharge
- The intake form must be emailed to EHSDischargeSupport@mass.gov.
- The intake form must be emailed using the state secure email system; to use the state secure email system you will need to go to [Encrypted Email Login \(mass.gov\)](#)

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