



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter IN-28
September 2022

TO: Independent Nurses Participating in MassHealth
FROM: Amanda Cassel Kraft, Assistant Secretary for MassHealth
RE: *Independent Nurse Manual* (Revised Regulations)

The amendments to 130 CMR 414.000 remove 130 CMR 414.409(H): *CSN Provided by Caregivers* from the Independent Nurse program regulations and allow for CSN services to be provided by a spouse of a member, the parent of a minor member (including an adoptive parent or foster parent), or any other individual with legally binding financial or caregiving responsibility for the member.

These regulations are effective September 16, 2022.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth-transmittal-letters.

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

Questions

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

NEW MATERIAL

(The pages listed here contain new or revised language.)

Independent Nurse Manual

Pages iv, 4-1 through 4-6, and 4-11 through 4-14

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Independent Nurse Manual

Pages iv, 4-1 through 4-6, and 4-11 through 4-14 — transmitted by Transmittal Letter IN-27

Commonwealth of Massachusetts MassHealth Provider Manual Series Independent Nurse Manual	Subchapter Number and Title Table of Contents	Page iv
	Transmittal Letter IN-28	Date 09/16/22

4. Program Regulations

130 CMR 414.000: *Independent Nurse*

414.401: Introduction	4-1
414.402: Definitions	4-1
414.403: Eligible Members	4-3
414.404: Provider Eligibility	4-3
(130 CMR 414.405 through 414.407 Reserved)	
414.408: Continuous Skilled Nursing Services	4-4
414.409: Conditions of Payment	4-4
414.410: Multiple-patient Care	4-6
414.411: Complex-care Members	4-6
414.412: Plan of Care	4-8
414.413: Prior Authorization Requirements	4-9
414.414: Notice of Approval or Denial of Prior Authorization.....	4-10
(130 CMR 414.415 Reserved)	
414.416: Overtime	4-11
414.417: Recordkeeping Requirement and Utilization Review	4-11
414.418: Maximum Allowable Fees	4-13
414.419: Denial of Services and Administrative Review	4-13

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-1
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

414.401: Introduction

130 CMR 414.000 states the requirements for the payment of nursing services provided by an independent nurse participating in MassHealth and applies to nurses who contract independently with MassHealth. All independent nurses participating in MassHealth must comply with MassHealth regulations including, but not limited to, 130 CMR 414.000 and 450.000: *Administrative and Billing Regulations*.

414.402: Definitions

The following terms used in 130 CMR 414.000 have the meanings given in 130 CMR 414.402 unless the context clearly requires a different meaning. The reimbursability of services defined in 130 CMR 414.402 is not determined by these definitions, but by the application of regulations elsewhere in 130 CMR 414.000 and 450.000: *Administrative and Billing Regulations*.

Calendar Week – seven consecutive days beginning Sunday at midnight and ending Saturday at 11:59 P.M.

Care Management – a function performed by the MassHealth agency or its designee that assesses and reassesses the medical needs of complex-care members and authorizes or coordinates community long-term-care (CLTC) services that are medically necessary for such members to remain safely in the community.

Certification Period – a period of no more than 60 days for which the member’s physician has certified that the plan of care is medically appropriate and necessary.

Clinical Manager – a registered nurse employed by the MassHealth agency or its designee, who performs the in-person assessment of a member for MassHealth coverage of continuous skilled nursing (CSN) services and, if it is determined that CSN services are medically necessary, coordinates authorization of medically necessary community long-term-care (CLTC) services for the member.

Community Long-term-care (CLTC) Services – certain MassHealth-covered services intended to enable a member to remain in the community. Such services include, but are not limited to, home health, durable medical equipment, oxygen and respiratory equipment, personal care attendant, and other health-related services as determined by the MassHealth agency or its designee.

Complex-care Member – a MassHealth member whose medical needs, as determined by the MassHealth agency or its designee, are such that he or she requires a nurse visit of more than two continuous hours of nursing services to remain in the community.

Continuous Skilled Nursing (CSN) Services – a nurse visit of more than two continuous hours of nursing services.

Co-vending – an arrangement through which a member’s CSN services are provided by one or more home health agencies or independent nurses, with each provider possessing its own MassHealth prior authorization to provide nursing services to the member.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-2
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

Home Health Agency – a public or private organization that provides nursing and other therapeutic services to individuals whose place of residence conforms to the requirements of 42 CFR 440.70(c). Home health agency providers are governed by MassHealth regulations at 130 CMR 403.000: *Home Health Agency Services*.

Household – a place of residence where two or more people are living that is a group home, a residential care home, or other group living situation; at the same street address if it is a single-family house that is not divided into apartments or units; or at the same apartment number or unit number if members live in a building that is divided into apartments or units.

Independent Nurse – a licensed nurse who independently enrolls as a provider in MassHealth to provide CSN services. Independent nurse providers are governed by 130 CMR 414.000.

Medical History – a component of the member’s medical record that provides a summary of all health-related information about the member. A history includes, but is not limited to, medical and nursing-care histories as well as summaries of physician physical examination and nursing-assessment results.

Medical Record – documentation, maintained by the independent nurse, that includes medical history, nursing progress notes, the member’s plan of care, and other information related to the member.

Medical Records Release Form – a signed authorization from the member or the member’s parent or legal guardian, if the member is a minor, that allows the designated releasee to access the member’s confidential health information from other health care providers.

Nurse – a person licensed as a registered nurse or a licensed practical nurse by a state's board of registration in nursing.

Nursing Progress Notes – a component of the medical record that indicates the outcome of nursing interventions.

Nursing Services – the assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

Primary Caregiver – the individual, other than the nurse, who is primarily responsible for providing ongoing care to the member.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-3
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

414.403: Eligible Members

- (A) (1) MassHealth Members. The MassHealth agency covers nursing services provided by independent nurses only when provided to eligible MassHealth members, subject to the restrictions and limitations described in MassHealth regulations at 130 CMR 414.000 and 450.000: *Administrative and Billing Regulations*. 130 CMR 450.105: *Coverage Types* specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, *see* 130 CMR 450.106: *Emergency Aid to the Elderly, Disabled and Children Program*.
- (B) For information on verifying member eligibility and coverage type, *see* 130 CMR 450.107: *Eligible Members and the MassHealth Card*.

414.404: Provider Eligibility

To participate in MassHealth as a MassHealth independent nurse provider, a nurse must

- (A) be licensed and in good standing as a nurse by the board of registration in nursing for the state in which the nursing services are provided;
- (B) meet all provider eligibility requirements at 130 CMR 450.212: *Provider Eligibility: Eligibility Criteria*, including 130 CMR 450.212(A)(6);
- (C) sign a MassHealth provider contract and receive a MassHealth provider number. The MassHealth agency does not pay an independent nurse for nursing services provided before the date on which the nurse is approved by the MassHealth agency to participate in MassHealth; and
- (D) notify the MassHealth agency in writing within 14 days of any change in any of the information submitted in the provider application in accordance with 130 CMR 450.223(B).

(130 CMR 414.405 through 414.407 Reserved)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-4
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

414.408: Continuous Skilled Nursing Services

(A) Member Eligibility for Continuous Skilled Nursing Services. A member is clinically eligible for MassHealth coverage of continuous skilled nursing (CSN) services when all of the following criteria are met:

- (1) there is a clearly identifiable, specific medical need for a nursing visit of more than two continuous hours;
- (2) the CSN services require the skills of a registered nurse or of a licensed practical nurse in accordance with 130 CMR 414.408(B); and
- (3) the CSN services are medically necessary to treat an illness or injury in accordance with 130 CMR 414.409(D).

(B) Clinical Criteria for Nursing Services.

- (1) A nursing service is a service that must be provided by a registered nurse or a licensed practical nurse to be safe and effective, considering the inherent complexity of the service, the condition of the patient, and accepted standards of medical and nursing practice.
- (2) Some services are nursing services on the basis of complexity alone (for example, intravenous and intramuscular injections, or insertion of catheters). However, in some cases, a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered nurse or licensed practical nurse can safely and effectively provide the service.
- (3) When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct intervention of a registered nurse or licensed practical nurse, the service is not considered a nursing service, unless there is no one trained, able, and willing to provide it.
- (4) Nursing services for the management and evaluation of a plan of care are medically necessary when only a registered nurse or licensed practical nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety, or avoiding deterioration.
- (5) Medical necessity of services is based on the condition of the patient at the time the services were ordered and what was, at that time, expected to be appropriate treatment throughout the certification period.
- (6) A member's need for nursing care is based solely on his or her unique condition and individual needs, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

414.409: Conditions of Payment

(A) Place of Service. The MassHealth agency pays for nursing services to a member who meets the clinical criteria in 130 CMR 414.408 and resides in a noninstitutional setting, which may include, without limitation, a homeless shelter or other temporary residence or a community setting. In accordance with 42 CFR 440.70(c), the MassHealth agency does not pay for nursing services provided in a hospital, nursing facility, intermediate care facility for the mentally retarded, or any other institutional setting providing medical, nursing, rehabilitative, or related care.

(B) Service Limitation. The MassHealth agency does not pay an independent nurse for a nursing visit of less than two continuous hours in duration.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-5
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

(C) Limit of Hours. The MassHealth agency does not pay an independent nurse for more than 60 hours of nursing care provided during any consecutive seven-day period or for more than 12 hours within a 24-hour period, regardless of the number of MassHealth members receiving care from the independent nurse.

(D) Medical Necessity Requirement. In accordance with 130 CMR 450.204: *Medical Necessity*, the MassHealth agency pays for only those nursing services that are medically necessary.

(E) Plan of Care. The MassHealth agency pays only for nursing services provided pursuant to a plan of care authorized by a physician and that meets the plan of care requirements at 130 CMR 414.412(B).

(F) Continuous Skilled Nursing (CSN). The MassHealth agency pays for CSN services when

- (1) the member meets the clinical eligibility criteria for CSN services as stated in 130 CMR 414.408;
- (2) the CSN services are provided under an individualized plan of care developed for the member in accordance with 130 CMR 414.412; and
- (3) prior authorization for CSN services has been obtained from the MassHealth agency or its designee, in accordance with 130 CMR 414.413.

(G) Members for Whom Services Are Approved. The MassHealth agency does not pay for nursing services provided to any individual other than the member who is eligible to receive such services and for whom such services have been authorized by the MassHealth agency or its designee.

(H) Availability of Other Caregivers. When a family member or other caregiver is providing services that adequately meet the member's needs, it is not medically necessary for the independent nurse to provide such services.

(I) Least Costly Form of Care. The MassHealth agency pays for nursing services only when services are no more costly than medically comparable care in an appropriate institution and the least costly form of comparable care available in the community.

(J) Safe Maintenance in the Community. The member's physician and independent nurse must determine that the member can be maintained safely in the community.

(K) Teaching Activities. As part of a regular nursing treatment service, the independent nurse must teach a member, family member, or caregivers how to manage the member's treatment regimen. Ongoing teaching is required, as necessary, where there is a change in the procedure or the member's condition.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-6
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

(L) Prior Authorization. Nursing services provided by an independent nurse require prior authorization. See 130 CMR 414.413 and 450.303: *Prior Authorization* for requirements. The MassHealth agency pays for all medically necessary nursing services for EPSDT-eligible members in accordance with 130 CMR 450.140: *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services: Introduction*, without regard to service limitations described in 130 CMR 414.000, and with prior authorization.

(M) Continuous Skilled Nursing (CSN) Services Documentation in the Member's Home. The independent nurse and other nursing providers must maintain a copy of the member's medical record in the member's home. The record must include the total number of approved nursing hours for the member, the names and telephone numbers of all the providers involved in co-vending care, the number of nursing hours approved for each provider by the MassHealth agency or its designee, and all other recordkeeping requirements as described in 130 CMR 414.417(E).

414.410: Multiple-patient Care

(A) The MassHealth agency pays for one nurse to provide CSN services simultaneously to more than one member, but not more than three members, if

- (1) the members have been determined by the MassHealth agency or its designee to meet the criteria listed at 130 CMR 414.408;
- (2) the members receive services in the same household and during the same time period;
- (3) the MassHealth agency or its designee has determined that it is appropriate for one nurse to provide nursing services to the members simultaneously; and
- (4) the independent nurse has received a separate prior authorization from the MassHealth agency or its designee for each member as described in 130 CMR 414.413.

(B) Services provided pursuant to 130 CMR 414.410(A) must be billed by using the multiple-patient service code and modifier that reflects the number of members receiving the services.

414.411: Complex-care Members

For complex-care members, as defined in 130 CMR 414.402, the MassHealth agency or its designee provides care management that includes service coordination with independent nurses as appropriate. The purpose of care management is to ensure that a complex-care member is provided with a coordinated community-long-term-care service package that meets the member's individual needs and to ensure that the MassHealth agency pays for nursing and other community-long-term-care services only if they are medically necessary in accordance with 130 CMR 450.204: *Medical Necessity*. The MassHealth member eligibility verification system identifies complex-care members.

(A) Care Management Activities.

- (1) Enrollment. The MassHealth agency or its designee automatically assigns a clinical manager to members whom it has determined require a nurse visit of more than two continuous hours of nursing and informs such members of the name, telephone number, and role of the assigned clinical manager.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-11
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

414.416: Overtime

(A) The MassHealth agency pays an overtime rate for nursing services provided by an independent nurse only in the case of a documented emergency and for a short-term basis, not to exceed 30 consecutive calendar days, and when all of the following conditions are met:

- (1) prior authorization for overtime has been obtained from the MassHealth agency or its designee;
- (2) nursing services are provided by the same independent nurse and exceed 40 hours in a given calendar week for one MassHealth member; and
- (3) documentation from a minimum of two home health agencies or independent nurses has been provided that demonstrates, to the satisfaction of the MassHealth agency or its designee, that the independent nurse has attempted to find other nurses to fill the nursing hours that exceed 40 hours for the member.

(B) The MassHealth agency or its designee does not approve requests for overtime as part of a routine submission for authorization for nursing services.

(C) In no event will any independent nurse be authorized for a total of more than 60 hours of nursing care provided during any consecutive seven-day period, regardless of the number of MassHealth members receiving care from the independent nurse.

414.417: Recordkeeping Requirement and Utilization Review

(A) The record maintained by an independent nurse for each member must conform to 130 CMR 450.000: *Administrative and Billing Regulations*. Payment for any service listed in 130 CMR 414.000 requires full and complete documentation in the member's medical record. The independent nurse must maintain records for each member to whom nursing services are provided.

(B) In order for a medical record to completely document a service to a member, the record must disclose fully the nature, extent, quality, and necessity of the nursing services furnished to the member. When the information contained in a member's record does not provide sufficient documentation for the service, the MassHealth agency may disallow payment (*see* 130 CMR 450.000: *Administrative and Billing Regulations*).

(C) The independent nurse must submit requested documentation to the MassHealth agency or its designee for purposes of utilization review and provider review and audit, within the MassHealth agency's or its designee's time specifications. The MassHealth agency or its designee may periodically review a member's plan of care and other records to determine if services are medically necessary in accordance with 130 CMR 414.409(D). The independent nurse must provide the MassHealth agency or its designee with any supporting documentation the MassHealth agency or its designee requests, in accordance with M.G.L. c. 118E, § 38 and 130 CMR 450.000: *Administrative and Billing Regulations*.

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-12
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

(D) The independent nurse must maintain an up-to-date medical record of nursing services provided to each member that must be reviewed by the independent nurse at least monthly. The medical record must contain at least the following:

- (1) the member's name, address, phone number, date of birth, MassHealth ID number;
- (2) the name and phone number of the member's primary care physician;
- (3) the primary caregiver's name, address, phone number, and relationship to member;
- (4) the name and phone number of the member's emergency contact person;
- (5) a copy of the approved prior-authorization decision;
- (6) a copy of the plan of care signed by the member's physician and, if appropriate, verbal orders signed by the physician;
- (7) a medical history as defined in 130 CMR 414.402;
- (8) easily reviewable and legible nursing progress notes for each visit, signed by the independent nurse, that include the following information:
 - (a) the full date of service;
 - (b) a notation of the specific time that each shift began and ended;
 - (c) a description of the assessed signs and symptoms of illness;
 - (d) any treatments and drugs administered and the member's response;
 - (e) the member's vital signs and any other required measurements;
 - (f) progress toward achievement of long- and short-term goals as specified in the plan of care, including, when applicable, an explanation of why goals are not achieved as expected;
 - (g) a pain assessment;
 - (h) the status of any equipment maintenance and management; and
 - (i) any contacts with physicians or other health-care providers about the member's needs or change in plan of care;
- (9) a current medication-administration sheet that includes the time of administration, drug identification and strength, route of administration, the member's response to the medication, and the signature of the person administering the medication;
- (10) a current treatment list or description of treatments administered, the time of administration, the member's response to the treatment, and the signature of the person administering the treatment;
- (11) documentation on the teaching provided to the member, member's family, or caregiver by the independent nurse on how to manage the member's treatment regimen, any ongoing teaching required due to a change in the procedure or the member's condition and the response to the teaching;
- (12) any clinical tests and their results; and
- (13) a signed medical records release form.

(E) When providing CSN services, the independent nurse and, if co-vending, other providers must leave a copy of the member's medical record, including current progress notes, medication administration sheet, prior-authorization form, plan of care, and physician orders in the member's home for the purpose of ensuring continuity of care.

(F) The independent nurse is responsible for maintaining the member's medical record. The independent nurse must maintain the member's original medical record along with current and previous certification period documentation in accordance with 130 CMR 414.417(A) and (B).

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)	Page 4-13
	Transmittal Letter IN-28	Date 09/16/22
Independent Nurse Manual		

(G) Upon the request of the member or the member’s legal representative, the independent nurse must make a copy of the medical record available to the person or entity that the member or the member’s representative designates.

414.418: Maximum Allowable Fees

(A) Independent nurse providers must accept MassHealth payment in full for nursing services according to the rates and regulations established by the Division of Health Care Finance and Policy (DHCFP) as set forth in 114.3 CMR 50.00: *Home Health Services*. Payments are subject to the conditions, exclusions, and limitations set forth in 130 CMR 414.000 and 450.000: *Administrative and Billing Regulations*.

(B) The payments made by the MassHealth agency to the independent nurse constitute payment in full for nursing services as well as for all administrative duties relating to such services.

414.419: Denial of Services and Administrative Review

(A) A failure or refusal by an independent nurse to furnish services that have been ordered by the member's attending physician and that are within the range of payable services is not an action by the MassHealth agency or its designee that a member may appeal, but such failure or refusal constitutes a violation of 130 CMR 414.000 for which administrative sanctions may be imposed.

(B) When an independent nurse believes that services ordered by the attending physician are not payable under 130 CMR 414.000, the independent nurse must refer the matter to the MassHealth agency for a payment decision. If and to the extent the MassHealth agency determines that the ordered services are payable, the independent nurse must provide those services.

REGULATORY AUTHORITY

130 CMR 414.000: M.G.L. c. 118E, §§ 7 and 12.

<p align="center">Commonwealth of Massachusetts MassHealth Provider Manual Series</p>	<p align="center">Subchapter Number and Title 4 Program Regulations (130 CMR 414.000)</p>	<p align="center">Page 4-14</p>
<p align="center">Independent Nurse Manual</p>	<p align="center">Transmittal Letter IN-28</p>	<p align="center">Date 09/16/22</p>

This page is reserved.