



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

MassHealth
Nursing Facility Bulletin 144
April 2020

TO: Nursing Facilities Participating in MassHealth
FROM: Amanda Cassel Kraft, Acting Medicaid Director

RE: Isolated Spaces for Nursing Facility Residents with a Positive Coronavirus Disease 2019 (COVID-19) Diagnosis

Background

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth is implementing measures to expand access to nursing facility care for individuals diagnosed with COVID-19 and prevent the spread of the virus. Specifically, MassHealth is establishing criteria for nursing facilities to designate wings, units, or floors, separated from the rest of the facility and referred to here as “isolation spaces,” to provide nursing facility services to COVID-19 positive residents, as further described in this bulletin. These isolation spaces will allow individuals with a positive COVID-19 diagnosis to receive a nursing facility level of care, while ensuring all necessary precautions are taken to protect nursing facility residents without a positive diagnosis from exposure to the virus.

This bulletin applies to MassHealth-participating nursing facilities that meet the criteria described below and that attest to their eligibility through the form provided in Appendix A.

The Massachusetts Executive Office of Health and Human Services (EOHHS) is coordinating with federal and local partners to respond to COVID-19. As this situation evolves, EOHHS may issue additional guidance on this topic as informed and directed by the Massachusetts Department of Public Health (DPH), the Centers for Medicare & Medicaid Services (CMS), and the federal Centers for Disease Control and Prevention (CDC). Nursing facilities should also closely monitor updates from these agencies themselves.

This bulletin will remain effective for the duration of the state of emergency declared via [Executive Order No. 591](#).

Criteria for Establishing a COVID-19 Isolation Space

In order for a nursing facility provider to set up a qualifying isolation space, the facility must meet the criteria described herein and the provider must attest to its compliance with those criteria via the form attached as Appendix A of this bulletin. The providers that submit an attestation regarding their compliance with the criteria set forth in this bulletin, and whose attestation is accepted by EOHHS, will be eligible for supplemental payments from MassHealth. The payment methodology for eligible nursing facilities will be described in a forthcoming administrative bulletin issued by EOHHS.

To establish a qualifying isolation space, and become eligible for the associated supplemental payments from MassHealth, the nursing facility provider must meet the following criteria:

1. The nursing facility has identified and established a separate isolation space within the nursing facility in which it can isolate and care for COVID-19 positive residents.
2. The isolation space established by the nursing facility is an isolated wing, unit, or floor that creates meaningful separation between the isolation space in which the facility isolates the COVID-19 positive residents and the space in which the facility provides care to those who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.
3. The isolation space is separated in such a way that does not require nursing facility personnel maintaining the building or providing services to the residents in the isolation space to go through areas in which the negative or asymptomatic residents are receiving care.
4. The nursing facility has:
 - a. Policies and procedures for maintaining strict infection control practices and testing protocols;
 - b. Policies and procedures to ensure no comingling of COVID-19 positive residents with other residents outside of the isolation space;
 - c. Completely separate staffing teams to provide care for the COVID-19 positive residents in the isolation space; and
 - d. A fully serviced and functional heating, air conditioning, and ventilation system, and has undertaken reasonable efforts to create a negative pressure space or maximize air exchange.
5. The nursing facility is in compliance with all state and federal statutory and regulatory requirements, including those established under 130 CMR 456.000: *Long Term Care Services* and 130 CMR 450.000: *Administrative and Billing Regulations*, as such requirements are applicable and in effect during the COVID-19 public health crisis.
6. The nursing facility is in compliance with current state and federal regulatory requirements for infection control practices in nursing facilities.
7. The nursing facility will remain in continued compliance with all conditions identified in items 1 through 6, above.
8. The nursing facility will monitor and regularly update its practices based upon the most current infection control and COVID-19 guidance issued by DPH, CMS, and the CDC.
9. The nursing facility will not deny admission to a person because they are confirmed to be infected with COVID-19, regardless of whether the individual is entering from a hospital, the community, or another setting, unless the nursing facility documents that it does not have sufficient bed capacity or staffing capacity, or is otherwise clinically unable to provide appropriate services to such person.
10. The nursing facility will be responsive to hospital requests for discharge planning and available to accept new admissions, as appropriate given its staffing and clinical care capacity, from 7:00 a.m. to 7:00 p.m., seven days a week.
11. The nursing facility will report via a survey created by EOHHS on the number of unoccupied and available beds in the isolation space twice per week, by 4:00 p.m. on Mondays and Thursdays in the form and manner specified by EOHHS.

Submission of Attestation of Compliance

In order for MassHealth to recognize a qualified isolation space, a nursing facility administrator or other appropriate representative must attest to the criteria set forth above using the form included in this bulletin as Appendix A, and must submit the executed form via email to Amar Parikh at amar.parikh@massmail.state.ma.us and Meera Ramamoorthy at meera.ramamoorthy@massmail.state.ma.us. Upon notification from MassHealth that the provider's attestation has been accepted, the provider will be eligible for the supplemental payment to be established in the forthcoming EOHHS administrative bulletin as of the date the facility submitted the attestation to MassHealth.

Verification of Compliance

A nursing facility provider that attests to their compliance with the criteria established by this bulletin will be subject to audits, inspections, or requests for information or documentation by EOHHS, DPH, and MassHealth regarding its compliance with the criteria established in this bulletin. If a nursing facility is determined to be out of compliance with the criteria established in this bulletin or any other state or federal requirements, as applying and in effect during the COVID-19 public health emergency, EOHHS may take appropriate administrative action under 130 CMR 450.000: *Administrative and Billing Regulations*, and/or may refer the provider to the Medicaid Fraud Division at the Attorney General's Office for further investigation.

Additional Information

For the latest MA-specific information, visit the following link:

<https://www.mass.gov/resource/information-on-the-outbreak-of-coronavirus-disease-2019-covid-19>.

The latest CMS guidance is available at the following link: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

The latest CDC guidance for health care professionals is available at the following link:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

The latest CDC guidance for nursing homes and other long-term care facilities is available at the following link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>.

Questions

If you have any questions about the information in this bulletin, please email your inquiry to Amar Parikh at amar.parikh@massmail.state.ma.us and Meera Ramamoorthy at meera.ramamoorthy@massmail.state.ma.us.

MassHealth Website

This bulletin is available on the MassHealth website at www.mass.gov/masshealth-provider-bulletins. To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to join-masshealth-provider-pubs@listserv.state.ma.us. No text in the body or subject line is needed.

Appendix A

Nursing Facility Provider Attestation to Establish COVID-19 Isolation Space

I, _____, hereby certify under the pains and penalties of perjury that I am the administrator or other duly authorized officer or representative of _____, located at _____, (hereinafter “nursing facility”) and that nursing facility meets the criteria established by MassHealth Nursing Facility Bulletin 144 for the operation of a COVID-19 isolation space within the nursing facility. Specifically, I represent and warrant that:

I have actual knowledge that the following conditions are currently satisfied:

1. The nursing facility has identified and established a separate isolation space within the nursing facility in which it can isolate and care for COVID-19 positive residents.
2. The isolation space established by the nursing facility is an isolated wing, unit, or floor that creates meaningful separation between the isolation space in which the facility isolates the COVID-19 positive residents and the space in which the facility provides care to those who are COVID-19 negative or untested and asymptomatic. A curtain or a moveable screen does not provide meaningful separation.
3. The isolation space is separated in such a way that does not require nursing facility personnel maintaining the building or providing services to the residents in the isolation space to go through areas in which the negative or asymptomatic residents are receiving care.
4. The nursing facility has:
 - a. Policies and procedures for maintaining strict infection control practices and testing protocols;
 - b. Policies and procedures to ensure no comingling of COVID-19 positive residents with other residents outside of the isolation space;
 - c. Completely separate staffing teams to provide care for the COVID-19 positive residents in the isolation space; and
 - d. A fully serviced and functional heating, air conditioning, and ventilation system, and has undertaken reasonable efforts to create a negative pressure space or maximize air exchange.

To the best of my knowledge, the following conditions are currently satisfied:

5. The nursing facility is in compliance with all state and federal statutory and regulatory requirements, including those established under 130 CMR 456.000: *Long Term Care Services* and 130 CMR 450.000: *Administrative and Billing Regulations*, as such requirements are applicable and in effect during the COVID-19 public health crisis.
6. The nursing facility is in compliance with current state and federal regulatory requirements for infection control practices in nursing facilities.

I commit to ensuring continued compliance with the following conditions for the duration of the COVID-19 public health emergency:

7. The nursing facility will remain in continued compliance with all conditions identified in items 1 through 6, above.
8. The nursing facility will monitor and regularly update its practices based upon the most current infection control and COVID-19 guidance issued by DPH, CMS, and the CDC.
9. The nursing facility will not deny admission to a person because they are confirmed to be infected with COVID-19, regardless of whether the individual is entering from a hospital, the community, or another setting, unless the nursing facility documents that it does not have sufficient bed capacity or staffing capacity, or is otherwise clinically unable to provide appropriate services to such person.
10. The nursing facility will be responsive to hospital requests for discharge planning and available to accept new admissions, as appropriate given its staffing and clinical care capacity, from 7:00 a.m. to 7:00 p.m., seven days a week.
11. The nursing facility will report via a survey created by EOHHS on the number of unoccupied and available beds in the isolation space twice per week, by 4:00 p.m. on Mondays and Thursdays in the form and manner specified by EOHHS.

Further, I hereby acknowledge that the nursing facility will cooperate fully with any audits, inspections, or requests for information or documentation related to its compliance with the conditions set forth in MassHealth Nursing Facility Bulletin 144. If the nursing facility becomes unable to comply with any condition set forth in MassHealth Nursing Facility Bulletin 144, I will promptly notify MassHealth via email to Amar Parikh at amar.parikh@massmail.state.ma.us and Meera Ramamoorthy at meera.ramamoorthy@massmail.state.ma.us.

Under the pains and penalties of perjury, I hereby certify that the above information is true and correct.

Printed Name: _____

Title: _____

Signature: _____

Date: _____

Please submit a scanned copy of the executed attestation via email to Amar Parikh at amar.parikh@massmail.state.ma.us and Meera Ramamoorthy at meera.ramamoorthy@massmail.state.ma.us.

The nursing facility should maintain the original executed copy of the attestation in its files.