



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Nursing Facility Bulletin 154**  
**October 2020**

**TO:** Nursing Facilities Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Updated Room Density Reporting and Planning for Nursing Facilities**

### **Background**

In light of the state of emergency declared in the Commonwealth due to the 2019 novel coronavirus (COVID-19) outbreak, MassHealth is requiring nursing facilities to implement measures to monitor or decrease the number of residents per room to encourage rooming arrangements that are better suited to physically distance residents and protect against the spread of COVID-19. Specifically, MassHealth is requiring that nursing facilities report the number of rooms by type (single, two-bedded, three-bedded, and four-bedded) within their facility, regardless of whether or not the beds are occupied, as well as the number of residents residing in each room. Facilities with more than two licensed beds or more than two residents per room must attest to taking immediate steps towards reducing or eliminating room assignments with more than two residents per room through an established set of measures.

The requirements described in this bulletin apply to nursing facilities that are enrolled as MassHealth providers. This bulletin supersedes [MassHealth Nursing Facility Bulletin 151](#) and [MassHealth Nursing Facility Bulletin 153](#). MassHealth will consider any attestations submitted in compliance with MassHealth Nursing Facility Bulletin 151 prior to the publication of this bulletin as submitted in compliance with this bulletin.

### **Reporting Requirements and Attestation Requirements**

All nursing facilities must complete the attestation and reporting requirements of this provider bulletin, as further described below, by October 30, 2020.

As part of the report and attestation, each facility must provide the following information, which must be complete, accurate, and up-to-date as of the date of submission.

- The number of resident rooms in the nursing facility;
- The maximum number of licensed beds in each room, whether or not such beds are occupied, being utilized, or physically in the room at the time of submission;
- The number of rooms by number of maximum licensed beds (single, two-bedded, three-bedded, four-bedded, etc.); and
- The number of residents in each room.

**MassHealth  
Nursing Facility Bulletin 154  
October 2020  
Page 2 of 5**

Facilities that have one or more rooms with more than two residents residing in them, or with a maximum of more than two licensed beds per room (even if such beds are unoccupied, not being utilized, or not physically in such rooms at the time of submission) must attest that they will reduce room density to, or maintain room density at, not more than two residents per room. To that end, such facilities must attest, through the attestation form attached to this bulletin as Appendix A, that they will employ the three following techniques, effective immediately.

- Limit new admissions as follows:
  - The facility will not admit any new residents while it has any rooms with three or more residents residing in them (i.e., rooms with three or more residents must be reduced in density to not more than two residents per room before admitting new residents), and
  - If the facility has no more than two residents in each room, the facility must attest that it will not admit new residents if such admissions would cause the facility to place more than two residents in the same room;
- Reconfigure room assignments so that residents in rooms with three or more residents are moved to rooms that are approved for more than one licensed bed but that only have a single resident residing in them, **provided that doing so would not interfere with the facility's ability to properly cohort or isolate residents with a positive or suspected case of COVID-19 or otherwise be detrimental to the residents' overall well-being and that all room reassignments or reconfigurations are conducted in compliance with all applicable state and federal statutory and regulatory requirements;** and
- Ensure current residents and any representatives are fully aware of their home- or community-based setting care options.

In addition, a facility may identify on the reporting submission form other techniques it will employ that the facility reasonably expects will help reduce room density to, or maintain room density at, not more than two residents per room.

Facilities that would otherwise be required to attest to the techniques listed above will be given an opportunity on the submission form to explain exceptional circumstances that make reducing room density to one or two residents per room incompatible with maintaining access for underserved or difficult-to-place residents, or otherwise not in the best interests of the residents or the MassHealth program. A facility claiming exceptional circumstances must also submit an attestation, but may choose to use the attestation form attached to this bulletin as Appendix B. MassHealth will make the final determination as to whether and to what extent exceptional circumstances apply, and reserves the right to deny a facility's claims of exceptional circumstances.

If MassHealth denies, in whole or in part, a facility's claims of exceptional circumstances, the facility will be required to resubmit the report with up-to-date room information, and to submit a new attestation within one week of the date of MassHealth's determination. Facilities whose claims of exceptional circumstances are wholly denied by MassHealth will be required to submit Appendix A, while facilities whose claims of exceptional circumstances are denied in part will be required to resubmit Appendix B.

The administrator or other appropriate representative from each nursing facility must submit a signed and scanned copy of the executed attestation, attached to this nursing facility bulletin as Appendix A or, if applicable, Appendix B, as well as a report, including all of the information described above, using the prescribed reporting form via the [online survey](#), **by 11:59 p.m. on October 30, 2020**. A login is not required to access the online survey.

**Facilities that attest on their initial submission, due October 30, 2020, to having three or more licensed beds in a room** regardless of whether or not such beds are occupied, being

**MassHealth  
Nursing Facility Bulletin 154  
October 2020  
Page 3 of 5**

utilized, or physically in the room **must submit the prescribed reporting form via the [online survey](#) by 11:59 p.m. on the last business day of every other month until June 30, 2021** (i.e., December 31, 2020, February 26, 2021, April 30, 2021, and June 30, 2021). Facilities that attest to having not more than two licensed beds in any room in the initial submission, due October 30, 2020, are not required to submit these subsequent reports.

### **Non-compliance**

All participating MassHealth nursing facility providers, **regardless of the types of rooms they have or their current room density**, must submit the reporting and attestation form required by this bulletin, including in instances when MassHealth determines resubmission is necessary after reviewing a facility's claims of exceptional circumstances. If a facility fails to timely complete any submission requirements of this bulletin, **the facility will be ineligible for the targeted COVID-19-related payments as of the applicable submission deadline, including any further payments for surveillance testing**, as described in nursing facility rate regulations at 101 CMR 206.10(4): *COVID-19 Staff Testing Supplemental Payment*. Submission of these reporting and attestation requirements is also clearly identified as one of the conditions of receiving targeted COVID-19 payments under 101 CMR 206.10(5): *Supplemental Support Payments for Nursing Facilities During the COVID-19 Public Health Emergency*.

Furthermore, if MassHealth determines that a nursing facility provider has made false or misleading representations through the submissions required by this bulletin, MassHealth may pursue sanctions against the provider under 130 CMR 450.238: *Sanctions*. MassHealth reserves the right to request and review documentation, conduct on-site audits, or utilize any information available to it to determine if a facility is in compliance with its submissions under this bulletin, including representations that the facility is actively implementing the density-reducing techniques as the facility attested.

MassHealth will also refer providers to the Medicaid Fraud Division in the Attorney General's Office, as appropriate.

### **MassHealth Website**

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

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](mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

### **Questions**

If you have questions about the information in this bulletin, please email your inquiry to [CHIANursingFacilityData@massmail.state.ma.us](mailto:CHIANursingFacilityData@massmail.state.ma.us).

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**MassHealth  
Nursing Facility Bulletin 154  
October 2020  
Page 4 of 5**

**Appendix A  
Nursing Facility Provider Attestation to  
Room Density Information and Policies**

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 the information provided in this attestation is a true and accurate representation.

Specifically, I represent and warrant that:

The nursing facility has \_\_\_\_\_ rooms with more than two residents assigned to them and \_\_\_\_\_ rooms with a maximum of more than two licensed beds per room.

I will implement, in good faith, the techniques identified in MassHealth Nursing Facility Bulletin 154 and in the report accompanying this attestation, to reduce or maintain resident density in each room to no more than two residents per room.

I will not accept new admissions while the nursing facility continues to have three or more residents residing in the same room or if doing so would result in any room having more than two residents assigned to it.

The report accompanying this attestation and submitted to MassHealth via the CHIA online survey to demonstrate compliance with the requirements of MassHealth Nursing Facility Bulletin 154 are complete and accurate.

**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, as well as the accompanying report, via the [CHIA online survey](#) by the room density submissions deadline established in MassHealth Nursing Facility Bulletin 154.

The nursing facility should maintain the original executed copy of each submitted attestation, along with the report and any accompanying documentation, in its files.

**MassHealth  
Nursing Facility Bulletin 154  
October 2020  
Page 5 of 5**

**Appendix B  
Nursing Facility Provider Attestation to  
Room Density Information and Policies – Exceptional Circumstances**

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 the information provided in this attestation is a true and accurate representation.

Specifically, I represent and warrant that:

The nursing facility has \_\_\_\_\_ rooms with more than two residents assigned to them and \_\_\_\_\_ rooms with a maximum of more than two licensed beds per room.

The report accompanying this attestation and submitted to MassHealth via the CHIA online survey to demonstrate compliance with the requirements of MassHealth Nursing Facility Bulletin 154 is complete and accurate, including with respect to the exceptional circumstances described within the report.

**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, as well as the accompanying report, via the [CHIA online survey](#) by the room density submissions deadline established in MassHealth Nursing Facility Bulletin 154.

The nursing facility should maintain the original executed copy of each submitted attestation, along with the report and any accompanying documentation, in its files.