# Nursing Facility Bulletin 189

Commonwealth of Massachusetts

Executive Office of Health and Human Services

Office of Medicaid

[www.mass.gov/masshealth](https://www.mass.gov/orgs/masshealth)

**DATE:** August 2024

**TO:** Nursing Facilities Participating in MassHealth

**FROM:** Mike Levine, Assistant Secretary for MassHealth [signature of Mike Levine]

**RE**: Requirement for Appropriate Agreements between High-SUD Nursing Facilities and Opioid Treatment Programs - Corrected

## Background

Under 101 CMR 206.10(14)(a), to be eligible for Substance Use Disorder (SUD) Add-on and/or SUD Induction Period Add-on payments for dates of service beginning October 1, 2023, nursing facilities participating in the MassHealth Program were required to submit an attestation to MassHealth confirming that they have processes in place to provide services to residents with SUD .

[Nursing Facility Bulletin 185](https://www.mass.gov/lists/masshealth-provider-bulletins-by-provider-type-i-n#nursing-facility-): *Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on* (February 2024) required facilities to submit this necessary attestation by March 12, 2024. [Nursing Facility Bulletin 188](https://www.mass.gov/lists/masshealth-provider-bulletins-by-provider-type-i-n#nursing-facility-): *Updates to Substance Use Disorder (SUD) Add-on and SUD Induction Period Add-on* (August 2024) announced that nursing facilities that did not submit an attestation by March 12, 2024, could become eligible for SUD Add-on and/or SUD Induction Period Add-on payments for dates of service beginning October 1, 2024, by submitting the necessary attestation by September 30, 2024. In both bulletins, MassHealth reserved the right to announce additional requirements via further sub-regulatory guidance and to require additional attestations from nursing facilities to maintain their eligibility for the SUD Add-on and SUD Induction Period Add-on.

This bulletin is being issued in accordance with 101 CMR 206.10(14) and Nursing Facility Bulletins 185 and 188 to announce an additional requirement for High-SUD nursing facilities, as defined below.

### Additional Requirements

## To remain eligible for the SUD Add-on and SUD Induction Period Add-on effective October 1, 2024, High-SUD nursing facilities must execute an appropriate agreement to share data and collaborate (e.g., a Qualified Service Organization Agreement) with at least one Opioid Treatment Program (OTP). Executing such an agreement will enable High-SUD nursing facilities and OTPs to more closely collaborate with one another to coordinate residents’ SUD services. The agreement must ensure that the nursing facility and the OTP have agreed-upon policies and procedures in place for:

## (1) safe and appropriate storage of medication;

## (2) sharing pertinent information in compliance with all applicable state and federal regulations, including but not limited to 42 CFR Part 2;

(3) facilitating admission;

(4) joint treatment and discharge planning; and

(5) consultation outside of business hours.

## For the purposes of this bulletin, High-SUD nursing facilities are defined as nursing facilities that, based on the FY24 MassHealth data pulled on June 14, 2024, provided services to at least 10 MassHealth members meeting the criteria set forth in 101 CMR 206.10(14)(b) and submitted SUD Add-on and/or SUD Induction Period Add-on Fee For Service claims in FY24. Facilities that meet the definition of “High-SUD” are listed in the following table.

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| --- |
| **High-SUD Nursing Facilities** |
| Blueberry Hill Rehabilitation and Healthcare Center |
| Bourne Manor Extended Care Facility |
| Braintree Manor HealthCare |
| Brookside Rehabilitation and Healthcare Center |
| Brush Hill Care Center |
| Cambridge Rehabilitation & Nursing Center |
| Cape Heritage Rehabilitation & Health Care Center |
| Cape Regency Rehabilitation & Health Care Center |
| Champion Rehabilitation and Nursing Center |
| Charlwell House Nursing and Rehabilitation |
| Chestnut Woods Rehabilitation & Healthcare Center |
| Dexter House Healthcare |
| Fairhaven Healthcare Center |
| Fairview Commons Nursing and Rehabilitation Center |
| Fall River Healthcare |
| Fitchburg Healthcare |
| Fitchburg Rehabilitation and Nursing Center |
| Garden Place Healthcare |
| Highview Of Northampton |
| Hillcrest Commons Nursing and Rehabilitation Center |
| Hunt Nursing and Rehabilitation Center |
| Marlborough Hills Rehabilitation & Health Care Center |
| Medford Rehabilitation & Nursing Center |
| Melrose HealthCare |
| Northwood Rehabilitation & Health Care Center |
| Norwood Healthcare |
| Parsons Hill Rehabilitation & Health Care Center |
| Blueberry Hill Rehabilitation and Healthcare Center |
| Bourne Manor Extended Care Facility |
| Pilgrim Rehab and Skilled Nursing Center |
| Plymouth Harborside Healthcare |
| Plymouth Rehabilitation & Health Care Center |
| RegalCare at Worcester |
| RegalCare at Harwich |
| RegalCare at Quincy |
| Royal Norwell Nursing & Rehabilitation Center  |
| Royal Rehabilitation and Nursing Center |
| Royal Wood Mill  |
| Southbridge Rehabilitation & Health Care Center |
| Southeast Rehabilitation & Skilled Care Center |
| South Shore Rehabilitation & Skilled Care Center |
| The Brentwood Rehabilitation & Healthcare Center |
| The Guardian Center |
| The Hermitage Healthcare |
| The Rehabilitation & Nursing Center at Everett |
| The Oxford Rehabilitation & Health Care Center |
| The Tremont Rehabilitation & Skilled Care Center |
| Watertown Rehabilitation and Nursing Center |
| Webster Manor Rehabilitation & Health Care Center |
| West Newton Healthcare |
| Windsor Nursing & Retirement Home |
| Worcester Rehabilitation & Health Care Center |

## Submission of Attestation of Compliance

For a High-SUD nursing facility to receive SUD Add-on and/or SUD Induction Period Add-on payments for dates of service beginning October 1, 2024, the facility’s administrator must attest that the nursing facility has executed an appropriate agreement to share data and collaborate (e.g., a Qualified Service Organization Agreement) with at least one OTP that contains the policies and procedures listed in (1) and (2), above. The High-SUD facility’s administrator must attest using the attestation form included as Appendix A and submit the signed form by email to NFReporting@umassmed.edu by **September 30, 2024**. The administrator must also attach a PDF copy of the executed agreement to their submission.

If a High-SUD nursing facility does not submit a completed attestation form and a PDF copy of the executed agreement by September 30, 2024, the facility may become ineligible for SUD Add-on and SUD Induction Period Add-on payments for dates of service beginning **October 1, 2024**.

MassHealth will review attestation submissions in the order they are submitted. MassHealth may, for any reason and at its discretion, request documentation or other information to verify information attested to by a nursing facility in the attestation form.

MassHealth reserves the right to announce additional requirements via further sub-regulatory guidance and to require additional attestations from facilities to maintain their eligibility for the SUD Add-on and SUD Induction Period Add-on.

## Enforcement for Non-Compliance

Any nursing facility that receives a SUD Add-on and/or SUD Induction Period Add-on is subject to audits, inspections, or requests for information or documentation by MassHealth regarding its compliance with the criteria established in this bulletin and in 101 CMR 206.10(14).

If a nursing facility is determined to be out of compliance with the criteria established in this bulletin, Nursing Facility Bulletin 185, and/or 101 CMR 206.10(14), MassHealth may recoup the paid SUD Add-on and SUD Induction Period Add-on as overpayments, pursuant to 130 CMR 450.237: *Overpayments: Determination*.

Additionally, 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 such provider under 130 CMR 450.238: *Sanctions: General*. MassHealth will also refer such 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](http://www.mass.gov/masshealth-provider-bulletins) web page.

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## Questions

If you have questions about the information in this bulletin, please contact:

### Long-Term Services and Supports

Phone: (844) 368-5184 (toll free)

Email: support@masshealthltss.com

Portal: [MassHealthLTSS.com](https://www.masshealthltss.com/s/?language=en_US)

Mail: MassHealth LTSS

PO Box 159108

Boston, MA 02215

Fax: (888) 832-3006

### All Other Provider Types

Phone: (800) 841-2900, TDD/TTY: 711

Email: provider@masshealthquestions.com

[MassHealth on Facebook](https://www.facebook.com/MassHealth1/) [MassHealth on LinkedIn](https://www.linkedin.com/company/masshealth) [MassHealth on X](https://www.twitter.com/MassHealth) [MassHealth on YouTube](https://www.youtube.com/channel/UC1QQ61nTN7LNKkhjrjnYOUg)

## MassHealth Nursing Facility Bulletin 189

### Appendix A

**Nursing Facility Provider Attestation for SUD Add-on and SUD Induction Period Add-on**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify under the pains and penalties of perjury that I am the administrator 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 executed an appropriate agreement to share data and collaborate (e.g., a Qualified Service Organization Agreement) with at least one Opioid Treatment Program (OTP) and that the agreement contains agreed-upon policies and procedures for:

## (1) safe and appropriate storage of medication;

## (2) sharing pertinent information in compliance with all applicable state and federal regulations, including but not limited to 42 CFR Part 2;

(3) facilitating admission;

(4) joint treatment and discharge planning; and

(5) consultation outside of business hours.

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

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The nursing facility must submit a PDF copy of the executed agreement with this attestation. The nursing facility should also maintain the original executed copy of this submitted attestation, along with a copy of the executed agreement, in its files.