



***Comments on Proposed Regulations 130 CMR 414.000: Independent Nurse Services***

**Written Public Comment**

**Submitted by: Home Care Alliance of Massachusetts (HCA)**

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## **Introduction**

The Home Care Alliance of Massachusetts (HCA) submits the following comments on the proposed amendments to **130 CMR 414.000: Independent Nurse Services**.

These comments reflect the experience of HCA member agencies, including home care, home health, and hospice providers that regularly coordinate care with independent nurses serving MassHealth members with complex medical needs.

HCA appreciates MassHealth's continued efforts to strengthen the independent nurse model, including enhancements that support improved care planning, greater program integrity, and clearer expectations for provider accountability. These updates represent a meaningful step toward ensuring consistent, high-quality care for members with complex medical needs in the community.

At the same time, several aspects of the proposed regulation introduce expanded clinical and operational expectations that warrant clarification to ensure alignment with clinical practice, licensure requirements, and the overall structure of the independent nurse model.

### **1. Independent Nurse Model: Oversight and Scope Considerations (130 CMR 414.402, 414.405, 414.408)**

HCA recognizes the important role that the independent nurse model plays in supporting access to care for MassHealth members with complex medical needs, particularly where staffing challenges may limit availability through traditional agency-based models.

At the same time, the independent nurse model has historically operated with more limited infrastructure than agency-based care, including fewer formal requirements related to clinical supervision, documentation systems, and quality oversight.

The proposed regulation introduces expanded expectations for independent nurse providers, including increased responsibility for clinical assessment, care planning, documentation, and coordination across providers. As these expectations evolve, HCA believes it is important to ensure that the structure of the independent nurse model evolves accordingly.

HCA has particular concerns regarding how these expanded responsibilities align with the participation of Licensed Practical Nurses (LPNs) as independent nurse providers.

While LPNs have long participated in the independent nurse model, their role within a highly complex CSN population—particularly when serving as the sole nurse involved in a

member's care—raises important questions regarding clinical oversight and scope of practice.

HCA also notes the practical workforce dynamic in which nurses may initially gain experience in a structured, agency-based environment and subsequently transition into independent practice. While this pathway supports workforce flexibility, it further underscores the importance of ensuring that appropriate clinical supports and expectations are in place.

HCA recommends that MassHealth:

- Clarify how clinical oversight is intended to function within the independent nurse model, particularly for LPN providers;
- Ensure that expectations for independent nurse responsibilities are aligned with scope of practice requirements; and
- Consider whether additional guardrails are appropriate when independent nurses serve as the sole provider for members with complex medical needs.

These clarifications will help support patient safety and ensure that independent nurse providers are positioned for success within an increasingly complex care environment.

## **2. Provider Eligibility Requirements – Experience Pathways (130 CMR 414.404(C))**

HCA appreciates MassHealth's effort to establish clearer experience requirements for independent nurse providers. Strengthening provider qualifications is an important step in supporting quality care for members with complex medical needs.

However, HCA has concerns regarding the distinction between the two experience pathways outlined in **130 CMR 414.404(C)**.

The first pathway establishes clear and appropriate experience standards for independent nurse providers, including prior clinical experience and familiarity with CSN-level care.

The second pathway appears to allow nurses without this level of experience to participate under a more limited, case-specific arrangement. While HCA understands the intent to support flexibility, the criteria raise important questions.

In particular, the requirement that a primary natural caregiver or family member hold an RN or LPN license does not clearly establish a clinical supervision structure. It is unclear whether this individual is expected to provide oversight or how accountability is defined.

Additionally, both pathways result in participation under the same provider designation despite significant differences in experience and scope.

HCA recommends that MassHealth:

- Clarify the intent and operational differences between the two experience pathways;
- Define expectations regarding clinical oversight and accountability under the second pathway; and
- Consider whether additional safeguards are needed for providers who do not meet standard experience qualifications.

### **3. Role of the Clinical Manager (130 CMR 414.402; 414.411)**

HCA appreciates the introduction of the Clinical Manager role to support assessment, authorization, and coordination of long-term services and supports.

Additional clarity would be helpful regarding the relationship between the Clinical Manager and the independent nurse, particularly in the context of clinical responsibility.

HCA recommends clarifying:

- That the Clinical Manager role is distinct from clinical supervision; and
- The extent to which independent nurses are expected to rely on the Clinical Manager for clinical versus administrative functions.

Clear delineation will help ensure appropriate accountability across the care team.

### **4. Expanded Plan of Care Requirements (130 CMR 414.412)**

HCA supports the goal of strengthening care planning for members receiving CSN services.

The proposed expansion of plan of care requirements represents an important step toward ensuring comprehensive and clinically appropriate care.

As expectations expand, it is equally important that documentation requirements for independent nurse providers are clear, detailed, and consistently applied.

The independent nurse model has historically included more limited documentation practices compared to agency-based care. Given the increasing clinical responsibilities outlined in the proposed regulation, more robust documentation standards will be essential to support continuity of care, clinical decision-making, and accountability.

HCA also recommends that MassHealth clarify expectations related to the security and integrity of member medical records, including compliance with HIPAA requirements, particularly given the variability in documentation methods.

HCA recommends that MassHealth:

- Clarify the level of detail and consistency expected in documentation; and
- Establish clear expectations for the secure maintenance and protection of member medical records.

### **5. Training Requirements (130 CMR 414.409(I))**

HCA has concerns regarding provisions allowing independent nurses to receive member-specific training from non-clinical individuals, including family members or caregivers.

While caregiver knowledge is valuable, the complexity of CSN services warrants appropriate clinical oversight in training.

HCA recommends clarifying the role of clinically qualified providers and establishing minimum training standards to ensure patient safety.

### **6. Care Coordination and Administrative Responsibilities (130 CMR 414.405; 414.411)**

The proposed regulation increases expectations for care coordination and communication across providers.

HCA supports strong care coordination. However, the independent nurse model has historically included variability in documentation practices and limited visibility into oversight and review processes.

As expectations expand, HCA recommends that MassHealth clarify how these responsibilities will be supported and monitored.

Additional clarity regarding documentation consistency and oversight processes will help ensure effective and consistent care coordination.

### **7. Co-Vending and Accountability (130 CMR 414.410; 414.413(F))**

HCA appreciates the flexibility of co-vending arrangements.

However, co-vending models can create challenges related to communication, coordination, and accountability across multiple providers.

HCA recommends additional guidance to clarify coordination expectations and accountability across providers.

## **8. Discharge Procedures and Provider Safety (130 CMR 414.419)**

HCA appreciates the inclusion of more detailed discharge procedures for independent nurse providers, including expectations related to communication, documentation, and care transitions.

However, HCA has concerns regarding the application of the 14-day notice requirement in situations where the independent nurse is unable to safely serve the member due to conditions in the home environment.

While the proposed regulation allows for discharge when the home environment is disruptive, abusive, or unsafe, the requirement to provide advance notice and continue engagement during a defined discharge period may not be appropriate in all circumstances.

HCA recommends that MassHealth clarify that in situations where an independent nurse determines that there is an immediate risk to personal safety, the nurse may discontinue services without a required return to the home, provided that appropriate notification is made to the MassHealth agency or its designee and the ordering provider as soon as practicable.

Establishing this distinction will help ensure that discharge procedures appropriately balance continuity of care with the safety of independent nurse providers.

## **9. Provider Eligibility – Liability Insurance and BLS Certification (130 CMR 414.404(G)-(H))**

HCA supports the addition of requirements for liability insurance and Basic Life Support (BLS) certification.

These are important safeguards that support accountability and preparedness, particularly given the independent nature of the model.

## **10. CSN Training Time (130 CMR 414.409(I))**

HCA appreciates MassHealth's addition of reimbursement for CSN training time as outlined in **130 CMR 414.409(I)**. This is a thoughtful and practical enhancement that supports safer and more effective transitions when a new independent nurse begins working with a member.

Providing dedicated time for member-specific, in-home training helps promote continuity of care, improves clinical readiness, and ultimately benefits patient outcomes—particularly for members with complex medical needs.

This provision also supports more efficient onboarding of new nurses, which may help reduce disruption in care delivery and improve overall coordination among providers.

HCA supports this addition and believes it is a positive step toward strengthening care quality within the independent nurse model.

### **Conclusion**

HCA recognizes MassHealth's efforts to strengthen the independent nurse model and improve care for members with complex medical needs.

We encourage continued clarification to ensure the model remains clinically appropriate, operationally consistent, and aligned with professional standards.

**Respectfully submitted,**

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