Throughout the COVID-19 public health emergency, the Commonwealth has taken critical steps to ensure adequate acute hospital capacity and access to appropriate “step down” care. Chronic Disease Rehabilitation Hospitals, which include Long-Term Care Acute Hospitals (LTCH) and Inpatient Rehabilitation Facilities (IRF), are a key service component in the continuum of care designed for patients that require intense, specialized treatment for an extended period of time. These settings offer more resource-intensive care than a Skilled Nursing Facility for patients that do not require care in a hospital intensive care unit.

A number of COVID-19 patients require step-down care in an LTCH or IRF setting. Given this increased demand, there is an urgent need to address certain challenges that acute care hospitals encounter when trying to appropriately discharge patients to long-term intensive care. These challenges include:

- **Limited capacity for ventilator or trach care**, which in some cases could be provided at a skilled nursing level, but due to a lack of existing capacity in skilled nursing facilities, often occurs in LTCH/IRF settings;
- **A limited number of available LTCH/IRF beds in certain regions (Boston and Central)**; while supply of LTCH/IRF beds exceeds demand statewide, regional variation makes matching patients to a facility convenient to their home or family challenging;
- **Concerns about coverage and reimbursement for these services beyond the state of emergency for MassHealth members in certain limited benefit programs**. MassHealth Limited typically does not cover LTCH/IRF and skilled nursing services but has expanded coverage for COVID treatment during the current state of emergency; MassHealth Family Assistance also currently has limited coverage for LTCH/IRF care.

The Executive Office of Health and Human Services (EOHHS) is taking a multi-pronged approach to address these challenges and ensure that patients have timely access to step-down care in the most clinically appropriate setting. EOHHS will:

- **Increase capacity for chronic ventilator-dependent patients and trach-dependent patients in specialized nursing homes**, targeting regions where there is an identified need and thereby freeing up capacity in LTCH/IRFs. An add-on to the MassHealth nursing facility rate will support this expansion;
- **Provide assurance that MassHealth Limited will cover** the full duration of a LTCH/IRF or nursing facility stay for members admitted during the state of emergency as part of a COVID-19 episode;
- **Expand MassHealth Family Assistance** coverage for LTCH/IRF and nursing facility services to cover up to 100 days of LTCH/IRF or nursing facility care for the duration of the emergency and beyond, for both COVID and non-COVID related care;
- **Provide additional funding of up to $4 million** for LTCH/IRFs through MassHealth supplemental payments and temporarily lifting the non-payment for Administratively Necessary Days policy:
  - Supplemental payments will be equivalent to 10% of historic MassHealth reimbursement and will be contingent upon LTCH/IRFs adhering to a “no reject” admissions policy;
  - MassHealth will **temporarily lift of the 45-day Administrative Necessary Day nonpayment policy** for LTCH/IRFs through December 31, 2020; and
- **Regularly provide supply and demand data for LTCH/IRF beds** to acute inpatient care hospitals and establish an escalation process for EOHHS to assist in triaging difficult-to-place cases during the state of emergency.