

EOHHS Support Package for Step-Down Care in Long-Term Acute Care Hospitals, Inpatient Rehabilitation Facilities and Nursing Facilities

June 2020

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.