​​​​​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 variationmakes 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 ofa 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**.**