



State of New Jersey

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COVID-19 Policy Guidance: Transfers to Institutions for Mental Disease and Long Term Acute Care Facilities

March 30, 2020

This Policy Guidance is effective immediately.

In order to increase available bed capacity in acute general care hospitals during the COVID-19 state of emergency, contracted managed care plans are being directed to assist with the transfer of NJ FamilyCare members from acute inpatient settings to other medically appropriate settings. These transfers should occur as needed without delay or interruption.

In transitioning members to alternate medically appropriate settings, Managed Care Organizations (MCOs) are requested to participate in, and support, acute general care hospital discharge planning efforts and to fully utilize the following provisions of the NJ FamilyCare Managed Care Contract (Article 4.1 with *emphasis*):

W. In Lieu of Services (ILOS)

1. The Contractor may cover the services or settings that are in lieu of the services or settings included in the New Jersey's Medicaid State Plan that the Contractor is responsible to provide as part of any benefit package provided by the Contractor under this contract.
 - a. Over the counter medications
 - b. Smoking cessation assistance
 - c. *Residential treatment in an Institution for Mental Disease (IMD)* for a covered mental health service. Only treatment for a month in which the number of resident days does not exceed 15 days can be considered an ILOS.
 - d. *Treatment in a Long Term Acute Care Facility (LTAC)*
 - e. Residential modifications (such as ventilation or accessibility)
 - f. Assistance with finding or keeping housing (not to include rent)

Institutions for Mental Disease (4.1.W.1.c) (including "Diversion" beds)

New Jersey maintains a commitment to the underlying philosophical principles of affording individuals who meet the criteria for commitment the opportunity to be served in a community hospital setting. Current regulations require that when a new patient meets admission criteria and all beds are full in a short-term care facility (STCF) within a general acute care hospital, all current patients must be re-assessed for possible transfer to a different setting to allow for admission of the new patient.

IMD facilities, including specialty hospitals with available “diversion” beds, may be used to accept these transferred patients during the emergency period. Acute care services shall be provided until the patient is ready for discharge to the community, or until a bed becomes available in a State institution if the individual continues to remain on commitment status and requires long term inpatient treatment.

IMDs with diversion beds include:

- Hampton Behavioral Health Center
- Summit Oaks Hospital
- Carrier Clinic
- Northbrook Behavioral Hospital.

Long Term Acute Care Facilities (4.1.W.1.d)

A Long Term Acute Care Facility is a type of hospital that is licensed by the Department of Health that provides acute care through a broad spectrum of clinical care services for acutely ill/medically complex patients. LTACs may either be a freestanding facility or a separately licensed hospital within a hospital. For the period of the COVID-19 emergency, the federal government has waived the requirement that these facilities serve patients who require, on average, a 25 day or longer inpatient stay.

Long Term Acute Care Facilities may be used for discharge during the emergency period. These facilities include:

- Acuity Specialty Hospital of New Jersey (Atlantic City)
- Acuity Specialty Hospital of Southern New Jersey (Willingboro)
- Care One at Raritan Bay Medical Center, LLC
- Columbus Hospital LTACH
- Kindred Hospital New Jersey- Morris County
- Matheny School and Hospital
- Select Specialty Hospital Northeast
- Specialty Hospital of Central Jersey

Reimbursement

To support bed capacity in acute general care hospitals during the COVID-19 emergency, payers and providers will establish non-participating or single case agreements, on a per diem basis if needed, to facilitate transfer or discharge. MCOs will reimburse non-participating providers at a contracted rate comparable to rates the MCO has established with participating providers for the same level of care, but in no case will the rate be lower than the Medicaid Fee-for-Service rate. COVID-19 concurrent review restrictions on inpatient settings will not apply to such per diem agreements.