

SUBCHAPTER 47. SUBACUTE CARE UNIT IN AN ACUTE CARE GENERAL HOSPITAL

8:39-47.1 Scope

All hospital-based subacute care units shall comply with the rules in this subchapter, all other pertinent rules in this chapter, the provisions of State of New Jersey P.L. 1996, c.102, and Federal Medicare requirements at P.L. 89-97 (42 U.S.C. §§ 1395 et seq.).

8:39-47.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Hospital-based subacute care unit” means a distinct unit located within an acute care general hospital that utilizes licensed long-term care beds to provide subacute care.

“Subacute care” in an acute care general hospital means a comprehensive inpatient program for patients who have had an acute illness, injury, or exacerbation of a disease process, have a determined course of treatment prescribed, and do not require intensive diagnostic or intensive invasive procedures, but the patient’s condition requires physician direction, intensive nursing care, frequent recurrent patient assessment and review of the clinical course and treatment plan for a period of time, significant use of ancillary medical services and an interdisciplinary approach using professional teams of physicians, nurses and other relevant professional disciplines to deliver complex clinical interventions.

8:39-47.3 Licensure of hospital-based subacute care units

A hospital-based subacute care unit shall obtain a license to operate from the Department prior to accepting any patients. The hospital shall contact the Long-Term Care Assessment and Survey Program of the Department in order to schedule an initial licensure survey. A license shall be issued by the Long-Term Care Licensing Program only upon a finding by the Department that the unit is in compliance with the licensure requirements specified at N.J.A.C. 8:39-47.4.

8:39-47.4 Licensure requirements

(a) Prior to receiving a license and prior to the initial licensure survey by representatives of the Department, the hospital-based subacute care unit shall develop written clinical admission criteria and utilization review protocols as described in this section.

1. A resident of a long-term care facility who is admitted to, and discharged from, an acute care hospital shall not, upon discharge from the hospital, be admitted to the hospital-based subacute care unit, unless the long-term care facility is unable to readmit the resident within 24 hours after written notification to the long-term care facility that the resident is to be discharged from the hospital. In this case, the patient shall be discharged to the long-term care facility of origin as soon as such facility is able to readmit the individual. The hospital-based subacute care unit shall, on a daily basis, document in the patient’s medical record the continuing inability of the long-term care facility of origin to readmit the patient.

2. The hospital shall identify clinical admission criteria for its hospital-based subacute care unit which shall include:

- i. Prospective clinical admission criteria; and
- ii. Clinical exclusion criteria.

3. The hospital shall specify within the clinical admission criteria that the hospital-based subacute care unit is intended for patients who will need post-acute care for eight days or fewer.

4. Except as provided in (a)5 below, patients shall be admitted to the hospital-based subacute care unit on the recommendation of the attending physician, if such admission is in accordance with the written clinical admission and exclusion criteria.

5. Except as set forth at (a)6 below, the hospital-based subacute care unit shall not admit a clinically stable patient with one of the diagnoses listed at (a)5i below and meeting all of the criteria for inpatient rehabilitation hospital care listed at (a)5ii below.

i. Nonadmissible diagnostic categories shall include patients with stroke; congenital anomaly; major multiple trauma; polyarthritis, including rheumatoid arthritis; neurological disorder, including multiple sclerosis, motor neuron disease, polyneuropathy, muscular dystrophy, and Parkinson's disease; traumatic or nontraumatic brain injury; spinal cord injury; amputation; joint replacement; fracture of the femur, including hip fracture; and burns.

ii. Criteria for inpatient rehabilitation hospital care shall include the following:

(1) The need for close medical supervision by a physician with specialized training or experience in rehabilitation;

(2) The need for 24-hour per day rehabilitation nursing;

(3) The need for a relatively intense level of rehabilitation services;

(4) The need for a multidisciplinary team approach to the delivery of the program;

(5) The need for a coordinated program of care;

(6) The expectation of significant practical improvement in a reasonable period of time;

and

(7) The establishment of realistic goals of self-care or independence in activities of daily living.

6. In order to admit a patient described at (a)5 above, the hospital-based subacute care unit shall:

i. Forward information pertaining to the clinically stable patient to either a licensed comprehensive rehabilitation hospital or an acute care hospital which has licensed comprehensive rehabilitation beds;

ii. Receive a favorable recommendation from either the licensed comprehensive rehabilitation hospital or the acute care hospital which has licensed comprehensive rehabilitation beds;

iii. Receive a written concurring recommendation regarding the patient's admission from the case manager at the acute care hospital; and

iv. Receive a recommendation to admit from the patient's attending physician.

(b) Upon determination that admission of a patient to a hospital-based subacute care unit is appropriate, information concerning the patient's rights shall be provided to the patient. Such information shall include the rights enumerated at N.J.A.C. 8:39-4 and shall assure the patient of at least the following:

That, although the patient's stay is not expected to exceed eight days, the patient has the right to remain in the unit until a transfer or discharge is medically necessary to meet the patient's needs or until transfer or discharge is appropriate due to improvement in condition;

1. That the patient shall be notified as soon as practical prior to transfer or discharge; and

2. That, during the patient's stay, the hospital-based subacute care unit shall provide all care and services necessary to maximize the physical, mental, and psychosocial well-being of the patient.

(c) The hospital-based subacute care unit shall establish a procedure for a patient assessment, utilizing the Standardized Resident Assessment Instrument (see N.J.A.C. 8:39-11.2(e)) to have an assessment reference date of any day, one through eight, with days one through five being optimal, but days six through eight being acceptable.

(d) The hospital-based subacute care unit shall develop written utilization review protocols in accordance with the following:

1. Utilization review protocols shall be prospective, concurrent, and retrospective in nature. The protocols shall be designed to verify, in all cases, the stringent use of the clinical admission criteria, the provision of continual discharge planning, and appropriateness of stay;

2. Prospective utilization review shall occur before the patient is discharged from the acute care hospital or while the patient is completing the preadmission process for the hospital-based subacute care unit;

3. Utilization review staff shall visit each patient and review the patient's medical record prior to admission in order to ensure that for each patient:

i. An appropriate length of stay is expected;

ii. The level of care provided in the unit is commensurate with the patient's needs; and

iii. A discharge plan has been prepared prior to admission;

4. Utilization review staff shall assess each patient on the first day, the fourth day, and daily thereafter to ensure the continued appropriateness of the patient's stay in the unit; and

5. Utilization review staff shall retrospectively examine diagnostic and length of stay information concerning each admission. Such information shall be reported to the Department quarterly on a form and in a manner prescribed by the Department. The \$35.00 per admission health care quality fee prescribed by P.L. 1996, c.102, shall accompany submission of the form to the Department. Such form shall be submitted to the Department within 30 days after the conclusion of each quarter.

8:39-47.5 Licensure renewal

(a) Renewal of a license to operate a hospital-based subacute care unit shall be based upon the unit's compliance with the rules in this subchapter, all other pertinent rules in this chapter, the provisions of State of New Jersey P.L. 1996, c.102, and Federal Medicare requirements at P.L. 89-97 (42 U.S.C. §§ 1395 et seq.).

(b) The Department shall use the aggregate length of stay (total patient days/number of admissions) for the hospital-based subacute care unit as a monitoring benchmark, as an indicator of conformance with provisions of P.L. 1996, c.102, and as a condition of licensure renewal. For each annual renewal of the license, if the aggregate length of stay for patients admitted to the hospital-based subacute care unit during the four quarters immediately preceding the renewal application is determined to be greater than

eight days, the Department shall not renew the subacute care license for the next annual licensure renewal cycle. A hospital shall not be permitted to reapply for a new certificate of need for a hospital-based subacute care unit for six months from the date of licensure nonrenewal or revocation.

1. In the case of licensure renewal applications submitted to the Department within one year after initial licensure, the aggregate length of stay shall be determined for the three quarters immediately preceding the licensure renewal application and used by the Department in accordance with (c) above.

2. For any patient who remains in the hospital-based subacute care unit in accordance with all provisions of N.J.A.C. 8:39-47.4(a)1, patient days accrued after the hospital has issued its written notice to discharge to the long-term care facility of origin shall not be included in the calculation of aggregate length of stay for the unit.