



NHS MEDICAL POLICY

Skilled Nursing Facility Alternative Care 2014-003

The most cost-effective option that meets the member's needs will be considered.

Skilled Nursing Facility (SNF) admission may be indicated when **ALL** the following are present:

1	There are no acute hospital care needs.
2	Patients whose medical condition requires continuous skilled nursing care may be in a SNF depending on the severity of the condition. Care must be needed at frequent intervals throughout the 24 hours to warrant a stay in a SNF.
3	<p>These care needs include the multiple components of care that are delivered by skilled professionals at a facility which includes a plan to provide ALL of the following:</p> <ul style="list-style-type: none"> • Care plan management and evaluation to meet patient needs, promote recovery, and ensure medical safety. • Observation and assessment of patient's changing condition to evaluate need for treatment modification or for additional procedures until condition stabilized. • Education services to teach patient self-maintenance or to teach caregiver patient care. • Skilled care treatments daily (or more frequently) including 2 or more of the following: <ul style="list-style-type: none"> ○ Intravenous (IV) infusion, IV injection or intramuscular (IM) injections ○ Tube feedings (such as PEG or enteral feeding) that have been newly initiated. ○ Pain management ○ Nasopharyngeal or tracheostomy suctioning ○ Wound management that requires dressing changes with prescription medication or clean technique and treatment for 1 or more of the following: <ul style="list-style-type: none"> ▪ Burns ▪ Foot infection or wounds with application dressing ▪ Open lesions ▪ Surgical wound complications

- Ulcer treatment with any Stage III or IV pressure ulcers
- Ulcer treatment for two or more ulcers, including venous ulcers, arterial ulcers or Stage II pressure ulcers.
- Widespread skin disorder treatments
- Starting or managing the changes in the administration of oxygen
- Urinary or bowel toileting program
- Therapy modalities are needed that require PT, OT, or SLP supervision, observation and ongoing assessment of rehabilitation needs and potential.
- The member has the ability to participate in rehabilitative therapy treatments (PT, OT, SLP) 5-6 days per week.
- Safe performance of activities of daily living (ADL) (e.g., dressing, communication, eating)
- Splint, brace, cast, prosthesis, or orthosis management
- Prosthetic evaluation and training

SOURCES

1. MCG 18th edition, General Recovery Facility Comparison Tool GRG: CG-GRFAC (RFC)
2. Centers for Medicare and Medicaid Services “Examples of skilled nursing and rehabilitation services.” 42 CFR PT. 409.33 Washington, DC 2013 [accessed 2014 Sept] Accessed at <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.
3. Centers for Medicare and Medicaid Services. “Criteria for skilled services and the need for skilled service.” 42 CFR PT. 409.32 Washington, DC 2013 Oct [accessed 2014 Sept] Accessed at: <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>
4. California Department of Health and Human Services. A-15-98E Criteria Chapter 7.0 “Criteria for Long Term Care Service. “ Pg 7.0-7.2 [Accessed 2014 Sept] (accessed at http://dhcs.ca.gov/services/Medi-cal/pages/ManCriteria_26-LTC.htm0)

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review and approval by UM Committee
06/16/2016	Changed from Post Hospital Care to Alternative Care
06/14/2017	Annual review and approval by UM Committee
06/13/2018	Annual review and approval by UM Committee
06/12/2019	Annual review and approval by UM Committee
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee

