Effective Date: 09-25-2014



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	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: 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: 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 1or more of the following: 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
- O Starting or managing the changes in the administration of oxygen
- o Urinary or bowel toileting program
- o 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)
- o 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

Proprietary and Confidential

05/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee

