

Subject: Rehabilitation (Inpatient)/Skilled Nursing Facility	
<input type="checkbox"/> Original	Original Committee Approval: November 5, 1998
<input checked="" type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: November 2008

Background

Patients appropriate for Skilled Nursing Facility (SNF) admission are those who meet Medicare Criteria, who are in the sub-acute phase of illness and who need medical and continuous nursing services. These services require Case Management referral.

Guidelines

CHP uses CMS guidelines for both Inpatient Rehabilitation and Skilled Nursing Facility (SNF).

Web link for Inpatient Rehab:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>

Web link for SNF:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c08.pdf>

Indications

Level I (Routine Care)	Patient is medically stable but requires 24-hour skilled nursing observation, assessment, monitoring and intervention, under physician supervision. Treatment goals are to restore function, and to train the individual to independently meet his/her activities of daily living. <i>Examples of Level I care include routine respiratory treatments, simple tracheostomy care, tube feedings, catheterizations, IV therapy, simple wound care, ostomy care, traction and positioning, etc.</i>
Level II (Rehabilitative Care):	Patient is medically stable but requires 24-hour skilled nursing observation, assessment, monitoring and intervention, under physician supervision. Treatment goals are to restore function, increase strength and endurance, and to train the individual to independently meet his/her activities of daily living. <i>Examples of Level II care include all of the above PLUS whirlpool treatments, 1 hour/day of PT, OT, or ST, etc.</i>
Level III	Patient requires more complex medical care with more intensive

(Rehabilitative Subacute Care)	therapy interventions to improve functional outcomes. The services are directly and specifically related to an active treatment plan designed by the physician and at a level of complexity that requires the judgment, knowledge and skills of a qualified physical therapist (if rehabilitation is required). <i>Examples of Level III care include all of the above PLUS higher level respiratory therapy monitoring, stage III decubitus ulcers, complex wound care, > 2 hours/day of PT/OT/ST, etc.</i>
Level IV (Rehabilitative Subacute Care)	Patient requires multiple treatments for multiple comorbidities. <i>Examples of Level IV care include all of the above PLUS ventilator weaning, stage IV decubitus ulcers, BID labs, > 3 hours/day of PT/OT/ST, etc.</i>

Limitations/Exclusions

Custodial Care is not a covered benefit. Custodial care may include:

- Administration of routine oral medications, eye drops and ointments.
- General maintenance of a colostomy or ileostomy.
- Routine indwelling bladder catheter care.
- Dressing changes for chronic conditions.
- Routine care of the incontinent patient.
- Assistance with ADLs.
- Periodic turning and positioning in bed.

Each of these supportive services is not normally skilled, but can still be part of SNF care; however, they do not qualify a patient for a SNF level of care.

Healthy Options:	Skilled care is not covered by CHP for Healthy Options members. Instead, it is covered by the Aging and Adult Services Division of DSHS if approved.
Medicare Advantage	Covered as per CMS guidelines and CHP benefit grid.
Basic Health Plan:	Not covered unless it is an alternative to hospitalization in an acute setting. Please see benefit grid for more details.

Required Approvals:

Prior authorization by the CHP Medical Director or his/her designee.