



Subject: Extended Care and Skilled Nursing Facilities

Revision Date: 8/25

DESCRIPTION

According to the OSU Faculty and Staff Health Plans Specific Plan Details (SPD), Extended Care Facilities (ECF) are covered up to 60 days per calendar year. This benefit also includes Skilled Nursing Facilities (SNF). This policy differentiates these two types of facilities and sets forth criteria for each.

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Activity Measure for Post-Acute Care (AM-PAC) Score: A tool used to assess and track a covered person's functional status during post-acute care. It's designed to help clinicians understand a patient's ability to perform daily activities, including mobility, daily living tasks, and cognitive functions.

Custodial Care: Care that is primarily for the purpose of assisting a covered person in the activities of daily living or in meeting personal needs. It is not skilled care and does not require the continuing attention or supervision of trained medical personnel. For example, custodial care serves to assist a covered person with walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered. It includes maintenance care provided by family members, health aides or other unlicensed individuals

after a medical event, including behavioral health events, when an individual has reached the maximum level of physical or mental function. Typically, this is associated with an AM-PAC score of less than 12.

Extended Care/Skilled Nursing Facility [SPD definition]: A facility providing mainly inpatient skilled nursing and related services to patients requiring convalescent and rehabilitative care. Such care is given by or under the supervision of physicians. An extended care facility is not, other than incidentally, a place that provides minimal custodial care, ambulatory or part-time care or that provides treatment for mental illness, alcoholism, drug abuse, or tuberculosis. The Medicare program must certify the extended care facility.

Extended Care Facility (ECF): Covered person requires more assistance than custodial care, and may require nursing supervision, but does not have a true skilled need.

- SNF Level 1: May include up to 2 – 3 nursing hours per day and/or up to 1 hour of therapy

Skilled Care: Medically necessary care that can only be provided by or under the supervision of skilled or licensed medical personnel. It is typically used for short-term rehabilitation to allow a covered person to improve their functioning and regain independence.

Skilled Nursing Facility (SNF): Covered person has medical needs that must be performed by a skilled, licensed professional daily.

- Level 2: Generally, 3 – 5 nursing hours per day and up to 2 hours of therapy
- Level 3: Generally, up to 6 nursing hours per day and up to 3 hours of therapy
- Level 4: Generally, up to 8 nursing hours per day and over 3 hours of therapy
- Level 5: Generally reserved for extremely high acuity, such as weaning of ventilator dependent patients

POLICY

OSU Health Plan utilizes MCG® Recovery Facility Care guidelines and AM-PAC score to determine medical necessity of SNF days. A SNF admission is considered medically necessary when all of the

following criteria are met:

- MCG® Recovery Facility Care guidelines are met; and
- The covered person's AM-PAC score at discharge is ≤ 16 ; and
- The covered person is walking less than 100 feet; and
- The covered person is not appropriate for a higher level of care (e.g., inpatient rehabilitation).

If the covered person meets criteria for SNF admission, the level of care is determined by the above definition. A covered person is no longer appropriate for SNF when one or more of the following criteria are met:

- MCG® Recovery Milestones for discharge are met; or
- Covered person has reached plateau; or
- Skilled care needed is unlikely to end and has become maintenance care; or
- Covered person's condition has worsened and transfer to a higher level of care is necessary.

When a covered person is no longer appropriate for SNF level of care, but is unsafe for discharge, it is appropriate to allow any remaining benefit days at an ECF level of care. The ECF benefit level is intended as a transition period for the covered person to obtain other funding (i.e., Medicaid, Medicare, self-pay, etc.) or placement for long-term care. Once a covered person has utilized the ECF benefit as a transition to long-term care, he or she will not qualify for additional days during a new benefit year unless there has been a significant change in condition that meets MCG admission criteria for SNF level of care. A covered person is eligible for this transitional period if all the following criteria are met:

- Maintenance care that can only be provided by or under the supervision of skilled or licensed medical personnel; and
- Care needs are more continuous in nature than can be provided with intermittent home care; and
- Covered person does not have caregiver who can provide supportive care needs (e.g., unavailable, persistent patient safety concerns despite caregiver training); and
- Gaining safe level of independence in function or ability to meet care needs is not anticipated due to nature of the covered person's condition.

Additionally, a covered person receiving home hospice services is eligible for the ECF level of care, as an alternative to inpatient hospice, for up to 5 respite days per month. The 60 day per calendar year benefit maximum still applies.

According to the OSU Faculty and Staff Health Plans SPD, benefits are not provided for services, supplies, or charges for custodial care. Therefore, ECF for custodial care without skilled needs is not covered. In determining whether a covered person is receiving custodial care, the factors considered are the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, degree of functional limitation or rehabilitation potential. Examples of custodial care include, but are not limited to:

- Assistance in ADLs (dressing, eating, and toileting)
- Periodic turning and positioning in bed
- Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems
- Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube
- Routine care of the incontinent individual
- Routine services to maintain satisfactory functioning of indwelling bladder catheters
- General maintenance care of colostomy and ileostomy
- General supervision of a home exercise program
- Changing of dressings for non-infected postoperative or chronic conditions
- General maintenance care in connection with a plaster cast
- Routine care in connection with braces and similar devices
- Use of heat as a palliative and comfort measure
- Routine administration of medical gases after a regimen of therapy has been established
- Administration of routine oral medications, eye drops, and ointments that are typically self-administered
- Chronic uncomplicated oral or tracheal suctioning

PROCEDURE

Consistent with the Centers for Medicare and Medicaid Services, OSUHP will provide at minimum a 2 days' notice of denial of SNF/ECF days upon concurrent review. This does not apply to benefit denials (i.e., benefit maximums, loss of coverage, benefit exclusions).

Level of Care is documented in the Care Management System (IHIS) utilizing the Day Type under the Bed Days form in the Referral.

The total number of SNF/ECF days utilized each benefit year is tracked in the Care Management System (IHIS) by adding a note in the Notes section of the Member Summary.

If a covered person uses a SNF or ECF for respite care during their authorization for home hospice, a separate authorization for the facility is not required as the hospice agency is responsible for covering the facility fee. If the covered person is using their ECF benefit and that location is considered their home, then an auth will be needed for the facility and for the home hospice agency.

Refer to the Utilization Management Policies and Procedures for other applicable procedures.

PRIOR AUTHORIZATION

Prior authorization is required for Extended Care Facilities and Skilled Nursing Facilities.

EXCLUSIONS

OSU Health Plan does not cover the following services:

- SNF/ECF days beyond the benefit maximum
- ECF days for a covered person who has previously utilized the full ECF benefit and has not had a change in condition necessitating SNF level of care
- Services specifically listed in the SPD as not covered (e.g., custodial care)
- SNF for covered persons with an AM-PAC score over 16

CODES

The following revenue codes are covered when the above criteria are met.

Revenue Code	Description
019X	Subacute Care
0190	General
0191	Level I
0192	Level II
0193	Level III
0194	Level IV
0199	Other

REFERENCES

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