Talking Points: Skilled Needs

Purpose: To provide high level summary regarding the concept of Skilled Care as defined by Centers for Medicare and Medicaid Services (CMS) under Critical Access Hospital (CAH) Swing Bed reimbursement.

Assumptions: In this document, it is assumed that the patient has Medicare Part A coverage with days available in the benefit period and a qualifying three consecutive day stay in acute care**.** It should be assumed that other payers may have their own language and references regarding skilled post-acute care coverage.

Important: Staff who complete pre-admission patient screening should reference the following CMS documents if questions regarding skilled need and be comfortable to explain which skilled component or components support the admission or denial decision**.**

- ***CMS Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance*** (referenced below as "MBPM Ch.8")
- ***Code of Federal Regulations, Title 42,Subchapter B, Part 409, Subpart C Post Hospital SNF Care*** and ***Subpart D Requirements for Coverage of Post Hospital SNF Care*** (referenced below as "CFR42")

Talking Points:

- CMS Swing Bed reimbursement requires <u>at least one skilled need</u> ordered by a physician.
- Skilled services must require an inpatient stay due to <u>provision of</u> or <u>supervision of</u> services that may be, by scope of practice, <u>only provided by licensed RN, PT, OT, or SLP or Audiologists</u>.
- The care cannot be <u>easily</u> or <u>safely</u> provided in the patient's home or other outpatient setting. This may be <u>circumstantial</u> based on patient's living situation, needs, and home community resources.
- Services must be "<u>reasonable and necessary.</u>"
- Skilled services may "improve" or "maintain" a patient's condition, or "prevent or slow further deterioration".
- Skilled care must be provided on a <u>daily basis</u>, however, <u>therapy services 5-6 days per week are considered daily</u>.

- There is no minimum minutes per day of therapy in the CAH setting.
- Therapy skilled care requires an expectation of "reasonable" and "generally predictable" improvement as assessed by a physician given patient's "restoration potential", or, is provided to establish a "safe and effective maintenance program", or, to perform a "safe and effective maintenance program." Described in **Section 409.33 of CFR42, Section 30.4.1 – Skilled Physical Therapy of MBPM Ch. 8,** and **Section 30.4.1.2 - Application of Guidelines, Subsection E of MBPM Ch. 8.**

General Types of Skilled Care

- **Direct Skilled Nursing Services to Patients:** Direct patient care provided by or overseen by licensed nurses. CMS details and case examples at **Section 409.33 of CFR42, Section 30.2** and **Section 30.3 of MBPM Ch. 8**.
- **Direct Skilled Therapy Services to Patients:** Direct patient care provided by or overseen by licensed therapists. CMS details and case examples at **Section 409.33 of CFR42, Section 30.2** and **Section 30.4 of MBPM Ch. 8.**
- **Teaching and Training Activities:** Patient education or patient teaching on how to safely manage their condition that can only be provided by licensed nurses or therapists. CMS details and examples at **Section 409.33 of CFR42**, **Section 30.2** and **Section 30.3.3 of MBPM Ch. 8**.
- **Management and Evaluation of a Care Plan:** Professional nursing oversight of complex plans of care, where a change in condition is likely without the professional oversight. CMS details and examples at **Section 409.33 of CFR42, Section 30.2 (Section 30.2.3.1) of MBPM Ch. 8.**
- **Observation and Assessment of Patient's Condition:** Nursing or therapy assessments to identify need for adjustments to interventions given likelihood of changes to patient condition. CMS details and examples at **Section 409.33 of CFR42, Section 30.2 (Section 30.2.3.2) of MBPM Ch. 8.**

Skilled Need Case Examples

Important: These case examples are in no way all-inclusive, rather, they give an example of how each type of skilled concept may apply to a patient situation. CMS resources should be referenced for additional details and examples if desired.

Direct Skilled Nursing Services to Patients:

A 78 year old patient recovering from sepsis requires multiple doses of IV antibiotics every day for a period of 14 days. Her doses are several hours apart. Provision of these doses by a homecare nurse is not feasible in her community, nor is traveling several times per day from the patient's rural home to a distant outpatient infusion location. The administration of this medication requires professional assessment for side effects and complications with each dose.

Direct Therapy Services to Patients:

An 80 year old patient suffered a cerebral vascular incident and has lost significant function on his right side. The patient is expected to regain partial function of the extremities, but will require therapeutic exercises that can only be safely and effectively performed by a qualified physical therapist. With ongoing assessment of progress by the therapist, it is determined that some of the patients' exercises may be provided by a physical therapy aid with oversight from the physical therapist until he is ready to go home.

Teaching and Training Activities:

A 68 year old, moderately obese, diabetic patient underwent an inpatient abdominal surgery and developed a wound during her time in the acute ICU setting. The patient is medically ready to go home from the post-surgical and glycemic perspective, but will require a relatively complicated wound care plan to ensure healing and avoid infection. While the patient will be eventually able to manage her wound herself, she lives alone and does not have access to a home care nursing resource to provide ongoing assessment, teaching and training on how to perform her own dressing changes and treatments after she gets home. This teaching requires the special knowledge and scope of practice of a Registered Nurse, including assessment that the patient is retaining the knowledge. After several days of focused daily teaching that culminates in patient demonstrating several proper, effective dressing changes, the patient goes home to self-manage the wound.

Observation and Assessment:

A patient with renal insufficiency who recently underwent open heart surgery has an abnormal fluid balance and now requires continuous oxygen. It is uncertain whether the patient will wean from oxygen completely, but there is that possibility. Even with 2 L nasal cannula, he has experienced short episodes of shortness of breath and oxygen desaturation in the acute care hospital requiring intermittent increases in his oxygen flow rate. These episodes are not totally predicable, but are also not completely unexpected. With diuresis, his need for oxygen returns to a lower flow rate. The patient's renal function and clinical status needs to be monitored to determine if adjustments in diuretic dose will be required. It is expected that after several days of oral diuretics, he will stabilize and the care team will be able to determine his need for home oxygen and the flow rate if it is required. There is a need for at least daily skilled observation and assessment of his unstable respiratory and fluid status and the effect of his newly adjusted medications. Without these skilled nursing assessments the patient is very likely to decline, rather than move steadily towards a home discharge.

Management and Evaluation of a Patient Care Plan:

A 79 year old patient is recovering from a hip fracture and has a history of dementia, diabetes mellitus, and skin break down. He requires multiple services such as ongoing simple dressing changes, management of his diabetic diet, oral medication, and a therapeutic exercise program. Although all of his required care can be performed by a properly instructed, non-licensed care giver, his dementia and immobility greatly increase the likelihood of serious complications early in his recovery. Managing his plan of care requires the skill of nursing personnel even though individual services could be considered supportive. If the supportive services are not performed consistently, there is no assessment of the effectiveness of the interventions, or this specific patient deteriorates in a setting where it is not immediately noted, it is very likely the patient will have sub-optimum outcomes and lower long term quality of life. Documentation needs to clearly establish the complexity of the unskilled services and the need for daily skilled nursing assessments to promote and ensure safety and healing.