



An Independent Licensee of the Blue Cross and Blue Shield Association

Post-acute, Residential Treatment Facility and Community Care Foster Family Home Care

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MM.12.017

Line(s) of Business:

QUEST Integration

Section:

Other/Miscellaneous

Place(s) of Service:

Inpatient, CCFFH

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I. Description

Post-acute care is comprehensive inpatient care designed for an individual recovering from an acute illness. It is goal-oriented treatment rendered to treat one or more specific active complex medical conditions or to administer one or more technically complex treatments. Post-acute care requires the coordinated services of an interdisciplinary team and is part of a specifically designed treatment plan. Examples include, but are not limited to, acute inpatient rehabilitation, subacute, skilled nursing and intermediate care facilities.

Post-acute care is a distinct form of health care services that focus on providing the skilled medical care needed to transition individuals from the acute care setting. Post-acute care may be rendered in a freestanding facility or in a designated unit of a general or rehabilitation hospital. Post-acute care requires a treatment plan with specific goals attained through the provision of skilled nursing, rehabilitative and medical services by licensed professionals.

Adult/pediatric mental health or substance abuse residential treatment facilities provide short-term treatment within structured therapeutic environments. A mental health or substance abuse residential treatment facility may be located in a hospital or in a community-based setting. Each program provides intensive treatment and continuous 24-hour supervision for members who do not require the intensive medical treatment or hospital care. Residential treatment facilities serve members who have sufficient potential to respond to active treatment, need a protected and structured environment and for whom outpatient, partial hospitalization or acute hospital inpatient treatments are not appropriate. Treatment is provided on all shifts by appropriately licensed professionals as guided by a comprehensive treatment/care/service plan. Treatment plans are expected to include a discharge plan that focuses on safely and effectively transitioning an individual to a less intensive level of care.

Community Care Foster Family Homes (CCFFH) allow the individual needing care in a skilled nursing facility (SNF) or an intermediate care facility (ICF) level of care to remain in a community setting. This prevents institutionalization. The individual entering a CCFFH must have a service coordinator in addition to a licensed Community Case Management Agency (CCMA) to coordinate health care needs. Additionally, the individual may have a representative to assist in making decisions.

II. Criteria/Guidelines

A. Subacute, Skilled Nursing and Intermediate Care Facilities

In addition to the specific criteria below, a patient's overall medical status and functional limitations should be considered when determining the appropriate level of care.

1. Subacute Facility

Subacute facility services are covered (subject to Limitations/Exclusions and Administrative Guidelines) for ventilator dependent adults and children when at least one of the following criteria is met:

- a. Ventilator dependent (more than 50% of the time) adults and children
- b. Ventilator dependent (less than 50% of the time) children with tracheostomy care with suctioning/inhalation treatment at least once a shift
- c. Tracheostomy care with endotracheal suctioning at least once every two hours
- d. Total parenteral nutrition
- e. Continuous IV therapy or intermittent IV therapy at least once a shift
- f. Stable newborns/premature infants under the age of one year who are inpatient in acute care hospitals at least 1 week and require manual stimulation for brachycardia/apnea, nasogastric or gastronomy feeds
- g. Stable patients admitted to acute hospitals for infections and who are afebrile – for training for IV therapy at home or for close monitoring of oral antibiotics (after being taken off parenteral antibiotics) in preparation for going home – very short term (1 to 2 days)
- h. Patient requires 2 or more of the following:
 - i. Tracheostomy care with suctioning at least once a shift
 - ii. Traction and pin care for fractures
 - iii. Medically necessary isolation precautions
 - iv. Treatment of decubitus ulcers (Stage III or above) – debridement, packing, topical medications, aseptic dressing changes, etc.
 - v. Complex skilled nursing care, observation, monitoring, assessment in patients with conditions such as HIV/AIDS, terminal disease, chronic dialysis, who are at high risk for significant medical complications
 - vi. Complex skilled nursing care, observation, monitoring, assessment in patients who are receiving radiation therapy, chemotherapy, parenteral pain control medications, who are at high risk for significant medical complications
 - vii. Complex skilled nursing care, observation, monitoring, assessment for psychiatric patients at high risk for imminent life-threatening complications to themselves or

others if discharged or inpatients with bulimia/anorexia nervosa who are at high risk of medical complications if discharged.

2. Skilled Nursing Facility

Skilled nursing facility (SNF) services are covered (subject to Limitations/Exclusions and Administrative Guidelines) when at least one of the following criteria is met:

Criteria	Explanation
1. Ostomy care	Ostomy care, complicated. Uncomplicated/maintenance ostomy care does not qualify for SNF.
2. Parenteral therapy	For hydration (potassium, vitamins, etc. can be included)
3. Hyperalimentation	Some hospital based SNFs may provide hyperalimentation
4. Chemotherapy	Short term infusion less than 4 hours or p.o., with RN supervision.
5. Radiation therapy	Daily treatments in patients requiring RN supervision.
6. Decubitus care/Wound care	Complex wound care involving daily skilled nursing assessments and daily complex intervention(s) such as wound debridement, soaks, irrigation, whirlpool, packing, wound vacuum therapy, and/or complex dressing changes requiring sterile (aseptic) technique.
7. Tube feeding (nasogastric, gastrostomy and jejunostomy)	A. Appropriate if the patient is pump fed or there is a history of aspiration pneumonia in the past 12 months or history of multiple episodes or aspiration pneumonia while on NG tube feedings or if patient requires specific skilled nursing services to prevent aspiration. B. Appropriate for new NG feeders, until stabilized.
8. Intermittent bladder catheterization (Ex. neurogenic bladder, urinary retention)	Appropriate if required at least once each shift, if the patient is unable to do their own catheterization or catheterization is required to be done by a professional nurse.
9. Pulmonary care	A. Trach care which requires non-routine suctioning at least once a shift and skilled nursing assessment at least once a shift B. Nasopharyngeal suctioning is required at least once a shift as well as skilled nursing being required at least once per shift. C. Respiratory treatment/inhaled updraft medications: 1. When medically justified as needed at least once per shift, the patient is incapable of correct self-administration, and requires skilled nursing assessment at least once per shift

	<p>2. When the patient requires a combination of the respiratory services in 1 (above) more than three (3) times during a 24 hour period (example: nasopharyngeal suctioning BID and nebulized treatment BID)</p>
10. Rehabilitation therapy services (physical and speech therapy)	Daily, planned, progressive program with documented short and long term attainable goals which requires the services of a therapist to increase functional ability and must be a restorative program
11. Occupational therapy (OT)	May qualify if this is the only restorative service and done on a daily basis
12. Medication	Monitoring and adjusting meds, including oral types of: A. IV (including IV pumps, PCA pumps) B. IM and SQ, depending on the frequency and acuity of the patient
13. Insulin	Qualifies if diabetes is unstable due to an acute illness in which the short term use of blood glucose monitoring and/or sliding scale insulin (SSI) is needed or the longer term use of blood glucose monitoring and/or SSI if diabetes is relatively unstable and the physician is adjusting the insulin
14. Vital signs	For increased medical monitoring of an acute illness or exacerbation of chronic illness requiring skilled nursing observation at least once a shift, ordered by a physician as part of an active treatment plan for at least 72 hours and only with active physician involvement to avoid acute hospitalization in patients whose level of care is normally ICF and who will return to ICF within 24 hours after increased medical monitoring and active physician involvement
15. Heat treatment	Part of an active treatment plan requiring skilled observation and evaluation by a RN
16. Medical gases (Oxygen)	Initial phases involving titration of O ₂
17. Renal dialysis (Hemodialysis and peritoneal dialysis performed at dialysis facilities)	Appropriate for complicating problems which require skilled nursing services and/or when skilled nursing assessment and monitoring services pre and post dialysis are being provided by the facility
18. Neurological impairments (i.e., Alzheimer's,	Appropriate if skilled nursing assessment is required at least once a shift to assess need for medications, adjust dosages etc., only if preadmission screening and resident review

traumatic or infectious brain injuries, frequent recurrent TIAs, recurrent CVAs)	(PASSAR) requirements are met.
19. Isolation	Daily RN care is less than 5 hours per day
20. Traction	Daily RN care is less than 5 hours per day

3. Intermediate Care Facility (ICF)

Intermediate Care Facility (ICF) services are covered (subject to Limitations/Exclusions and Administrative Guidelines) when at least one of the following criteria is met:

Criteria	Explanation
1. Ostomy care	Maintenance care
2. Radiation therapy	Occasionally appropriate
3. Decubitus care/Wound care	Wound care that is not complex, such as dressing changes requiring clean technique, wet to dry dressings, dry dressings, occlusive dressings
4. Tube feeding (nasogastric, gastrostomy and jejunostomy)	A. Appropriate for patients with no history of aspiration pneumonia on NG/GT feedings and patients who are stable on chronic, bolus feedings on stable schedule B. Appropriate for patients who are able to self-administer and capable of learning and performing aspiration precautions
5. Intermittent bladder catheterization (Ex. neurogenic bladder, urinary retention)	Appropriate when done by patient or when a professional nurse does not need to perform this service
6. Pulmonary care	A. Trach care: maintenance with prn suctioning or self-suctioning B. Nasopharyngeal suctioning: suctioning less than once a shift or prn with/without skilled nursing assessment each shift C. Respiratory treatment/inhaled updraft medications: Updraft/bronchodilators via nebulizer less than once a shift or prn with/without skilled nursing assessment each shift
7. Rehabilitation therapy services (physical and	Maintenance, non-restorative nonprogressive program to prevent loss of function

speech therapy)	
8. Occupational therapy (OT)	Appropriate for recreational OT and/or fabrication or modification of maintenance splints for contractures
9. ADL ability (activities of daily living)	Basis of placement between ICF and lower levels of care. ICF covers incontinent, totally dependent patients, or patients who need significant assistance with ADL's
10. Medication	Regimen of p.o. medications, regimen of maintenance medication p.o., IM, or SQ oral; IM or SQ may be appropriate depending on frequency
11. Insulin	Routine administration of one or more doses of insulin per day and/or chronic use of blood sugar monitoring and/or SSI if blood sugars are relatively stable and routine insulin dose is not being frequently adjusted by the physician
12. Vital signs	Routine assessment, no anticipated interventions
13. Heat treatment	For comfort and palliation, maintenance
14. Medical gases (Oxygen)	After initial phase and teaching of the patient to institute O ₂ therapy, maintenance O ₂ and self-administered O ₂ are appropriate (stable patients may qualify for home care residency or residency in foster care homes)
15. Renal Dialysis (Hemodialysis and peritoneal dialysis performed at dialysis facilities)	Appropriate for stable dialysis patients (stable dialysis patients may qualify for care home residency or residency in foster care homes) and when skilled nursing assessment and monitoring services pre and post dialysis are not needed or not being provided by the facility
16. Neurological impairments (i.e., Alzheimer's, traumatic or infectious brain injuries, frequent recurrent TIAs, recurrent CVAs)	Neurologically stable or in good control, requiring significant assistance with ADL's, only if PASARR requirements are met (may qualify for home residency)

B. Community Care Foster Family Homes (CCFFH)

CCFFH care is covered (subject to Limitations/Exclusions and Administrative Guidelines) when ALL of the following criteria are met:

1. Member must meet the criteria and be certified by a physician as requiring nursing facility (SNF/ICF) level of care.
2. Member must have a physical examination within 30 days prior to admission and a tuberculosis clearance issued within 12 months prior to admission into a CCFFH.
3. Service Coordination is provided and a comprehensive service plan is created and implemented. Service coordinators and a support team shall manage requests, approvals and coordination of benefits.
4. Services and support are required in order to prevent re-institution.

C. Acute Inpatient rehabilitation

Acute inpatient rehabilitation services are covered (subject to limitations/exclusion and administrative guidelines) when ALL of the following are present:

1. Individual has a new (acute) medical condition or an acute exacerbation of a chronic condition that has resulted in a significant decrease in functional ability such that they cannot adequately recover in a less intensive setting.
2. Individual's overall medical condition and medical needs either identify a risk for medical instability or a requirement for physician and other personnel involvement generally not available outside the hospital inpatient setting.
3. Individual requires an intensive inter-disciplinary, coordinated rehabilitation program (as defined in the description of service) with a minimum of three (3) hours active participation daily.
4. Individual is medically stable enough to no longer require the services of a medical/surgical inpatient setting.
5. The individual is capable of actively participating in a rehabilitation program, as evidenced by a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands.
6. Individual's mental and physical condition prior to the illness or injury indicates there is significant potential for improvement.
7. The necessary rehabilitation services are prescribed by a physician, and require close medical supervision and skilled nursing care with the 24-hour availability of a nurse and physician who are skilled in the area of rehabilitation medicine.
8. There is a discharge plan.

D. Residential Facility-Based Care

1. Traumatic brain injury (TBI) and non-behavioral residential facility-based care, is covered (subject to Limitations/Exclusions and Administrative Guidelines) when ALL of the following criteria are met:
 - a. Criteria in II.C.3, II.C.4, II.C.6 and II.C.8 above are met;

- b. The patient must have sufficient cognitive function to understand and participate in the program as well as adequate language expression and comprehension, i.e., the patient should not have significant aphasia.
 2. Mental health residential facility-based care, adult and pediatric, is covered (subject to Limitations/Exclusions and Administrative Guidelines) when ALL of the following criteria are met:
 - a. Appropriate DSM 5 or corresponding ICD diagnosis
 - b. Coordinated services are provided by an interdisciplinary team as part of a specifically designed treatment plan
 - c. The psychiatric condition or emotional disturbance interferes with the member's ability to function in her/his community setting.
 - d. The duration of the exacerbation of the psychiatric or emotional disturbance is expected to be temporary and responsive to treatment.
 - e. The member's condition cannot be appropriately treated in a less restrictive setting.
 - f. Member (and guardian, when appropriate) is willing to participate in treatment voluntarily
 - g. Admission request is not primarily based on a lack of immediate or long term residential housing placement availability.
 3. Mental health residential facility-based care, adult and pediatric, is covered for eating disorders (subject to Limitations/Exclusions and Administrative Guidelines) when ALL of the criteria in II.D.2 above are met and ALL of the following criteria are:
 - a. The member is medically stable and does not require IV fluids, tube feedings or daily lab tests.
 - b. The member has had a recent significant weight change and cannot be stabilized in a less restrictive level of care.
 - c. The member needs direct supervision at all meals and may require bathroom supervisor for a time period after meals.
 - d. The member is unable to control obsessive thoughts or to reduce negative behaviors (e.g. restrictive eating, purging, laxative or diet pill abuse, and/or excessive exercising) in a less restrictive environment.
 - e. There is an indication of progression through stages of changes as evidence by a specific recent event that has significantly impacted motivation, (e.g., a near-lethal overdose, family issue, seizure or other medical issue, change in external/legal motivators, first time seeking services without external motivators, etc.,) sufficient to suggest increased likelihood of benefit from this service from previous treatment episodes.
 4. Substance abuse residential facility-based care is covered (subject to Limitations/Exclusions and Administrative Guidelines) when ALL of the following criteria are met:
 - a. Appropriate DSM or corresponding ICD substance use or disorder diagnosis.
 - b. Sufficient cognitive capacity and mental health stability to safely participate in, respond to, and benefit from active substance use treatment.

- c. Not at substantial risk for severe withdrawal syndrome as determined by initial biopsychosocial assessment or CIWA evaluation.
- d. Member presents with significant psychosocial deficit.
- e. Member's recovery environment is compromised warranting a structured residential treatment to support recovery.
- f. Member's comorbid psychiatric and/or medical conditions are stable enough to be managed in a substance use disorder residential treatment setting.
- g. A less intensive/restrictive level or care is insufficient for effective treatment to continue.
- h. Coordinated services are provided by an interdisciplinary team as part of a specifically designed treatment plan.
- i. Member is considered to be a risk of serious, imminent physical harm to self or others resulting from their continued use of substances.
- j. Admission request is not primarily based on the member's current lack of placement or housing.

III. Limitations/Exclusions

If a determination is made that an individual no longer requires acute inpatient level of care, skilled nursing or intermediate level of care is appropriate, the individual must accept the first available facility bed.

IV. Administrative Guidelines

- A. All services require precertification for initial admission and continued stay. To precertify, complete HMSA's [Post-Acute Care Services Precertification Request](#) and mail or fax the form.
- B. Precertification is required for residential mental health facility-based care and substance abuse residential facility-based care. Contact Beacon Hawaii at (855) 856-0578 or BeaconHawaiiAuthorizationRequest@BeaconHS.com.

V. Important Reminder

The purpose of this Medical Policy is to provide a guide to coverage. This Medical Policy is not intended to dictate to providers how to practice medicine. Nothing in this Medical Policy is intended to discourage or prohibit providing other medical advice or treatment deemed appropriate by the treating physician.

Benefit determinations are subject to applicable member contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

This Medical Policy has been developed through consideration of the medical necessity criteria under Hawaii's Patients' Bill of Rights and Responsibilities Act (Hawaii Revised Statutes §432E-1.4), generally accepted standards of medical practice and review of medical literature and government

approval status. HMSA has determined that services not covered under this Medical Policy will not be medically necessary under Hawaii law in most cases. If a treating physician disagrees with HMSA's determination as to medical necessity in a given case, the physician may request that HMSA reconsider the application of the medical necessity criteria to the case at issue in light of any supporting documentation.

VI. References

1. Health Services Advisory Group, State of Hawaii LOC Criteria. Criteria for LOC Decisions. Available at: https://hiloc.hshapps.com/app_content/attachments/Resources/Hawaii_Level_of_Care_Criteria.pdf. Last Accessed August 2014.
2. State Department of Human Services (DHS). Community Care Foster Family Homes (CCFFH) Program Fact Sheet. Available at: <http://humanservices.hawaii.gov/ssd/files/2013/01/CCFFH-Factsheet-1.6.10.pdf>. Last Accessed August 2014.