

The following examples of clinical indications for the different levels of care are listed, the patient's overall medical status and functional limitations should be considered when determining the appropriate level of care.

CLINICAL INDICATIONS FOR LEVEL OF CARE

	ACUTE M.D. Daily Visits	SUBACUTE*	SNF Professional Nurse Daily Assessment RESTORATIVE CARE	ICF Professional Nurse Daily Assessment MAINTENANCE CARE
Ostomy care.	Initial teaching of ostomy care; operative admission; irrigation initiated.	Does not qualify.	Uncomplicated ostomy care does not qualify.	Maintenance care.
Parenteral therapy.	Adjunct therapy.	If complicated, RN Supervision 5 hours per day.	For hydration (potassium, vitamins, etc. can be included.	Not appropriate.
Hyperalimentation.	Initial administration; adjunct therapy.	If complicated, RN Supervision 5 hours per day.	Some hospital based SNFs may provide.	Not appropriate.
Chemotherapy.	24 hr infusion or observation.	Infusion more than 4 hours, RN supervision 5 hours per day.	Short term infusion less than 4 hours or PO, RN supervision.	Not appropriate.
Radiation therapy.	Initial treatments (daily for 1 week) in debilitated patients.	Daily treatments in patients requiring RN supervision 5 hours. per day.	Daily treatments in patients requiring RN supervision.	Occasionally appropriate.
Decubitus care/Wound care.	For Graft or Surgical debridement; Aggressive therapy both surgical and intravenous antibiotics.	Complex wound care such as debridement, packing dressing, and irrigation requiring more than 5 hours per day of RN care.	Complex wound care involving daily skilled nursing assessment 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.	Wound care that is not complex, such as dressing changes requiring CLEAN technique, wet to dry dressings, dry dressings, occlusive dressings.
TUBE FEEDING				
1) <i>Nasogastric.</i>	Initial acute care and initial teaching.	1) Appropriate if there aspiration pneumonia, history of multiple episodes of aspiration pneumonia; patient incapable of self-administration and/or incapable of learning and following aspiration precautions - i.e., dementia and total skilled nursing needs exceed 5 hours per day.	1) Appropriate if the patient is pump fed or there is a history of aspiration pneumonia in past 12 months or history of multiple episodes of aspiration pneumonia while on NG tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new NG feeders, until stabilized.	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. Appropriate for patients who are able to self-administer and capable of learning and performing aspiration precautions.
2) <i>Gastrostomy & jejunostomy.</i>		2) Appropriate if there is a history of aspiration pneumonia or patient requires specific skilled nursing service to prevent aspiration; and total skilled nursing needs exceed 5 hours per day.	2) Appropriate if the patient is pump fed or there is a history of aspiration pneumonia in past 12 months or history of multiple episodes of aspiration pneumonia while on GT tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new GT feeders, until stabilized.	

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INTERMITTENT BLADDER CATHETERIZATION (Ex., <i>neurogenic bladder, urinary retention</i>).	Adjunct to care.	Cath care and irrigation performed by RN more than once per shift; total skilled nursing needs exceed 5 hrs. per day.	Appropriate if required at least once each shift; patient unable to do own catheterization; catheterization required to be done by a professional nurse.	Appropriate when done by patient or when a professional nurse does not need to perform this service.
PULMONARY CARE 1) Trach Care. 2) Nasopharyngeal suction. 3) Respiratory Treatment/Inhaled Updraft Medications.	1) Newly created; adjunct to care. 2) Adjunct to care. 3) Initiation of treatment, esp. during acute exacerbations: medically unstable.	1) Trach care with suctioning at least once an hour. 2) Requires suction at least once an hour. 3) Medically justified as needed more than once per shift, pt. incapable of correct self-administration; pulmonary patient who requires skilled assessment more than once per shift; total skilled nursing needs exceed 5 hrs. per day.	1) Requires suctioning at least once a shift- not purely routine and skilled nursing assessment at least once a shift.* 2) Requires suctioning at least once a shift and skilled nursing assessment at least once a shift.* 3) Medically justified as needed at least once per shift, pt. incapable of correct self-administration and requires skilled nursing assessment at least once per shift.* *Patient requires a combination of the above respiratory services more than three (3) times during a 24 hour period (example: nasopharyngeal suctioning BID and nebulized treatment BID).	1) Maintenance with prn suctioning or self suctioning. 2) Suctioning less than once a shift or prn with/without skilled nursing assessment each shift. 3) Updraft/bronchodilators via nebulizer less than once a shift or prn with/without skilled nursing assessment each shift.
REHABILITATION THERAPY SERVICES (<i>Physical Therapy, Speech Therapy; for occupational therapy see below</i>).	Initial treatment(s) following surgery or neurological impairment (generally 1 week or less).	Not applicable.	DAILY planned, progressive program with documented short and long term attainable goals require services of therapist to increase functional ability; must be a restorative program.	Maintenance, non-restorative nonprogressive program to prevent loss of function.
OCCUPATIONAL THERAPY (OT).	Adjunct therapy.	Not applicable.	May qualify if this is the only restorative service and it is done daily.	Appropriate for recreational OT and/or fabrication or modification of <u>maintenance</u> splints for contractures.

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ADL ABILITY (Activities of Daily Living).	No bearing.	No bearing.	No bearing.	Basis of placement between ICF and lower levels of care; ICF care covers incontinent, totally dependent patients, or patients who need significant assistance with ADLs.
MEDICATION (Also, see <i>insulin</i>).	If p.o. meds are the only service-care is not acute.	Requires RN monitoring 5 hours per day.	Monitoring and adjusting meds, including oral types. IV (including IV pumps, PCA pumps). IM and SQ may be appropriate depending on frequency and acuity of patient.	Regimen of p.o. medications, regimen of maintenance medication p. o., IM, or SQ oral; IM or SQ may be appropriate depending on frequency.
Insulin.	Initiating administration; uncontrolled status adjunct to treatment.	Diabetes is unstable and patient requires blood glucose monitoring and/or sliding scale insulin (SSI) and skilled nursing needs exceed 5 hours per day.	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 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.
Vital Signs.	As required to evaluate total clinical picture and prompt physician directed intervention.	Requires R.N. monitoring 5 hours per day.	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 ceases.	Routine assessment, no anticipated interventions.
Heat Treatment.	Adjunct care.	Part of active treatment plan, requires skilled observation and evaluation by R.N. and patient requires skilled nursing more than 5 hours per day.	Part of active treatment plan, requires skilled observation and evaluation by R.N.	For comfort and palliation, maintenance.
Medical Gases (Oxygen).	Adjunct care.	Initial phases involving, O ₂ bronchodilators, etc., skilled nursing needs total 5 hours per day.	Initial phases involving titration of O ₂ .	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 care home residency or residency in foster care homes).

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	ACUTE M.D. Daily Visits	SUBACUTE*	SNF Professional Nurse Daily Assessment RESTORATIVE CARE	ICF Professional Nurse Daily Assessment MAINTENANCE CARE
Renal Dialysis (Hemodialysis and peritoneal dialysis performed at Dialysis Facilities).	Appropriate for acute medical problems and complications.	Appropriate for complicating problems which require skilled nursing services in patients' whose skilled nursing needs total 5 hours per day.	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.	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.
Neurological impairments (I.e., Alzheimer's, traumatic or infectious brain injuries, frequent recurrent TIAs, recent CVAs).	Acute illness or exacerbation.	R.N. monitoring of behavior totaling 5 hours per day.	Appropriate if skilled nursing assessment is required at least once a shift to assess need for medications, adjust dosages, etc.; ONLY if PASARR requirements are met.	Neurologically stable or in good control, requiring significant assistance with ADLs; ONLY if PASARR requirements are met; (may qualify for care home residency).
Isolation.	Acute care requiring daily M.D. monitoring and R.N. care.	R.N. care 5 hours per day in stable patient. Daily M.D. monitoring not required.	Daily R.N. care less than 5 hours per day.	
Traction.	Acute care requiring daily M.D. monitoring and R.N. care.	R.N. care 5 hours per day for positioning and total patient care. Daily M.D. monitoring not required.	Daily R.N. care less than 5 hours per day.	

* The subacute level of care (LOC) is reserved for the following: 1. Children under aged 19 years of age or under 21 in subsidized adoption/foster care who meet the subacute LOC criteria.
2. Ventilator dependent adults receiving services in a DHS ventilator care unit.