NURSING FACILITY LEVEL OF CARE CRITERIA

Centennial Care 2.0 Joint MCO Training

PPC092101

LOW NURSING FACILITY (LNF) CRITERIA

MINIMUM REQUIREMENTS FOR LNF DETERMINATION

Functional level is such that 2 or more Activities of Daily Living (ADL's) cannot be accomplished without consistent, ongoing, daily provision of some or all of the following level of service: skilled, intermediate and/or assistance

Functional limitations must be secondary to a condition for which general treatment plan oversight of a physician is medically necessary. Determination is based on detailed documentation in assessments, interdisciplinary progress notes and care plans

FACTORS FOR LNF

- **ADL's:** To determine whether cognitive or physical impairment limits the Member's ability to complete the task independently. A determination that the Member is limited to perform an ADL must be documented in the medical record together with ongoing daily/ weekly notes indicating required care was provided.

DRESSING

Putting on and fastening clothes

Putting on shoes

BATHING

- Get in and out of shower or tub safely
- Turn on and off water/regulate temperature
- Use soap or shampoo
- Wash and dry oneself

GROOMING

- Washing Face
- Shaving Face
- Brushing Teeth
- Combing Hair

EATING

- Ability to bring food and fluid to mouth
- Ability to Chew
- Ability to Swallow

MEAL PREPARATION

- Once food items appropriate to the Member are in an appropriate, accessible location in residence, the ability to access and prepare the food in an edible state that over time meets age-appropriate nutritional needs.

TOILETING

- Properly sit on commode
- Adjust clothing properly
- Use commode
- Flush or empty commode
- Clean perineal area

BOWEL/BLADDER

- Continence of urine and stool or ability to self-manage if incontinent or there is abnormal bladder function

MOBILITY

- Ability to move self from place to place by ambulation, wheelchair or other mechanically assisted means

TRANSFERS

- Ability to move to and from bed and chair.

MEDICATION MANAGEMENT

Member's inability to take necessary medications, defined as "life preserving" prescription medication

The Nursing Facility must provide documentation that the medications are needed daily, and the inability to take medications may result in adverse outcomes (hospitalizations, ER visits, decompensation)

The inability take necessary medications are caused by cognitive or behavioral problems

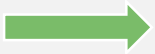
FACTORS NOT CONSISTENT WITH NURSING FACILITY

- **Not consistent with NF:** Independent with task, may require a longer period of time to complete, but is capable of safely completing task without help or is independent with use of assistive devices such as wheelchair, walker or cane. Stress or other forms of intermittent incontinence which can be managed and cleansed by the Member with minimal or occasional assistance. The Member has an indwelling catheter other than a urinary catheter which is planned to be short-term and managed by home-health care. The Member is able to independently care for catheter related needs between home health visits. The Member is able to manage daily, routine indwelling urinary catheter care with no assistance.

HIGH NURSING FACILITY (HNF) CRITERIA

MINIMUM REQUIREMENTS FOR HNF DETERMINATION

The Member's functional level must first meet the general eligibility requirement for Low NF



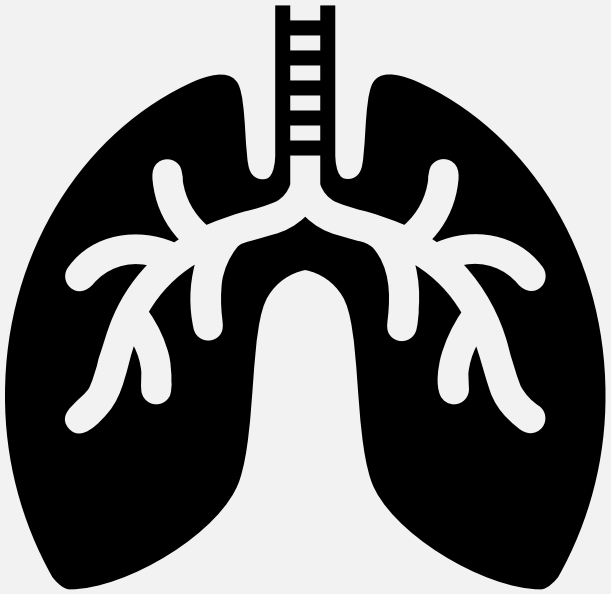
The Member must meet a minimum of 2 High NF requirements/factors

FACTORS FOR HNF

OXYGEN

High NF has one or more of the following:

- Member is demonstrating unstable and changing oxygen needs which require specific direct skilled monitoring and/or intervention on a daily basis that is documented in interdisciplinary progress notes and care plans to maintain adequate oxygenation and to assess for respiratory depression. Evidence of a re-established baseline would be no evidence of significant change in oxygen therapy over 30 days.
- It is medically necessary for the Member to receive respiratory therapy at least once per day such that in the absence of such therapy there is a significant risk of pulmonary compromise due to known and predictable complications of a physician-diagnosed condition. The necessary therapy cannot be self-administered by the resident. This factor includes tracheostomy suctioning.
- The Member is ventilator dependent, but otherwise medically stable per documentation provided and the facility provides chronic ventilator management capability.



NOT CONSISTENT WITH NURSING FACILITY- OXYGEN

- Member requires supplemental oxygen which can be self-administered.
- The oxygen needs are stable.
- The Member does not require daily skilled observation.
- Member requires intermittent respiratory therapy that may be administered by family or self-administered in a non-institutional setting.
- The Member is ventilator dependent and has medical needs which cannot safely be met at a nursing facility.

ORIENTATION/BEHAVIOR

High NF has one or more of the following:

- Identify the presence of certain behaviors that may reflect the level of an individual's emotional functioning and need for intervention. Behaviors should be assessed based on the documentation of daily direct clinical interventions within the past 30 calendar days for High NF.
- Documentation should include:
  - Frequency
  - Type of behavior and if there has been or will be a request for Behavioral Health Services

ORIENTATION/BEHAVIOR CONTINUED

- Type of Behaviors may include:
  - **Wandering**- tendency to go beyond physical parameters of the environment in a manner that may pose a safety concern to self or others.
  - **Self injury**- repeated behaviors such as biting, scratching, hitting, putting objects into mouth, ears, etc.
  - **Harm to others**- throwing objects, physically attacking others or threatening behavior, etc.
  - Other repeated behaviors that interfere with activities such as inappropriately removing clothing, sexual behavior, urinating or defecating in inappropriate places.

NOT CONSISTENT WITH NURSING FACILITY: ORIENTATION/BEHAVIOR

- Does not have a cognitive impairment but is trying to leave
- Paces due to anxiety, nervousness or boredom
- Wanders but does not require intervention
- Uses profanity to express anger

MEDICATION ADMINSTRATION

High NF has one or more of the following:

- Initiation (first 30 calendar days) or adjustment of medications (7 calendar days after adjustment) in the following categories:
- Documentation should include:
  - Anti-asthmatics/COPD: only during a respiratory exacerbation
  - Anti-infectives: only when given IV
  - Anti-hypertensives: only for med adjustments for systolic BP <=90 or>180/120
  - Anticonvulsants: only when given parenteral
  - Analgesics: only when given parenteral
  - Antiarrhythmics
  - Anti-diabetic agents: only following hypoglycemic reactions requiring glucagon or IV dextrose
  - Antipsychotics: daily monitoring by skilled staff for potential adverse reactions and sedation and daily documentation of changes in problematic behavior.

AND

MEDICATION ADMINISTRATION CONTINUED

- Where at least every shift direct skilled monitoring of vital signs (respiratory rate, pulse, O2 saturation, blood pressure, temperature)
- Monitoring of objective signs of pain or other distress, are necessary to ensure appropriate therapeutic effect of the medication
- Detect signs of complications due to medication that is documented in the interdisciplinary progress notes and care plan

NOT CONSISTENT WITH NURSING FACILITY

Medication Administration

This excludes routine changes in medication doses, change in medications or stabled doses of medications include by not limited to:

- Analgesics
- Antidepressants
- Anticonvulsants (given other than parenteral)
- Sliding Scale Insulin
- Thyroid Medications
- Warfarin

NOT CONSISTENT WITH NURSING FACILITY

Medication Administration

- Can administer own oral medications if given assistance in scheduling and assisted dispensing units.
- Can administer own subcutaneous insulin in pre-filled syringes; can administer own subcutaneous or intramuscular medications;
- and Member is cognitively capable of reporting any adverse reactions to medications

REHABILITATIVE THERAPY

High NF has one or more of the following:

- Rehabilitative therapy is provided by licensed respiratory therapist (RT), licensed physical therapist (PT), licensed occupational therapist (OT), and licensed speech language pathologist (SLP or "speech therapist") under the direction of a licensed practitioner (MD, NP, PA, or DO) and in accordance with a plan of treatment that is individualized and medically necessary
- This is inclusive of:
  - Physical Therapy
  - Occupational Therapy
  - Speech/Language Therapy

REHABILITATIVE THERAPY

- Medically necessary that the Member receive one or more of the following documented therapies on a weekly basis: speech, physical, and/or occupational therapy. Therapy must be directed toward significant treatable functional limitations which affect ADLs. Therapy must be individualized, goal oriented, and in accordance with specific treatment plan goals in order to maximize recovery. Goals, expectation for improvement, and duration of therapy are medically reasonable and are documented in interdisciplinary progress notes and care plan

REHABILITATIVE THERAPY CONTINUED

- Therapy Minutes and notes should be documented and provided within the Therapy Administration Record
  - Therapy must occur no less than 150 minutes per week to qualify for one (1) HNF Factor
  - Therapies for at least 300 minutes per week shall be considered as meeting two (2) HNF Factors, thus meeting HNF criteria

NOT CONSISTENT WITH NURSING FACILITY: REHAB THERAPY

- The Member requires maintenance speech, physical, and/or occupational therapy achievable on an outpatient basis.
- Transportation needs are not considered, or the Member requires maintenance speech, physical, and/or occupational therapy which can be performed independently or with home-based assistance.

SKILLED NURSING

High NF has one or more of the following:

- Skilled services are direct "hands-on" care which can only be provided by a licensed professional acting within a defined scope of practice and in accordance with professional standards. Skilled services are those provided **directly** by registered nurses (RN), licensed practical nurse (LPN) under the direction of a licensed practitioner (MD, NP, PA, or DO) and in accordance with a plan of treatment that is individualized and medically necessary

SKILLED NURSING CONTINUED

- Examples of direct skilled nursing interventions include but are not limited to:
  - Ostomy care
  - Wound care/ dressings (pressure ulcers, stasis ulcers, injuries etc.)
  - Tube feedings
  - IV therapy- Member is receiving daily IV medication, (two or more times daily), or continuous IV fluids
  - Parenteral/Enteral medication administration

SKILLED NURSING CONTINUED

High NF has one or more of the following:

Ostomy

- Member has a new ostomy (first 30 days), and there is documentation in the interdisciplinary progress notes and care plan that the Member requires active teaching and requires direct skilled nurse monitoring and intervention of the ostomy site.

Wound Care

- Member has one or more documented stage III or IV decubitus ulcers requiring direct skilled nursing intervention and daily monitoring that is documented in interdisciplinary progress notes, assessment and care plan which includes location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

SKILLED NURSING CONTINUED

Wound Care

- Member has one or more documented stage III or IV decubitus ulcers requiring direct skilled nursing intervention and daily monitoring that is documented in interdisciplinary progress notes, assessment and care plan which includes location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

OR

- Member requires documented skilled nursing intervention for two or more stage II decubitus ulcers at separate anatomic sites. Interventions are documented in the interdisciplinary progress notes, assessment and care plan no less than every 7 days, which include location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

OR

- Member requires documented daily or more frequent sterile dressing changes (and/or irrigation) for significant, unstable lesions that require frequent nursing observation such as poorly healing, or infected wounds. Member must be unable to accomplish wound care. Interventions are documented in the interdisciplinary progress notes, assessment and care plan no less than every 7 days, which include location, class/stage, size, base tissues, exudates, odor, edge/perimeter, pain and an evaluation for infection.

NOT CONSISTENT WITH NURSING FACILITY: SKILLED NURSING

- A Member with a healing wound that requires a simple dressing (does not require direct skilled intervention) or a healed wound will no longer be considered High NF
- Member receives services outside of the NF that are billed separately, i.e., dialysis, therapies, transfusions, at a wound care clinic, etc. or indwelling Foley catheter/suprapubic tube or drain

OTHER CLINICAL FACTORS

High NF has one or more of the following:

Total Care

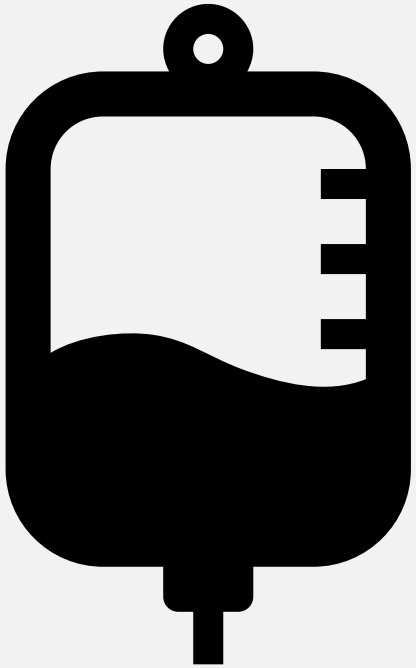
- The Member is comatose, in a persistent vegetative state, or is otherwise totally bed bound and totally dependent for all ADL's related to a documented medical condition requiring direct skilled intervention (not monitoring) by a licensed nurse or licensed therapist to prevent or treat specific, identifiable medical conditions which pose a risk to health. The Member's ability to communicate needs, report symptoms, and participate in care is severely limited and is documented in interdisciplinary progress notes and care plan.

OTHER CLINICAL FACTORS

High NF has one or more of the following:

Feeding

- **PARENTERAL**
  It is documented that the Member receives medically necessary parenteral nutrition (PN) solutions via non-permanent or permanent central venous catheter (Hickman, Groshong, Broviac, etc.), via peripherally inserted central catheter (PICC), or via peripheral access sites.
- **ENTERAL**
  It is documented that the Member receives some or all nutrition through a nasoenteric feeding tube (i.e., a tube placed through the nose) AND it is documented that one or more of the permissive conditions for nasoenteric feeding at the Low NF level are not met which include all of the following: the tube feeding is uncomplicated, the resident is alert with an intact gag reflex, and the resident is able to be fed either upright in a chair or with a bed raised to at least 30 degrees and preferably 45 degrees. The Member receives enteral nutrition via gastrostomy, jejunostomy, or other permanent tube feeding methods.



MOBILITY/TRANSFERS

High NF has one or more of the following:

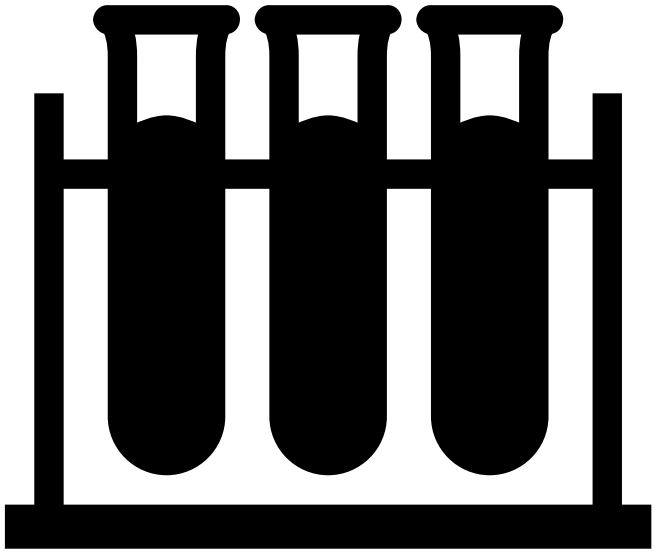
- The Member is bed bound, unable to independently transfer and has a clinical conditions(s) such that the transfer itself is not routine, is reasonably viewed as posing unusual risks, and there is documentation in interdisciplinary progress notes and care plan that demonstrate that each transfer must be monitored by a licensed nurse to assure no clinical complications of the transfer have occurred.

COVID MONITORING

A Member that resides in the Nursing Facility and has suspicion of COVID-19 or is pending a diagnostic test may qualify for High Nursing Facility Level of Care if the Member meets at least two HNF Factors. The HNF criteria has not changed associated with the Public Health Emergency.

If the Member only requires direct skilled monitoring and/or intervention on a daily basis to maintain adequate oxygenation, assessment of respiratory function/depression, receiving respiratory therapy once per day that cannot be self-administered; this constitutes one HNF factor.

*Please note: skilled monitoring and therapies provided under Oxygen cannot also be requested under Skilled Nursing as it is duplicative.



MCO BILLING PROCESS

BLUE CROSS BLUE SHIELD

To facilitate timely payment of claims please ensure the following:

- A Valid NFLOC is in place to cover all dates of service.
- NPI on the NFLOC must match the NPI on the claim that is being billed
- All In Patient days require a bed day authorization in addition to the NFLOC
- Do not bill the original admit date if it is outside of the member's effective date.
- If the Medicaid Portal is not showing the current NFLOC and/or you have not received the bed day authorization; Please Contact the UM department/ Do Not Contact ISD/HSD

PRESBYTERIAN HEALTH PLAN

- **Submitting Claims**
  - Claims can be submitted two ways
    - Paper – UB 04
    - Electronically – Through a contracted clearinghouse or Fast Claim
- **Timely Filing**
  - 90 days from date of service to submit an original claim
  - 1 year from date of services to submit a corrected claim
- **Medical Care Credit (MCC)**
  - We receive a file from HSD that provides a predetermined amount for patient responsibility and that information is what is used when we apply a MCC to a claim.

WESTERN SKY COMMUNITY CARE

- A Valid NFLOC is in place to cover all dates of service.
- NPI on the NFLOC must match the NPI on the claim that is being billed
- All In Patient days require a bed day authorization in addition to the NFLOC
- **Submitting Claims**
  - Claims can be submitted two ways
    - Paper – UB 04
    - Electronically – Through a contracted clearinghouse or via the Western Sky provider portal
- **Timely Filing**
  - 90 days from date of service to submit an original claim
  - 90 days from the date the claim was processed

Medical Care Credit (MCC)

- Value code 23 must be billed in box 39 with the amount assigned for MCC

MCO CONTACT INFORMATION

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QUESTIONS?