

	<b>Skilled Nursing Facility Guidelines</b>	
<b>Guideline #</b> 6200	<b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM	<b>This Guideline Applies To:</b> Texas Children's Health Plan
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all Skilled Nursing Facility services.

**DEFINITIONS:**

- A **skilled nursing facility (SNF)** is an institution (or a distinct part of an institution) that mainly provides inpatient skilled nursing and related services to individuals requiring convalescent and rehabilitative care. Such care is given by or under the supervision of physicians. The facility or program must be licensed, certified or otherwise authorized, pursuant to the laws of the state in which it is situated, as a skilled nursing home to provide the skilled nursing services. A skilled nursing facility is not a place that provides:
  - custodial, ambulatory or part-time care;
  - treatment for mental health disorders, substance abuse or pulmonary tuberculosis.
- **Skilled nursing services**, furnished pursuant to physician orders, require the skills of qualified technical or professional health personnel such as registered nurses, physical therapists, occupational therapists and speech pathologists or audiologists. These services must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the individual and to achieve the medically desired result.

## PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for Skilled Nursing Facility services are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. TCHP requires clinical documentation to be provided to support the medical necessity of Skilled Nursing Facility services that may include:
  - 2.1. A preadmission evaluation of the patient's condition and need that documents the following:
    - 2.1.1. Baseline level of function, and summary of medical history that has led to the need for SNF or Subacute Care
    - 2.1.2. Medical treatment needs (e.g., skilled therapies and/or specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the member's care needs;
    - 2.1.3. Prognosis including expected level of improvement, and anticipated length of stay required to achieve that level of improvement;

## 2.1.4. Signed Physician order for Skilled Nursing Facility Services

### 3. Skilled nursing facility (SNF) services are **medically necessary** when:

#### 3.1. **ALL** of the following criteria are met:

- 3.1.1. The individual requires skilled nursing or skilled rehabilitation services that must be performed by, or under the supervision of, professional or technical personnel; and
- 3.1.2. The individual requires these skilled services on a daily basis; (note: if skilled rehabilitation services are not available on a 7-day-a-week basis, an individual whose inpatient stay is based solely on the need for skilled rehabilitation services would meet the "daily basis" requirement when he/she needs and receives those services at least 5 days a week); and
- 3.1.3. As a practical matter, the daily skilled services can be provided only on an inpatient basis in a skilled nursing facility (SNF) setting; and
- 3.1.4. SNF services must be furnished pursuant to a physician's orders and be reasonable and necessary for the treatment of an individual's illness or injury (that is, be consistent with the nature and severity of the individual's illness or injury, particular medical needs and accepted standards of medical practice); and
- 3.1.5. Initial admission and subsequent stay in a SNF for skilled nursing services or rehabilitation services must include development, management and evaluation of a plan of care as follows:
  - 3.1.5.1. The involvement of skilled nursing personnel is required to meet the individual's medical needs, promote recovery and ensure medical safety (in terms of the individual's physical or mental condition); and
  - 3.1.5.2. There must be a significant probability that complications would arise without skilled supervision of the treatment plan by a licensed nurse; and
  - 3.1.5.3. Care plans must include realistic nursing goals and objectives for the individual, discharge plans and the planned interventions by the nursing staff to meet those goals and objectives; and
  - 3.1.5.4. Updated care plans must document the outcome of the planned interventions; and
  - 3.1.5.5. There must be daily documentation of the individual's progress or complications.

#### 3.2. **AND** one of the following

- 3.2.1. Observation, assessment and monitoring of a complicated or unstable condition.
  - 3.2.1.1. A complex or unstable condition of the individual must require the skills of a licensed nurse or rehabilitation personnel in order to identify and evaluate the individual's need for possible modification of the treatment plan or initiation of additional medical procedures.
  - 3.2.1.2. There must be a high likelihood of a change in an individual's condition due to complications or further exacerbations.
  - 3.2.1.3. Daily nursing or therapy notes must give evidence of the individual's condition and documentation must indicate the results of monitoring.

OR
- 3.2.2. Complex teaching services to the individual or caregiver requiring 24-hour SNF setting vs. intermittent home health care setting.
  - 3.2.2.1. The teaching itself is the skilled service. The activity being taught may or may not be considered skilled.

- 3.2.2.2. Documentation should include the reasons why the teaching was not completed in the hospital, as well as the individual's or caregiver's capability of compliance.

OR

- 3.2.3. Complex medication regimen

- 3.2.3.1. The individual must have a complex range of new medications (including oral medications) following a hospitalization where there is a high probability of adverse reactions or a need for changes in the dosage or type of medication.

- 3.2.3.2. Documentation required to authorize initial admission and extensions must include the individual's unstable condition, medication changes and continuing probability of complications.

OR

- 3.2.4. Initiation of tube feedings

- 3.2.4.1. Nasogastric tube and percutaneous tubes (including gastrostomy and jejunostomy tubes).

OR

- 3.2.4.2. Active weaning of ventilator dependent individuals

- 3.2.4.3. These individuals are considered skilled due to their complex care.

OR

- 3.2.5. Wound care (including decubitus/pressure ulcers)

Note: Skilled nursing facility placement solely for the purpose of wound care should be rare.

All of the following criteria must be met:

- 3.2.5.1. Wound care must be ordered by a physician; and

- 3.2.5.2. The individual must require extensive wound care (for example, packing, debridement or irrigation of multiple stage II, or one or more stage III or IV wounds); and

- 3.2.5.3. Skilled observation and assessment of a wound must be documented daily and should reflect any changes in wound status to support the medical necessity for continued observation.

- 4. All requests for admissions to Skilled Nursing Facilities that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
- 5. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

## **REFERENCES:**

### **Government Agency, Medical Society, and Other Publications:**

### **Last approval by the Clinical & Administrative Advisory Committee (CAAC):**

- Texas Medicaid Provider Procedures Manual December 2015  
[http://www.tmhp.com/TMHP\\_File\\_Library/Provider\\_Manuals/TMPPM/2015/Dec\\_2015%20TMPPM.pdf](http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2015/Dec_2015%20TMPPM.pdf)

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