

LONG TERM CARE FACILITY SERVICES

The types of long-term care facility levels currently recognized by the Hawaii Medicaid Program are as follows:

- Skilled Nursing Facilities (SNFs) or Nursing Facilities (NFs) -- Level "C"
- Intermediate Care Facilities (ICFs) or Nursing Facilities (NFs) -- Level "A"
- Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) or Nursing Facilities (NFs) -- Level "B"

Under federal Medicaid rules, the level of care provided by Care Homes (CHs) is custodial and does not qualify for Medicaid coverage.

Although Medicare considers certain services as SNF care, Medicaid is not bound by Medicare guidelines.

In making determinations of level of care (SNF, ICF, CH or other), the patient's situation and facility availability, etc. are to be considered. The availability, training, and capability of the family as primary caregivers should also be considered.

Levels of care determinations are made on a case-by-case basis and involve an evaluation of the patient's unique situation and medical care needs. The following is a clarification of criteria and definitions currently used by the Medicaid Program to assist Medicaid's reviewers in the determination of the level of long-term care (SNF or ICF) appropriate to the medical needs of the Medicaid recipient.

- SNF:** 1. The patient must require daily skilled nursing services on more than one shift per day; daily restorative skilled rehabilitation services; or a combination of skilled nursing and skilled rehabilitative services. Examples of skilled nursing services: *suctioning, IV therapy, tube feedings in which use of enteral pumps is necessary.* Examples of skilled rehabilitation services: *physical therapy, occupational therapy, or speech therapy*

Clarification:

All IM medications (i.e. antibiotics) must be medically justified. IM medications given on more than 1 shift a day do not automatically qualify for SNF level of care.

All IV therapy must be medically justified. IV therapy (i.e. hydration, antibiotics) are SNF services for the duration of the therapy.

Skilled rehabilitation services must be required and provided on a "daily basis" (7 days a week). However, if skilled rehabilitation services are not available on a 7-day-a-week basis, a patient whose SNF stay is based solely on the need for skilled rehabilitation service(s) would meet the "daily" requirement when he/she needs and receives therapy on at least 5

days a week. A break of 1 to 2 days during which no skilled rehabilitation services is furnished and discharge from a facility or lowering the level of care to ICF would not be practical would not violate the "daily" requirement. (For example, if the patient's physician suspends therapy sessions for medical reasons for 1 to 2 days, payment for SNF stays would be allowed since discharge in such a case would not be practical) However, no payment can be made for the specific rehabilitation services not rendered.

2. The patient must require 24 hour supervision and observation by a professional nurse -- Registered Nurse (RN) or Licensed Practical Nurse (LPN)

- ICF:**
1. The patient must require intermittent skilled nursing, daily skilled nursing assessment, and 24 hour supervision. The skilled nursing services and daily skilled nursing assessments must be provided by professional nurses -- RNs or LPNs.
 2. Examples of intermittent skilled nursing services: *changing of indwelling Foley catheters, administering IM medications three times a week*
 3. The patient may require other services furnished by ICFs such as:
 - a. Non-Skilled Nursing Services (see examples listed below)
 - b. Significant assistance with activities of daily living (ADLs)
 - c. Maintenance therapies, medical gases

Non-Skilled Nursing Services

1. Administration of routine oral medications, eye drops, and ointments.
2. General maintenance care of colostomies or ileostomies.
3. Routine services in connection with indwelling catheters or tubes. This would include emptying and cleaning containers, changing tubing, and refilling irrigation containers with solution.
4. Changes of dressings for non-infected post-operative wounds or for chronic conditions not involving sterile dressings and prescription medication.
5. Prophylactic and palliative skin care, including bathing and topical application (includes foot care).
6. General methods of treating incontinence, including use of diapers, bed pads, rubber sheets, and bed pans. (All incontinent patients are not automatically ICF. Care Home residents may have daily incontinence, but should not require attention at night or be excessively incontinent)

7. General maintenance care in connection with plaster casts.
8. Routine care in connection with braces and similar devices.
9. Use of heat for palliative and comfort purposes.
10. Administration of medical gases after initial institution and stabilization of treatment and after the patient has received teaching and training.
11. General supervision of exercises which have been taught to the patient.
12. Assistance in dressing, eating, and toileting.

Care Home (CH):

1. Although Care Home services are generally custodial, patients with medical needs which can be met by custodial and non-skilled nursing services, such as listed above, may be able to reside in care homes. Examples of individuals who may be accepted as residents of care homes are as follows:
 - a. Individuals who need help with ADLs during the day and evening, but not during the night
 - b. Individuals who need supervision -- less than 24 hours and as defined by the Department of Health (DOH)
 - c. Individuals who wander during the day and evening, not at night
 - d. Diabetics who are stable and may require daily insulin injections, but who have no disabling medical conditions, who reside in care homes which have personnel with demonstrated capabilities of administering insulin injections.
2. Care home personnel are required to encourage positive behaviors, such as participation in social activities, and to assist the resident with health related activities (i.e. diet, physician appointments, toileting and incontinent care). Care Home providers must meet the certification requirements of the Department of Health

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requirements of the medicaid program in order to qualify for medicaid assistance.

(b) Long-term institutional services shall be available to recipients who have been approved by the department to receive these services.

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§17-1737-29 Content of NF services. (a) Long-term institutional services shall be provided by free-standing or distinct part NFs that shall meet the eligibility requirements specified in chapters 17-1736 and 17-1739.

(b) NFs shall provide:

- (1) Skilled nursing care and related services for residents who require medical or nursing care;
- (2) Rehabilitation services for the rehabilitation of injured, disabled, or sick persons; or
- (3) On a regular basis, health-related care and services to individuals who because of their mental or physical condition require care and services (above the level of room and board) which can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.

(c) NF services shall be provided either directly by or under the general supervision of licensed practical nurses or registered professional nurses.

(d) NF services shall include, but shall not be limited to:

- (1) Room and board;
- (2) Administration of medication and treatment;
- (3) Development, management, and evaluation of the written resident care plan based on physician orders that necessitate the involvement of skilled technical or professional personnel to meet the resident's care needs, promote recovery, and ensure the resident's health and safety;
- (4) Observation and assessment of the resident's unstable condition that requires the skills and knowledge of skilled technical or professional personnel to identify and evaluate the resident's need for possible