

State of Hawaii Medicaid Nursing Facility Level of Care 101



Agenda

- **Definitions**
 - **Nursing Facility: SNF, ICF, Hospice, Subacute I and II**
 - **Acute Waitlisted: SNF, ICF, Subacute**
- **Criteria**
 - **Clinical , Functional , Social, Other**
- **At Risk Population**
- **1147 Forms**
 - **Major elements of the Forms & Reasons for it's Utilization**
 - **1147, 1147a, 1147e**
 - **DO NOT USE FORMS FOR CARE HOME LEVEL OF CARE**
 - **Length of Approvals**
 - **Retroactive Approvals**
 - **Submittal Process**
 - **Reconsiderations**

Definition

- **Nursing Facility Levels of Care**
 - SNF
 - ICF
 - Hospice in a NF
 - Subacute I and II

Definition

- **Nursing Facility SNF**
 - **The patient must require daily skilled nursing services on more than one shift per day or**
 - **Daily restorative skilled rehabilitation services or**
 - **A combination of daily skilled nursing and skilled rehabilitation services**

Skilled Nursing Services

- **Daily Skilled Nursing Services are such as and not limited to:**
 - **Frequent nasal/pharyngeal suctioning**
 - **IV Therapy**
 - **Tube Feedings in which aspiration is being monitored and/or pump is utilized**

Skilled Restorative Rehabilitative Services

- **Daily Skilled “Restorative” Rehabilitative Services are such as and not limited to:**
 - **Patient can tolerate five (5) days out of a week (7 days) for 45 minutes of each therapy each day**
 - **Physical Therapy**
 - **Occupational Therapy**
 - **Speech Therapy**

Definition

- **Nursing Facility Intermediate Care Facilities (ICF) Level of Care**
 - **The patient must require intermittent skilled nursing, daily skilled nursing assessment, and 24 hour supervision**
 - **Oversight by RNs and/or LPNs**

Nursing Facility ICF Services

- **Intermittent Skilled Nursing Services are, but not limited to:**
 - **Changing of indwelling foley catheters**
 - **Administering IM medications three times a week, routine oral, eye gtt's, and ointments**
 - **Assistance with ADLs**
 - **Maintenance therapies, oxygen**
 - **General maintenance care of colostomies or ileostomies**
 - **Changes of dressing for non-infected post – operative wounds or for chronic conditions not involving sterile/complex dressing changes**
 - **Prophylactic and palliative skin care**
 - **General maintenance of treating incontinence, including use of incontinent appliances (all incontinent patient are not automatically ICF. Care Home residents may have daily incontinence, but should not require attention at night or be excessively incontinent)**

Definition

- **Nursing Facility Hospice**
 - **Requires an individual to be certified by his/her MD to be terminal**
 - **Must meet Nursing Facility Level of Care**
 - **Usually ICF**
 - **Care can only be provided in a Nursing Facility**
 - **Comfort care**

Definition

- **Nursing Facility Subacute I and II**
 - **Usually Children**
 - **Subacute I**
 - **Ventilator dependant more than 50% of the time**
 - **Subacute II**
 - **Ventilator dependant less than 50% of the time**
 - **Trach care with frequent endotracheal suctioning**
 - **TPN, PPN**
 - **Requires Close Monitoring**
 - **Intensive Rehabilitation**

Definition

- **Acute Waitlisted SNF**
 - **In a hospital (ACUTE CARE) bed**
 - **Waitlisted for either discharge to home or placement in an alternative care environment, i.e. care home, foster home.**
 - **Receiving skilled nursing or skilled restorative rehabilitative therapy**
 - **Care can only be provided on an inpatient basis**

Definition

- **Acute Waitlisted ICF**
 - **In a hospital (ACUTE CARE) bed**
 - **Waitlisted for either discharge to home or placement in an alternative care environment, i.e. care home, foster home.**
 - **Receiving intermittent skilled nursing and 24 hour supervision**
 - **Usually at a Maintenance Level of Care**
 - **Care can only be provided on an inpatient basis**

Criteria

- **Clinical**

- **Clinical Indications for Level of Care Determination**

- **Categorizes into Acute, Subacute, SNF, ICF Level of Care**

- **Looks at the clinical status of the patient on intensity and severity of situation:**

- **Ostomy care, Parenteral Therapy, Hyperalimentation, Chemotherapy, Radiation Therapy, Decubitus & Wound Care, Tube Feedings, Bladder Catheterization, Pulmonary Care, Rehabilitative Therapy, ADLs, Medications, Insulin, Vital Signs, Heat Treatments, Oxygen Titration, Rental Dialysis, Neurological Impairments, Isolation, Traction.**

Criteria

- **Functional Status**
 - **Looks at intensity and severity of functional status of the patient:**
 - **Based on a points system**
 - **Nursing Facility Level of care is “generally” 15 points or higher**
 - » **Analysis of whether the patient is comatose or has impairments with:**
 - » **Vision, hearing, speech, communication, memory, mental status/behavior, feeding/meal preparation, transferring, mobility/ambulation, bowel & bladder function, bathing, dressing/grooming.**
 - » **Handout**

Criteria

- **Social**
 - **Identifies the Patient's Social Resources**
 - **Does the patient have a home, can return home, can community setting be considered?**
 - **Has a caregiver who is willing to provide/continue care?**
 - **What assistance does the care giver need?**

Criteria

- **Other**
 - **Reviewer will also take into consideration these items when determining level of care:**
 - **Age, diagnosis, where functional impairments are, medications, Skilled procedures, social situation, placement history, etc.**

Criteria

Reviewer Determines NF Level of Care Based on:

- 1. Nursing skilled services**
- 2. Intermittent skilled services**
- 3. Meets the Level of Care Clinical Criteria**
- 4. 24 hour supervised care for their:
Unstable medical condition, i.e requires staff to maintain his/her medical needs – fragile diabetic, fragile COPD, fragile Renal Patient, ADL needs, Behavioral needs**
- 5. Nursing Facility Level of Care is the ONLY option to meet this patient's overall Medical needs.**



At Risk Population

Introduced in 2014



At Risk of Institutionalization

- **Must have a home or in a shelter**
- **1147 3 – Pager**
- **Must have documentation of why and how individual will benefit from specific service (home delivered meals, PERS, Personal Assistance, Adult Day Care and Health, Skilled Nursing)**
- **Functional points 5 to greater than 10**

1147 Forms

- **The 1147 process is the State's Level of Care Evaluation process for:**
 - **Nursing Facility (NF) Level of Care (LOC)**
 - **SNF, ICF, Hospice in a NF, Subacute I and II**
 - **Acute Waitlisted**
 - **SNF, ICF, Subacute**

1147 Forms

– For Adults and Children

- **1147 - 3 Pager (For Adults Only)**
- **1147a – short form (For Adults and Children)**
- **1147e – children, under the age of 21**

1147 Forms

- **This process is one of the key elements for payment purposes to the:**
 - **QI Health Plans (update from QExA)**
 - **Fee for Service (FFS) providers**

1147 Forms

- **Entities (a hospital, NF, Community, Health Plans, etc.) will submit the 1147 forms when a recipient enters a NF LOC:**
 - **Must be Medicaid or Medicaid Pending**

Question:

- **Do you submit an 1147 for Care Home Level of Care or Acute LOC Hospital Stays?**

–NO

Care Home Level of Care Oversight and Criteria Department of Health

- **Custodial Care**
- **Need assistance with ADLs during the day and evening, but not at night**
- **Need supervision less than 24 hours**
- **Individuals who wander during the day and evening, not at night**
- **Stable medical conditions – diabetics on routine insulin, renal, COPD, etc.**
- **Stable equipment usage:**
 - **Can assist in self administration/provide self care with CPAP, Bipaps, ostomies, usage of wheelchairs, oxygen, nebulizer treatments, etc.**
- **Not excessively incontinent at night**
- **Self preserving, can exit a home with minimal assistance in an event of a fire**

Question

- **Does a patient in a Nursing Facility Level of Care get better in where they do not need Nursing Facility Level of Care?**
 - Yes
- **Upon discharge from a Nursing Facility Level of Care, do you need to submit an 1147?**
 - NO

1147 3 - Pager

- **A comprehensive assessment of the recipient**
- **Initial entry into NF LOC**
- **Major changes in recipient's functional status or skilled needs**
- **Annual Assessment**

1147 3 - Pager

- **Includes:**
 - **Demographic Information**
 - **Medicaid Number or Application Date**
 - **Recipient's Present Address**
 - **Provider Number (FFS)**
 - **Whom The Form Needs to be Returned to**
 - **Referral Information**
 - **Assessor Information**
 - **LOC Requested**

1147 3 - Pager

- **Includes:**
 - **Diagnosis**
 - **Functional Status**
 - **Nursing Facility Level of Care**
 - **Usually 15 points or higher**

1147 3 - Pager

- **Includes:**
 - **Medication and Treatments**
 - **Skilled Procedures**
 - **Behavioral Problems**
 - **Therapeutic Diets**
 - **Restorative Therapy**
 - **Social Situation**

1147a – short form

- **Minor changes in LOC**
- **Extension of Current LOC**

1147e – children (handout)

- **Under the Age of 21**
- **Usually Medically Fragile**
- **Unstable Medical Conditions**
- **Usually Requires Ventilator Support**
- **Usually Requires Intensive Skilled Services**

1147e - children

- **Functional Status**
- **Nursing Interventions**
- **Any Additional Information**
- **Kapiolani Protocol**

Length of Approvals

- **Approvals**
 - **Waitlisted one (1) month**
 - **Hospice six (6) months**
 - **Children six (6) months, may give one (1) year depending on “chronic” situation**
 - **Up to one (1) year, depending on situation**

Retroactive Approvals

- **Three (3) months retroactive approvals**
 - **Exceptions will be given if more than three months**
 - **Must have been an eligibility problem**
 - **Medically Necessary**
 - **Have Health Plan authorization**
 - **Situation not the fault of provider and/or health plan**

Submittal Process

- **Entity to Complete the 1147 Form**
- **Submit to DHS's contractor**
 - **Health Services Advisory Group (HSAG)**
 - **Mail**
 - **Fax**
 - **Web/Internet access**

Reconsiderations

- **May ask for a reconsideration if a 1147 was not agreed upon by the State's contractor (HSAG) as meeting Nursing Facility Level of Care**
 - **MD, PCP, or RN can ask for a reconsideration**
 - **Submit any additional documents**
 - **Contractor may keep the non agreement, if this happens:**
 - **Health plans to communicate with provider, coordinate options, and send out denial letters**
 - **Appeal Rights**
 - **FFS providers - contractor (HSAG) will send out denial letters**

Contact Persons

- **Med-QUEST**
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- **Health Services Advisory Group (HSAG)**
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