

Skill In Place

ABSTRACT

A benefit for LTC patients with MMP or Medicare Advantage Programs where they can be skilled without having to go to the hospital.

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ELIGIBLE PAYERS

MMP vs. HMO

Medicare/Medicaid Plans (MMP):

- Molina
- Superior
- Amerigroup

Medicare Advantage Plans (HMO):

- WellMed
- Humana
- Cigna Texas Healthspring
- United Healthcare
- Blue Cross/Blue Shield
- Prominence

SKILLED NEEDS

- Patients who require IVs for antibiotics, nutrition, hydration
- Patients who require the skills of a therapist for reasonable and necessary treatment:
 - recent fall
 - functional decline impacting ADLs, fractures, acute medical decline
- Residents with acute onset of UTI, URI, cellulitis

HOW TO IDENTIFY THESE PATIENTS?

- ✓ Stand up!! Daily nursing 24 hour report should identify any changes in condition and falls
- ✓ Risk Management in PCC
- ✓ Order Summary
- ✓ IDT communication
- ✓ Therapy screens
- ✓ SOC meeting

PROCESS

This is a collaboration between therapy, nursing, and admissions.

Nursing:

- Identify change in status of LTC residents
- Complete Change of Condition in PCC
- Notify MD and obtain “Admit to skilled level of care”
- Initiate skilled notes and continue daily documentation

Therapy:

- DOR also assists in identifying possible SIP candidates
- Verify payer sources with BOM
- Complete evaluations with emphasis on how the decline has impacted the patient’s physical and psychosocial skills and how the change in condition could worsen without skilled intervention.

STEP BY STEP

- Work with your business office to create a list of potential SIP residents.
- Daily review any changes of condition or declines.
- Once a candidate is identified, gather the information, get the admit to skilled and therapy orders, fill out insurance authorization report.
- Evaluations for therapy need to be completed on the same day you submit for authorization.
- Admissions/facility designee submits information to insurance company and specify it is for “authorization for inpatient SNF”.
- Notify MDS to open assessment.
- Begin treatment the day you submit for authorization.
 - If approved: typically goes back to the day submitted and you don’t want to miss the opportunity to capture the RUG.
 - If not approved: Request a peer to peer review.
 - If still not approved: stop treatment and submit to Part B for approval.
 - ☐ Complete the MDS as planned to capture Medicaid RUG

BENEFITS

- Increase therapy frequency for our residents
- Reduce return to acute
- Increased daily skilled census

CASE STUDY

At Golden Acres, we have a 91 year old patient who was independent with all mobility and ADLs and was able to ambulate throughout the facility without an assistive device. She suffered a fall and was sent to the hospital. She returned to the facility later that day with a dx of closed fracture of right femur and was made NWB.

The facility recognized that this was a definite change in condition for this patient. The appropriate paperwork, orders and evaluations were completed, and Superior approved her to be skilled in place.

Upon evaluation, patient required Mod-A for mobility and UB ADLs, Min-A for transfers and Max-A for LB ADLs.

Therapy was able to treat the patient for 5x/week, PT/OT/and ST, and was approved for 36 days! Patient made excellent progress and was at a supervision-Mod-I level upon discharge.

She is now back to herself, ambulating throughout the facility with HHA and to her activities of choice, eating in the dining room with her friends, independent with basic ADLs and able to use her call light again!!!