VENTURA COUNTY
HEALTH CARE PLAN

Medical Policy: Skilled Home Services

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SKILLED HOME HEALTH SERVICES

Description

This guideline defines skilled nursing and rehabilitation services in the outpatient setting and addresses the medical necessity of these services.

Skilled nursing and/or skilled rehabilitation services are those services, furnished pursuant to physician orders, that:

- Require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists and speech pathologists or audiologists; and
- 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; and
- Are not custodial in nature (see definition of custodial care below).
- The patient is homebound because of illness or injury (i.e., the patient leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care).

VCHCP considers **home health services** medically necessary when **ALL** of the following are met:

The services are ordered by a physician and are directly related to an active treatment plan of care established by the physician:

- When the inherent complexity of a service required by an individual is such that it can be performed safely and effectively only by or under the general supervision of skilled nursing personnel; AND
- When the likelihood of change in an individual's condition requires skilled nursing personnel to observe and assess the individual in order to identify and evaluate the need for possible modification of treatment or initiation of additional medical procedures, until the treatment regimen is essentially stabilized; AND
- When they are not custodial in nature (see definition of custodial care below).

- The patient is homebound because of illness or injury (i.e., the patient leaves home only with considerable and taxing effort and absences from home are infrequent, or of short duration, or to receive medical care).

VCHCP considers **outpatient skilled rehabilitation services** medically necessary when **ALL** the following conditions are met:

1. Individual has a new (acute) medical condition or acute exacerbation of a chronic medical condition that has resulted in a decrease in functional ability such that they cannot adequately recover without therapy; AND

2. Individual's overall medical condition and/or medical needs can be addressed in the outpatient setting; AND

3. Therapy must be reasonable and necessary for the individual's condition, including the amount, duration and frequency of services and must be directly and specifically related to an active written treatment plan developed by physician and therapist: AND

4. Individual's mental and physical condition prior to the illness indicates there is a potential for improvement or the services must be necessary for the establishment of a safe and effective maintenance program: AND

5. Individual must be medically stable enough to participate in the treatment plan; AND

6. Individual is expected to show measurable functional improvement in a reasonable and generally predictable period of time; AND

7. ~~Individual~~ The situation requires the judgment, knowledge and skills of a qualified therapist; AND

8. Therapy includes a discharge plan.

Examples of Skilled Services include, but are not limited to, the following:

- Intravenous, intramuscular, subcutaneous injections, hypodermoclysis and intravenous feedings (**NOTE**: Although giving an insulin injection is considered to be a skilled service, it is customary to teach patients to self-administer such an injection. However, if self-injection cannot be learned, insulin injection is a skilled service);

- Initiation of nasogastric, gastrostomy and jejunostomy feedings and administration of continuous feeding when medically necessary;

- Nasopharyngeal and tracheostomy aspiration;

- Insertion, sterile irrigation and replacement of catheters: care of a suprapubic catheter and, in selected patients, urethral catheter;
  Note: The presence of a urethral catheter, particularly one placed for convenience or the control of incontinence, does not justify a need for skilled nursing care. On the other hand, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled nursing care. In such instances, the need for a urethral catheter must be justified and documented in the individual's medical record (i.e., it must be established that it is reasonable and necessary for the treatment of the individual's condition).

- Application of dressings involving prescription medications and aseptic techniques;

- Treatment of decubitus ulcers, severity rated at Grade 3 or worse or a widespread skin disorder;

- Heat treatments which have been specifically ordered by a physician as part of active treatment and which require observation by skilled nursing personnel to adequately evaluate the individual's progress;

- Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment and require the presence of skilled nursing personnel, e.g., the institution and supervision of bowel and bladder training programs;

- Ultrasound, shortwave and microwave diathermy treatments;

- Initial phases of a regimen involving administration of medical gases or use of nebulizers (e.g., bronchodilator therapy); and

- Care of a colostomy during the early postoperative period in the presence of associated complications. The need for skilled care during this period must be justified and documented in the individual's medical record.

Additional Guidelines:

- While an individual's particular medical condition is a valid factor in deciding if skilled services are needed, an individual's diagnosis or prognosis should never be the sole factor in deciding that a service is not skilled.

- Even where an individual's full or partial recovery is not possible, a skilled service still could be needed to prevent deterioration or to maintain current capabilities, e.g., a cancer patient whose prognosis is terminal my require skilled services at various stages of his/her illness and nursing assessment and intervention to alleviate pain or prevent deterioration.
- A service that does not ordinarily require skilled care could be considered a skilled service in cases in which, because of special medical complications, skilled nursing or skilled rehabilitation personnel are required to perform or supervise it or to observe the individual. In these cases, the complications and special services involved must be documented by physicians' orders and nursing or therapy notes.
  Note: It is recognized that, in some circumstances, lay family members and friends can be trained to safely and effectively provide chronic services that are typically considered skilled, e.g., pharyngeal suctioning, or gastrostomy feedings.
- The nursing services provided are not primarily for the comfort or convenience of the patient or custodial in nature. (See below for the definition of Custodial Care)

Part-Time Visits:

Visits on a part-time intermittent basis to VCHCP Member for the usual and customary skilled service(s) during each visit are not to exceed a combined total of three (3) visits per day at the maximum of two (2) hours per visit for all types of providers, including:

- Skilled nursing services provided by a licensed registered or vocational nurse.

- Physical, Occupational, Speech and other rehabilitation therapy services as determined Medically Necessary by the Member's Participating Primary Care Physician and Plan's Medical Director, when such services are likely to result in the significant improvement of the condition within a two (2) month period (60 consecutive days) from the date of the first visit as determined by the Plan's Medical Director.

- Non-custodial home health aid services furnished by licensed home health aide.

Definition of Custodial Care:

- Custodial care is that care which is primarily for the purpose of assisting the individual in the activities of daily living or in meeting personal rather than medical needs, which is not specific therapy for an illness or injury and is not skilled care. It is essentially personal care that does not require the continuing attention or supervision of trained, licensed medical or paramedical personnel.

- Custodial care activities include the following as examples:

- Assistance in walking, getting in and out of bed, bathing, dressing, feeding, using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered.

- Maintenance care provided by family members, health aids or other unlicensed individuals after an acute medical event when an individual has reached the maximum level of physical or mental function and is not likely to make further significant improvement.

- **NOTE**: In determining whether an individual is receiving custodial care, the factors considered are the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, degree of functional limitation or rehabilitation potential.

A. Attachments: None

B. References:

1. Centers for Medicare and Medicaid Services. Benefit Policy Manual. Chapter 7: Home Health Services. Available at: http://www.cms.hhs.gov. Accessed on January 22, 2007.
2. Centers for Medicare and Medicaid Services. Home Health Agency Manual. Available at: http://www.cms.hhs.gov. Accessed on November 28, 2006.
3. Centers for Medicare and Medicaid Services. Skilled Nursing Facility Manual. Available at: http://www.cms.hhs.gov. Accessed on November 28, 2006.
4. Cruise CM, Sasson N, Lee MH. Rehabilitation outcomes in the older adult. Clin Geriatr Med. 2006: 22(2):257-267.
5. Ensberg M, Gerstenlauer C. Incremental geriatric assessment. Prim Care. 2005; 32(3):619-643.
6. Sperling RL. New OSHA standards managers must know. Home Healthc Nurse Manag. 2000; 4(4):11-16.

C. History

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2/20/25	Yes	Howard Taekman, MD; Robert Sterling, MD	Updated definition of custodial care – "It is essentially personal care that does not require the continuing attention

			or supervision of trained, licensed medical or paramedical personnel."