

Medical Policy: Skilled Nursing Facility (SNF)

Effective 7/17/2001

Revised: 3/13/08

Reviewed/No Updates: 11/7/11, 4/17/12, 1/28/13, 2/13/14,
2/12/15, 2/11/16, 2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21,
2/17/22, 2/2/23, 2/8/24, 2/20/25

SKILLED NURSING FACILITY (SNF)

A skilled nursing facility (SNF) is an institution (or a distinct part of an institution) that mainly provides inpatient skilled nursing and related services 24 hours a day, seven days a week, under the supervision of a registered nurse, and/or skilled rehabilitative services at least five days per week to individuals requiring convalescent and rehabilitative care. The emphasis is on skilled nursing care, with restorative, physical, occupational, and other therapies available. A SNF provides services which cannot be efficiently or effectively rendered at home or in an intermediate care facility. The services provided must be directed towards the patient achieving independence in activities of daily living or preventing deterioration of the patient's condition. It is anticipated the care received will improve the patient's condition and facilitate discharge. Such care should be for the most part non-custodial (see below for a definition of custodial care).

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.

VCHCP covers care in a skilled nursing facility when ALL of the following criteria are met:

1. The patient has a problem that is worse than it was before the onset of the illness
2. The patient is medically, neurologically, and orthopedically stable
3. The illness is severe enough to require constant or frequent skilled nursing care on a 24-hour basis while receiving rehabilitative services daily (five days per week) which cannot be safely, efficiently, or effectively provided in a home environment or outpatient basis
4. The patient is currently receiving inpatient hospital care, inpatient subacute care, or home skilled nursing visits exceeding 3 or more visits per week
5. The admission to a skilled nursing facility will take the place of an admission to or continued stay at a hospital or subacute facility
6. There is an expectation of sufficient improvement in the patient's condition within a reasonable period of time that would permit the patient to be discharged home with minimal patient services
7. Limited to sixty (60) combined days per plan year, subject to the provision that no continuous length of stay will exceed sixty (60) days, when in a Plan contracted facility and Authorized by Plan. *Subject to copayments and variations in day limits for certain benefit plans.*
8. Care may include the following:
 - A room of two or more beds, including meals, services of dietitian and general nursing care. Private room will be provided if authorized by Plan as Medically Necessary due to the nature of the illness or injury. If a private room is used without authorization, an allowance of the average semiprivate (two-bed) room rate of the facility will be made toward the room

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charge for the accommodations occupied. The Member may be financially responsible for the balance.

- Laboratory testing.
- Drugs which are not Investigational and/or Experimental and are supplied by and used in the facility.
- Blood transfusions, but not including the cost of unreplaced blood (e.g., when a blood donor has not donated blood on VCHCP Member's behalf), blood plasma, other blood products, or blood donor fees.
- Physical, occupational, speech and other rehabilitative therapy services, when those services are likely to produce an improvement to the Member's condition within sixty (60) days.

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.

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A. Attachments: None

B. References

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C. History

Reviewers: Richard O Ashby, MD & QA Committee

Reviewed/Revised by Sheldon Haas, MD; Date: 03/13/08

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