SKYLINE HOSPITAL

Origination:	*01/2002*
Last Approved:	*09/2018*
Last Revised:	*08/2017*
Next Review:	*09/2019*
Owner:	*Dolores Predeek: discharge planning/utilization review*
Policy Area:	*Discharge Planning*
References:	

Admissions

POLICY:

Provide guidelines for admitting Medicare, Medicaid, Private Insurance, or Private Pay patients to Skyline Hospital, Transitional Care.

PROCEDURE:

1. All patients admitted to Transitional Care require a physician order. The Discharge Planner, the Chief Nursing Officer, or a designated person in their absence will then be notified of the order written for Transitional Care admission.
2. When transferring patient to Transitional Care from our facility, the physician must inform the patient and/ or family representative prior to the transfer. (See policy on Patient Transfers- Transitional Care or Skilled Units/Intrafacility)
3. Patients may be admitted to Transitional Care if approved: see Process for Admitting/Accepting Transitional Care (Use Transitional Care Preadmission Assessment Form for guidance).
4. Patients must have patient records, PASRR and SNF or Transitional Care Admit Physician Orders when transferred from another facility.
5. Patients must have a copy of the history and physical documented by a physician within forty-eight (48) hours of admission.
6. Patients must meet the MCG requirements for Recovery Facility Care for admission to Transitional Care.

MEETING PRE-ADMISSION REQUIREMENTS

MEDICARE

See Attached: When will Medicare cover skilled care?

SKILLED SERVICES NEEDED:

The patient must be receiving a definitive level of care, such as injections or intravenous feeding; gastrostomy feeding; nasopharyngeal or tracheostomy suction; insertion, sterile irrigation or replacement of catheters; application of dressings requiring sterile techniques; services of Physical, Occupational, or Speech Therapist. These are just a few examples of services that may meet Medicare criteria. For more information regarding specific instances, please ask to speak with the Discharge Planner, Chief Nursing Officer, Nursing Supervisors or Utilization Review Director.

COVERAGE:

Medicare will cover the Swing Bed stay at 100% for the first 20 days of a patient's stay, **if criteria are being met**. The patient is responsible for the co-pay each day for the next 80 days and Medicare will pay the balance, **if criteria are being met**.

NOTICE OF COVERAGE:

Once the Pre-Admission Requirements and Skilled Nursing Services Needs have been assessed by the Care Manager, Chief Nursing Officer, Nursing Supervisors or Utilization Review staff, determination will be made based upon these as to the patient's eligibility. If the patient meets Medicare SNF criteria, he/she and their family will be notified of the date coverage will begin and end. If the patient does not meet criteria, he/she and their family will be notified and asked to sign a "Notice of Non-Coverage".

MEDICAID

SERVICES NEEDED:

Before a patient is admitted to a Medicaid Transitional Care/Intermediate Care Facility (ICF), authorization needs to given by the CEO or CNO. The final determination lies with the Department of Social and Health Services (DSHS).

TRANSPORTATION:

Transportation for personal appointments and activities is the responsibility of the resident and/or family members. However residents with Medicaid benefits do have access to transportation to and from medical appointments and Senior Services provides transportation. The Social Service Designee or Nursing Services may make such arrangements.

PRIVATE PAY Transitional Care (ICF) or Respite

SERVICES NEEDED:

The patient will be assessed to determine if Skyline Hospital is able to provide the necessary level of care.

If the patient does not meet eligibility requirements for Medicare or Medicaid Transitional Care, he/she will be placed in a Private Pay transitional Care (ICF or Respite) for which they will be financially responsible and will be asked to sign a Notice of Non-Coverage, stating the reason for the services not being covered by Medicare.

COVERAGE:

The Transition Care non-covered rate is $276 per day or to be adjusted by CFO, with all pharmacy and medical supplies being an additional charge. If the patient requires Lab, Radiology or Therapy services, these will be billed to Medicare Part B, or the patient's primary insurance carrier. Private Pay Transitional Care patients and their family representative will meet with the Business Office Manager or designee, to make financial arrangements.

GENERAL INFORMATION

1. Within one (1) business day of admission to Transitional Care, the following will be notified to begin completion of their specific assessments:
    - Activities Coordinator
    - Care Manager
    - Therapist Ordered

2. On admission, the nursing staff will complete the following:
    - Nursing Admission Assessment
    - Skin and Body Assessment/Pressure Ulcer Risk Assessment
    - Fall Risk
    - Discharge Planning
    - Any other pertinent elements
    - Nursing Care Plans with Interventions
3. The admitting nurse will give Skyline Admission/Transitional Care Packet with Signature Form to EMR
4. The Business Office will verify patient's insurance eligibility.
5. The Care Manager, CNO or their designee will provide explanation of Resident's Rights and Plan of Care for Transitional Care. The signature sheet showing receipt of those rights will be placed in the EMR.
6. See Copy of Skyline Admission and Transitional Care Packet at the end of the Transitional Care Policy Book or at the Nurse's Station.

Attachments:

No Attachments

Approval Signatures

Approver	Date
Diane Matthews: CNO	
Dolores Predeek: discharge planning/utilization review	08/2018