



# SKILL IN PLACE HEALTH PLAN GUIDELINE

## Guideline Information

Scope	Medicare Advantage Plan-ISNP	Effective Date	2/17/23
Department	Clinical-Utilization Management	Revision Date	n/a
Owner	Koby Mitchell, MSN, RN	Version	1.0
Executive Sponsor	Clare Hays, MD, CMD	Status	Active
Exceptions to Scope	DSNP, IESNP		

## Guideline Statement

Skill in Place services are provided for members who can safely be managed in the nursing home where they reside in lieu of a hospital admission. Simpra Advantage health plan performs utilization review for the medical necessity of Skill in Place (part A) services and treatment. Utilization review is performed by licensed personnel as outlined within the “Clinical Decision Making P&P\_UM-003”. Skill in Place requires the member to qualify for “skilled nursing care” that must be performed by or under the supervision of professional or technical personnel; and are ordered by a physician or nurse practitioner. The member must require the skilled services on a daily basis and are reasonable and necessary for the treatment of the member’s illness or injury and are consistent with the nature and severity of the member’s illness or injury, particular medical needs, and acceptable standards of medical practice. The services must be reasonable in terms of duration and quantity.

## Rules

- Medicare Benefit Policy Manual Chapter 8 - 30 - Skilled Nursing Facility Level of Care

## Guidelines

- Skill in Place Qualifying Conditions
  - Pneumonia/Flu
  - COVID- 19
  - Congestive Heart Failure exacerbation
  - COPD/Asthma exacerbation
  - Skin/Wound Infection
  - Fluid Electrolyte Imbalance/Dehydration
  - UTI
  - Other qualifying conditions as approved by Utilization Management/Plan Medical Director
- Members receiving Skill in Place services cannot be on hospice services.
- Members receiving Skill in Place services cannot be on Part B therapy services. If the member is able, therapy services may continue under the Part A Skill in Place episode. Part B therapy services may resume once the member is discharged from Skill in Place Part A, if needed.

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- COVID- 19 Skill in Place
  - Isolation alone does not meet criteria for skilled nursing and part A.

**Case 1: asymptomatic COVID**

- Approve 3 days for skilled nursing and monitoring, if additional days are required, please request.

**Case 2: Mild symptoms low/moderate risk**

- Approve 5 days for skilled nursing and monitoring, if additional days are required, please request.
- Excluded from this group: members with baseline O2 requirements, including BiPAP or trach

**Case 3: Mild to mod symptoms in high-risk individuals**

- Approve 10 days for skilled nursing and monitoring, if additional days are required, please request.

**Case 4: Moderate to severe symptoms in low/mod risk Member**

- Approve 10 days for skilled nursing and monitoring, if additional days are required, please request.
- Symptoms include: pneumonia, persistent high fevers, bronchospasm required new use of nebulizer treatment, vital sign abnormalities, O2 sat<88%, new onset O2 requirements >2L NC (Any and all of these, does not have to meet all requirements)

### Clinical Considerations by Condition

Condition	Pneumonia	CHF Exacerbation	COPD/Asthma Exacerbation	Skin Infection/Wound (new or worsening)	Fluid Electrolyte Disorder/Dehydration	Urinary Tract Infection
	Hypoxia Fever Lethargy Cough Rhonchi on exam Changes on CXR and/or WBC count Need for IV antibiotics	Peripheral edema Increase in weights Rales Elevated BNP CXR changes Dyspnea Hypoxia Increased work of breathing	Dyspnea Wheezing Hypoxia Decreased O2 saturation Increased work of breathing Cough Increased need for breakthrough medication	Wound with drainage, undermining, or erythema Redness/swelling of skin Fever Change in pain level Increased WBC count Increased lactic acid Need for IV antibiotics Multiple dressing or position changes daily Need for wound vac	Deviation from normal values requiring parenteral fluids Sunken eyes Decreased skin turgor Decreased PO intake Diarrhea Decreased urination Elevated BUN/CR or decreased serum osmolality from baseline	Infection with positive culture requiring use of IV antibiotic Urosepsis-S/S of sepsis (hypotension, delirium, fever above 100.5, positive blood cultures) Delirium Chronic indwelling catheter (nephrostomy or suprapubic) *IV/IM antibiotics are clearly a "skilled need," can be PO with supporting data.
	<b>Covid-19</b> Fever Sore Throat Cough Rhinorrhea Shortness of breath Increased need for breakthrough meds					

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<b>Potential Signs &amp; Symptoms</b>					
<b>Condition</b>	<b>Acute Onset of Abnormal Labs</b>	<b>Cardiovascular</b>	<b>Gastrointestinal</b>	<b>Musculoskeletal</b>	<b>Vital Sign Abnormalities</b>
	<p style="text-align: center;">All alert values</p> <p style="text-align: center;">Large change from baseline</p> <p style="text-align: center;">Elevated BNP</p> <p style="text-align: center;">20% increase in BUN or creatinine</p> <p style="text-align: center;">Hypo/hyper-natremia</p> <p style="text-align: center;">WBC count above 14k</p> <p style="text-align: center;">Potassium above 5 or below 2.5</p>	<p style="text-align: center;">Acute chest pain not relieved by NTG</p> <p style="text-align: center;">Facial droop</p> <p style="text-align: center;">Slurred speech</p> <p style="text-align: center;">Weakness</p> <p style="text-align: center;">Syncope</p> <p style="text-align: center;">Acute onset of new edema/increased edema</p> <p style="text-align: center;">New arrhythmia</p> <p style="text-align: center;">Dyspnea, orthopnea, PND increased/new</p> <p style="text-align: center;">CHF exacerbation</p> <p style="text-align: center;">DVT present or suspected</p>	<p style="text-align: center;">Acute recurrent vomiting</p> <p style="text-align: center;">Acute recurrent diarrhea</p> <p style="text-align: center;">Ileus or Obstipation</p> <p style="text-align: center;">Active acute GI bleed</p> <p style="text-align: center;">Coffee-ground emesis</p> <p style="text-align: center;">Black tarry stools</p> <p style="text-align: center;">New G-tube, J-tube, Peg or NG tube</p> <p style="text-align: center;">New colostomy</p>	<p style="text-align: center;">Falls with injury</p> <p style="text-align: center;">Repeated falls</p> <p style="text-align: center;">New prosthesis internal/external</p> <p style="text-align: center;">New cast or splint</p> <p style="text-align: center;">New medical device (cane, walker, wheelchair)</p> <p style="text-align: center;">New fracture</p> <p style="text-align: center;">Acute joint (red, hot, swollen, painful)</p>	<p style="text-align: center;">Temp &gt; 100.5</p> <p style="text-align: center;">Pulse &gt; 100</p> <p style="text-align: center;">Respirations &gt; 24</p> <p style="text-align: center;">O2 sat &lt; 92%</p> <p style="text-align: center;">Blood pressure drop of 20mmHg or greater on orthostatic vital signs</p> <p style="text-align: center;">Hypertensive urgency or emergency</p> <p style="text-align: center;">Blood pressure less than 90/50</p> <p style="text-align: right; font-weight: bold;">Simpra Advantage</p> <p style="text-align: right; font-size: small;">REDEFINING WELLNESS</p>

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Potential Signs & Symptoms					
Condition	Respiratory	Pain	Genitourinary	Skin	Neuropsychiatric
	<p>Dyspnea, wheeze, orthopnea, PND</p> <p>Dec FEV 1 on peak flow</p> <p>Hemoptysis</p> <p>Cough productive or dry</p> <p>Abnormal breath sounds (rales, rhonchi, dec breath sounds, egophony, pectoriloquy, tactile fremitus with change from baseline)</p> <p>Respiratory congestion, PNA or new infiltrate on CXR</p> <p>New trach, CPAP, or BiPAP</p> <p>New need for O2</p>	<p>Uncontrolled new onset pain requiring IM/IV narcotic meds</p> <p>New *palliative care pain regimen requiring roxanol, Ativan intensol or SL Haldol in the acute titration phase only (&lt;7 days)</p> <p>New controlled release medications, or new opioid medication in an opioid naïve patient (&lt;3 days)</p> <p><b>* Member CANNOT be on hospice services</b></p>	<p>Dysuria</p> <p>Hematuria</p> <p>Urinary retention</p> <p>New incontinence</p> <p>Flank pain</p> <p>Dehydration</p> <p>Decreased urine output</p> <p>New suprapubic catheter needing daily clinical intervention</p> <p>New urostomy or nephrostomy tube</p>	<p>New/acute change in stage II- IV wounds including purulence, fever, increased pain, or induration</p> <p>Complicated wound care requiring dressing changes by professional nursing staff at least daily</p> <p>New or acute widespread skin disorder</p>	<p>Seizures- new or intractable</p> <p>Acute change in mental status</p> <p>Severe behavioral disturbances</p> <p>Cyclic decompensation of chronic illness requiring medication changes</p> <p>Head injury requiring neuro checks</p> <p>Acute medication toxicity</p> <p>Treatment requiring IM medication</p> <p><b>Simgra Advantage</b> <small>LEARNERS IN BUSINESS</small></p>



# SKILL IN PLACE HEALTH PLAN GUIDELINE

## Definitions

Item	Definition
CHF	Congestive Heart Failure
COPD	Chronic Obstructive Pulmonary Disease
UTI	Urinary Tract Infection

## Document Approval

Date	Approver	Role	Approved
2/17/2023	Dr. Clare Hays, MD, CMD	Chief Medical Officer	Yes
12/22/2023	UM Committee Approval	UM Committee	Yes

## Review & Revision History

Date	Revision Summary	Author	Approval Required?
1/2/2024	Annual review completed	Koby Mitchell	No
			Choose an item.