



SKILL IN PLACE HEALTH PLAN GUIDELINE

Guideline Information

Scope	Medicare Advantage Plan-ISNP	Effective Date	2/17/23
Department	Clinical-Utilization Management	Revision Date	8/9/2024
Owner	Koby Mitchell, MSN, RN	Version	2.0
Executive Sponsor	Clare Hays, MD, CMD	Status	Active
Exceptions to Scope	DSNP, IE-SNP		

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 for an acute change in condition; and are ordered by a physician or nurse practitioner. Members returning from a hospital admission, outpatient observation services, or emergency room services do not qualify for SIP and should be considered for post-acute Part A services. Simpra waives the three-day hospital stay requirement for utilizing post-acute Part A days. For SIP the member must require 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
- Centers for Disease Control and Prevention (2024, January). *NHSN Long-term Care Facility Component: Urinary Tract Infection*. [ltcf-uti-protocol-current.pdf \(cdc.gov\)](https://www.cdc.gov/ltrc/uti-protocol-current.pdf) accessed 8/9/2024.

Guidelines

Tips to consider when starting SIP

- Has the member had an acute change in condition?
- Is the member at risk for hospitalization?
- Does the member require skilled nursing services?

Skill in Place Qualifying Conditions

- Pneumonia/Flu
- COVID- 19

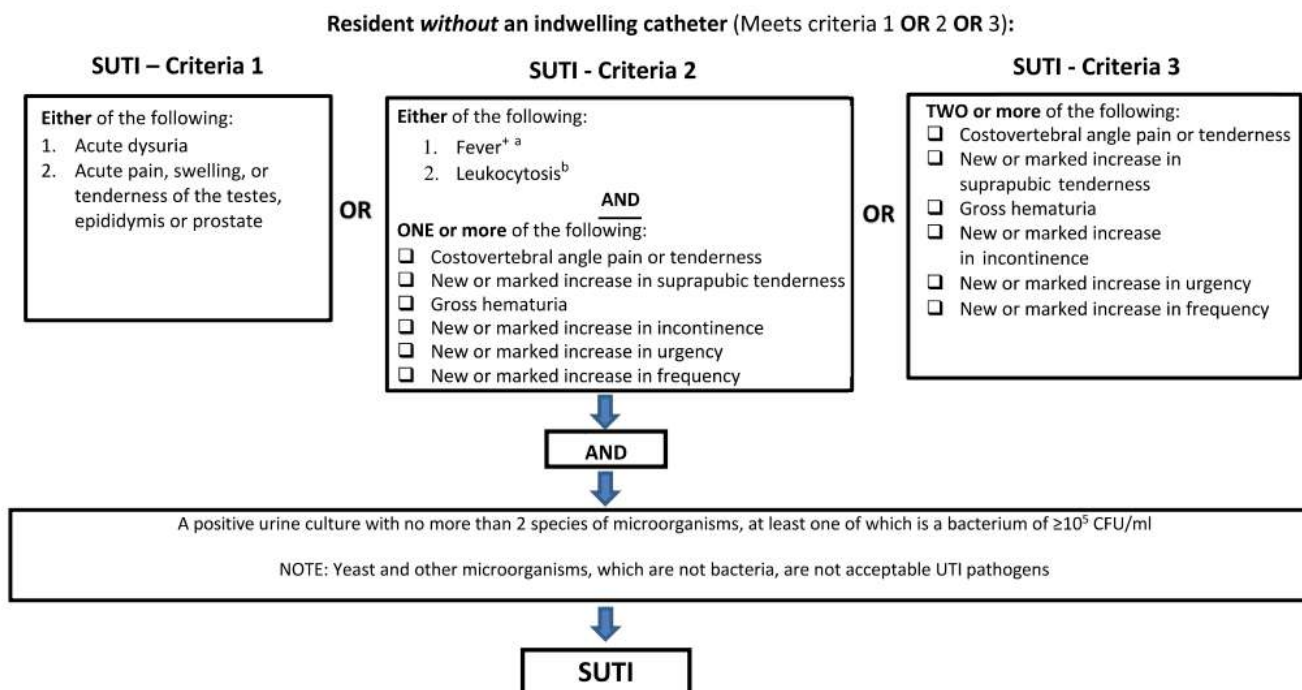
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- Congestive Heart Failure exacerbation
 - COPD/Asthma exacerbation
 - Skin/Wound Infection
 - Fluid Electrolyte Imbalance/Dehydration
 - UTI
 - Other qualifying conditions as approved by Utilization Management/Plan Medical Director
- Members receiving 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.

SIP for Urinary Tract Infection (UTI)

Simpra utilizes guidelines published by the Center for Disease Control (CDC) when considering the appropriateness of SIP for UTI for members with or without an indwelling catheter.

Figure 1: Criteria for Defining Non-Catheter Associated Symptomatic Urinary Tract Infection (SUTI):



⁺ Fever must be used as a criterion for SUTI even if the resident has another possible cause for the fever (for example, pneumonia)

^a Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $> 37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline

^b Leukocytosis: defined by NHSN as $> 10,000$ cells/mm³, or Left shift ($> 6\%$ or 1,500 bands/mm³)

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Figure 3: Criteria for Defining Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Resident *with or without* an indwelling catheter:

Resident has **no qualifying fever or localizing urinary signs or symptoms** (specifically, no urgency, frequency, acute dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness). *If no catheter is in place, fever as only sign would not exclude ABUTI if other positive culture criteria are met.*

AND

A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

NOTE: Yeast and other microorganisms which are not bacteria, are not acceptable UTI pathogens

AND

Positive blood culture with at least 1 matching organism in urine culture

ABUTI

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Figure 2: Criteria for Defining Catheter Associated Symptomatic Urinary Tract Infection (CA-SUTI)

Resident with an indwelling urinary catheter or removed within 2 days of event onset:

ONE or more of the following:

- ☐ Fever⁺ ^a
- ☐ Rigors
- ☐ New onset hypotension, with no alternate noninfectious cause
- ☐ New onset confusion/functional decline with no alternate diagnosis **AND** Leukocytosis^b
- ☐ New costovertebral angle pain or tenderness
- ☐ New or marked increase in suprapubic tenderness
- ☐ Acute pain, swelling or tenderness of the testes, epididymis or prostate
- ☐ Purulent discharge from around the catheter
- ☐ Acute Dysuria*

AND

A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of $\geq 10^5$ CFU/ml

NOTE: Yeast and other microorganisms, which are not bacteria, are not acceptable UTI pathogens

CA-SUTI

⁺ Fever must be used as a criterion for SUTI even if the resident has another possible cause for the fever (for example, pneumonia)

^a Fever: Single temperature $\geq 37.8^{\circ}\text{C}$ ($>100^{\circ}\text{F}$), or $> 37.2^{\circ}\text{C}$ ($>99^{\circ}\text{F}$) on repeated occasions, or an increase of $>1.1^{\circ}\text{C}$ ($>2^{\circ}\text{F}$) over baseline

^b Leukocytosis: defined by NHSN as $> 10,000$ cells/mm³, or Left shift ($> 6\%$ or 1,500 bands/mm³)

*Only when "REMOVE" has been selected for catheter status will the system populate CA-SUTI for a selection of acute dysuria and a positive urine culture.

Definitions

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



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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
8/23/2024	Dr. Clare Hays, MD, CMD	Chief Medical Officer	Yes
9/9/2024	UM Committee Approval	UM Committee	Yes
12/27/2024	UM Committee Annual Review	UM Committee	Yes
12/15/2025	UM Committee Annual Review	UM Committee	Yes

Review & Revision History

Date	Revision Summary	Author	Approval Required?
1/2/2024	Annual review completed	Koby Mitchell	No
8/9/2024	Revisions made: Removed the COVID criteria since the PHE declaration is over. COVID is now considered under the respiratory conditions. Added clarification of when SIP should be considered (i.e., not when member is post-acute, outpt obs, or from ER. Added the CDC recommendations for treating UTI.	Koby Mitchell	Yes
11/25/24	Annual review completed. No changes made.	Koby Mitchell	UMAC Review
10/14/2025	Annual review completed. No changes made.	Koby Mitchell	UMAC Review