

Participation Criteria for Patients involved in the Acute Care Hospital/SNF Long Stay Pilot Study:

Objective: To decrease Medicaid recipient's length of stay in hospital (acute, LTACH, chronic) settings within Connecticut and create incentive for discharging patients to skilled nursing facilities. To seek methodology that would decrease Connecticut's annual Medicaid healthcare expenditure. To place the Medicaid recipient requiring chronic long term health care in the most appropriate, cost effective setting.

Section I: Patient Criteria

1. The patient has been admitted to a hospital inpatient stay at a Connecticut licensed hospital and has remained continuous as an inpatient for at least 11 days from date of initial admission (acute) and 25 days inpatient (LTACH).
2. The patient's hospital stay will be paid for by Medicaid or anticipated to be paid if pending T19 and verified with the worker.
3. At least 5 SNF referrals have been made with no offer of an available bed by the 11th or 25th day from admission. The patient must be medically stable and their care needs can be met in a SNF (documented at the hospital) ? LOC completed
4. The patient meeting requirement #1 is a Medicaid recipient or has filed for Medicaid assistance and it is anticipated the case will be granted.
5. The patient pay source for care may also be eligible under SAGA or any available funding for health care for illegal immigrants.
6. The patient requires and has been prescribed by a licensed physician; two or more of the following treatments;
 - a.) Requires frequent monitoring and or assessment by a registered nurse.
 - b.) Frequent physician visits or order changes.
 - c.) Intravenous medication therapy.
 - d.) Extensive pressure wound therapy, having at least one pressure wound rated at < stage 2.
 - e.) Requires a specialized pressure relieving mattress.
 - f.) Treatment by physical, occupational, or speech therapy in any combination.
 - g.) The patient requires regular visits for any type of dialysis treatment.
 - h.) The patient requires enteral nutrition feeding.
 - i.) Ventilator dependent.
 - j.) Confusion, dementia and combative behavior
 - k.) Bariatric care and or equipment
 - l.) Pulmonary rehabilitation

Section II: Facility Criteria and Reimbursement

1. The Department of Social Services will grant 2 clusters of participation in the pilot study. Each cluster will consist of at least one acute care hospital, one LTACH, and one nursing home. Each cluster will be in separate geographic service areas.
2. Each health care facility participating in the pilot study will be duly licensed to provide the level of care appropriate to the patient's need.
3. Each skilled nursing facility included in the pilot study will participate in Medicare and Medicaid and remain in good standing with each program.
4. The facility will file any required reporting with the Department of Social Services within the specified timeframe.
5. When a skilled nursing facility admits a qualifying patient from a hospital the nursing facility will complete care plans as if the patient were covered under Medicare. The RUG level will be determined and the data retained for reporting to the Task Force.
6. The Medicare RUG determination frequency will remain in place for no more than 100 days.
7. Bed hold threshold requirements will not apply to the incentive portion of the facility payment. In a bed hold situation the facility will only be reimbursed the approved Medicaid rate for room and board not the daily incentive. (daily R&B paid only if threshold met, daily incentive N/A)
8. The skilled nursing facility will submit to DPH/DSS an attestation that the patient requires at least the level of care that was present upon admission every 30 days. (LoC)
9. If the patient is transferred from the admitting SNF within 100 days to another skilled nursing facility the daily incentive will not apply and will not follow the patient unless approved by DSS. In no case will the daily incentive remain beyond 100 days of inpatient stay within a SNF.
10. The receiving SNF (2nd) must apply to DSS for approval of the daily incentive rate and balance of days of the benefit period.
11. The incentive period is not counted on calendar days but actual inpatient days in the SNF at the required care level. Bed hold periods paid or not do not count against the incentive period.
12. The cluster and representative a representative from DSS will review data monthly and report findings at least quarterly to the Task Force. The Task Force will forward data/recommendations to the Commissioner at least quarterly.

Open Items: