

## **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 to individuals requiring convalescent and rehabilitative 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

A skilled nursing facility (SNF) provides skilled nursing 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. 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.

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Non-custodial care in a participating licensed skilled nursing/extended care, and acute rehabilitation facility or area of a hospital (including sub-acute and transitional care if VCHCP determines they are less costly alternatives to the basic minimum benefits), 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.*

- 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 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.

**A. Attachments: None**

**B. History:**

**Reviewers: Richard O Ashby, MD & QA Committee**

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Revision Date	Content Revised (Yes/No)	Contributors	Review/Revision Notes
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2/8/18	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
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2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

**C. References:**

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2. Carr DD. Case management for the subacute patient in a skilled nursing facility. *Nurs Case Manag.* 2000;5(2):83-92.
3. Seneff MG, Wagner D, Thompson D, et al. The impact of long-term acute-care facilities on the outcome and cost of care for patients undergoing prolonged mechanical ventilation. *Crit Care Med.* 2000;28(2):342-50.
4. Saliba D, Kington R, Buchanan J, et al. Appropriateness of the decision to transfer nursing facility residents to the hospital. *J Am Geriatr Soc.* 2000;48(2):154-63.
5. Nasraway SA, Button GJ, Rand WM, Hudson-Jinks T, Gustafson M. Survivors of catastrophic illness: outcome after direct transfer from intensive care to extended care facilities. *Crit Care Med.* 2000;28(1):19-25.
6. Halpert AP, Pearson SD, Reina T. Direct admission to an extended-care facility from the emergency department. *Eff Clin Pract.* 1999;2(3):114-9.
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8. Boyd S, Harwell D, Lomax K. Rehabilitation services in the skilled nursing facility. *J Long Term Care Adm.* 1996 Fall;24(3):42-5. No abstract available.
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