

Level of care criteria are based on definitions and guidelines derived from the Federal regulations and are used to assist assessors in evaluating clinical information submitted. Level of care criteria are based on the overall medical condition of the individual and medically necessary services and is not diagnosis specific.

PEDIATRIC

NURSING FACILITY LEVEL OF CARE

Summary:

1. Nursing facility level of care is appropriate for individuals who do not require hospital care, but who, on a regular basis, require licensed nursing services, rehabilitation services, or other health-related services *ordinarily provided in an institution*. With respect to an individual who has a mental illness or mental retardation, nursing facility level of care services are usually inappropriate unless that individual's mental health needs are secondary to needs associated with a more acute physical disorder.
2. The criteria set forth herein encompass both "skilled" and "intermediate" levels of care services.
3. A nursing facility level of care is indicated if the conditions of Column A are satisfied in addition to the conditions of Column B being satisfied. Conditions are derived from 42 C.F.R.409.31– 409.34.
4. Some examples of those cases which may meet Nursing Facility Level of Care Criteria are as follows:
 - a. Severely Medical Fragile Child as they may meet the criteria in Column A, 1, and I, 2, b and possibly others under 2 depending on the individual child plus Column B. Examples of children in this category include the child with Spina Bifida who has been hospitalized 3 or more times in the past year for shunt infection/malfunction or Urinary Tract Infections or a child with Poorly Controlled Type I Diabetes requiring hospitalization 3-4 times per year. These are ONLY examples and other cases may qualify in this category.
 - b. Child with Cystic Fibrosis if they are receiving oxygen 5-7 days a week intermittently or continuously and/or the child has to be hospitalized 3-4 times per year for Cystic Fibrosis exacerbations which will meet the criteria in Column A, 1, and I, 2, b, j and Column B.
 - c. Child with Osteogenesis Imperfecta Type 2 and 3. A child with Type 2 has the most severe form which is frequently lethal and the child has numerous fractures with severe bone deformity. Type 3 has bones that fracture easily and possible respiratory problems. This child may meet the criteria in Column A, 1, and 2, b, k and II (possibly a-e) and Column B.
 - d. Child who is medically unstable awaiting organ transplant and/or is in post-op period for one year post transplant. This child may meet the criteria in Column A, 1, and I, 2, b, and possibly others under 2 depending on the individual child plus Column B. This child may meet hospital level of care while in hospital for transplant. Once the child is stable post transplant he/she no longer meets nursing facility level of care criteria.
 - e. Children born at 26 weeks or less gestation. These children are at high risk of complications due to prematurity and are in the NICU at the beginning of life. These children may meet hospital level of care criteria while hospitalized and nursing facility level of care once discharged. The child may meet multiple criteria in Column A and B depending on the medical needs of the child and may initially be approved for up to six months and then re-evaluated.
 - f. Child with Hemophilia: who is receiving IV Factor 8 on a 2-3 times/month schedule; or who has documented antibodies to Factor 8 (high risk for bleeding); or who exhibits chronic joint syndrome or a head bleed which requires an aggressive rehabilitation program. The child may meet multiple criteria in Column A and B depending on the medical needs of the child.
 - g. Child with Sickle Cell: who is receiving chronic transfusions of 1-2 per month; or is admitted to the hospital with acute chest syndrome 2 or more times per year; or who is in pain crisis requiring hospitalization 3 or more times per year; or who has had a stroke and is involved in an aggressive rehabilitation program. The child may meet multiple criteria in Column A and B depending on the medical needs of the child.
 - h. Child with Spina Bifida: Any child born with meningomyelocele, the most severe form of Spina Bifida, for one year after birth. (All of these children will at least require some surgical correction on the spine, most will require shunting, and most of their complications such as shunt malfunctions will occur in that 1st year). After the first year, any child with myelomeningocele may meet criteria if they have a medically severe combination of impairments documented by their physician which includes at least 4 of the following: (1) shunted hydrocephalus; (2) neurogenic bladder/bowel; (3) requirements for integument (skin) system intervention for a stage 2 or > decubiti (bedsore) by licensed health care workers within last 6 months (4) substantial limitations in physical mobility with at minimum being wheelchair bound; (5) substantial limitations in adaptive functioning as evidenced by a score on a standardized adaptive functioning tool of 2 standard deviations below the norm in 3 or more of any of the following behavior domains: self-care skills, understanding and use of verbal and nonverbal language learning in communication with others, mobility, self-direction, and age-appropriate ability to live without extraordinary assistance; and/or (6) rehabilitation needs/therapeutic activities/exercises performed by licensed personnel 5 times per week. Or after the first year, 3 or more hospitalizations for Spina Bifida related problems (i.e. shunt malfunction, urosepsis, orthopedic surgeries, or urological surgeries) in the preceding year.

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TEFRA/KATIE BECKETT

COLUMN A	COLUMN B
<p>1. The individual requires service which is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, technical or professional personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, and speech pathologists or audiologists,</p> <p style="text-align: center;">AND</p> <p>In addition to the condition listed above, one of the following subparts of #2 must be met:</p> <p style="text-align: center;">I.</p> <p>2. The service is one of the following or similar and is required seven days per week:</p> <ul style="list-style-type: none"> a. Overall management and evaluation of a care plan for an individual who is totally dependent in all activities of daily living b. Observation and assessment of an individual's changing condition because the documented instability of his or her medical condition is likely to result in complications, or because the documented instability of his or her mental condition is likely to result in suicidal or hostile behavior c. Intravenous or intramuscular injections or intravenous feeding d. Enteral feeding that comprises at least 26 per cent of daily calorie requirements and provides at least 501 milliliters of fluid per day e. Nasopharyngeal or tracheostomy aspiration f. Insertion and sterile irrigation or replacement of uprapubic catheters g. Application of dressings involving prescription medications and aseptic techniques h. Treatment of extensive decubitis ulcers or other widespread skin disorder i. Heat treatments as part of active treatment which requires observation by nurses j. Initial phases of a regimen involving administration of medical gases k. Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment <p style="text-align: center;">II.</p> <p>3. The service is one of the following or similar and is required five days per week:</p> <ul style="list-style-type: none"> a. Ongoing assessment of rehabilitation needs and potential: services concurrent with the management of a patient care plan b. Therapeutic exercises and activities performed by PT or OT c. Gait evaluation and training to restore function to a patient whose ability to walk has been impaired by neurological, muscular, or skeletal abnormality d. Range of motion exercises which are part of active treatment of a specific condition which has resulted in a loss of, or restriction of mobility e. Maintenance therapy when specialized knowledge and judgment is needed to design a program based on initial evaluation f. Ultrasound, short-wave, and microwave therapy treatment g. Hot pack, hydrocollator, infrared treatments, paraffin baths, and whirlpool treatment when the patient's condition is complicated by circulatory deficiency, areas of desensitization, open wounds, etc. and specialized knowledge and judgment is required h. Services of a speech pathologist or audiologist when necessary for the restoration of function in speech or hearing <p style="text-align: center;">OR</p> <p style="text-align: center;">III</p> <p>2. The service is one of the following only if an additional special medical complication requires that it be performed or supervised by technical or professional personnel:</p> <ul style="list-style-type: none"> a. Administration of routine medications, eye drops, and ointments. b. General maintenance care of colostomy or ileostomy c. Routine services to maintain satisfactory functioning of indwelling bladder catheters d. Changes of dressings for non-infected postoperative or chronic conditions 	<ul style="list-style-type: none"> 1. The service needed has been ordered by a physician. 2. The service will be furnished either directly by, or under the supervision of, appropriately licensed personnel. 3. <i>The beneficiary must require skilled nursing or skilled rehabilitation services, or both, on a daily basis.</i>

OR

- e. Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems.

- f. Routine care of incontinent individuals, including use of diapers and protective sheets
- g. General maintenance care (e.g. in connections with a plaster cast)
- h. Use of heat as a palliative and comfort measure (e.g. whirlpool and hydrocollator)
- i. Routine administration of medical gases after a regimen of therapy has been established
- j. Assistance in dressing, eating, and toileting
- k. Periodic turning and positioning of patients.
- l. General supervision of exercises that were taught to the individual and can be safely performed by the individual including the actual carrying out of maintenance programs.

INTERMEDIATE CARE FACILITY (ICF/MR) LEVEL OF CARE

Summary:

1. ICF/MR level of care is appropriate for individuals who require the type of active treatment typically provided by a facility whose primary purpose is to furnish health and rehabilitative services to persons with mental retardation or related conditions.
2. An ICF/MR level of care is generally indicated if one condition of Column A is satisfied in addition to the conditions Column B and Column C being satisfied. Conditions derived from 42 C.F.R. 440.150, 435.1009, and 483.440(a).
3. Column B refers to “an aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services.” These active treatment services, as defined in 42 C.F.R. 483.440, provide aggressive, consistent monitoring, supervision and/or assistance as defined in the plan of care to address the specific medical conditions, developmental and behavioral needs, and/or functional limitations identified in the comprehensive functional assessment. This comprehensive functional assessment must be age appropriate.
4. The following conditions meet ICF/MR institutional level of care criteria, as these individuals would be institutionalized regardless of ability to participate in an aggressive program of specialized and generic training, treatment, health services, and related services as outlined in Column B:
 - Those children with an IQ of 50 or below (moderate to profound mental retardation) or
 - Those children who meet the criteria for Autism, Autism-Spectrum, Asperger’s, Pervasive Developmental Disorder, Developmental Delay, Mental Retardation, Down’s Syndrome, and any other Developmental Disability as evidenced by:
 - i. a score on a standardized adaptive functioning tool of 2 standard deviations below the norm in three or more of any of the following behavior domains: self care skills, understanding and use of verbal and nonverbal language learning in communication with others, mobility, self-direction, and age-appropriate ability to live without extraordinary assistance or an overall standard score < 70, or
 - ii. if their age equivalency composite score is less than 50% of their chronological age, and/or
 - iii. the child has a Childhood Autism Rating Scale (CARS) score of above 37, a Gilliam Autism Rating Scale (GARS) of 121 or greater, or any other equivalent standardized assessment tool which indicate severe autism.

COLUMN A (Diagnosis)	COLUMN B (Plan of Care)	COLUMN C (Functional Need)
1. The individual has mental retardation. OR 2. The individual has a severe chronic disability attributable to cerebral palsy or epilepsy. OR 3. The individual has a condition, <i>other than mental illness</i> , (i.e. Autism, Autism-spectrum, Asperger’s, Pervasive Developmental Disorder, Down’s Syndrome or Developmental Delay) which is found to be closely related to mental retardation because it is likely to last indefinitely, and requires similar treatment and services.	On a continuous basis, the individual requires aggressive consistent implementation of a program of specialized and generic training, treatment, health services, and related services which is directed towards- a. The acquisition of the skills necessary for the individual to function with as much self-determination and independence as possible; and b. The prevention of further decline of the current functional status or loss of current optimal functional status. This is evidenced in the Plan of Care by the individual’s participation (at least five (5) days a week) in interventions which are required to correct or ameliorate the conditions/diagnosis; and are compatible with acceptable professional practices in light of the condition(s) at the time of treatment.	1. The services have been ordered by a licensed physician. AND 2. The services will be furnished either directly by, or under the supervision of, appropriately qualified providers (see definitions): AND 3. The services, as a practical matter, would have ordinarily been provided in an ICF-MR, in the absence of community services.

COLUMN A (Diagnosis)	COLUMN B (Plan of Care)	COLUMN C (Functional Need)
<p style="text-align: center;">AND</p> <p>4. The impairment for those conditions outlined above constitutes an impairment of general intellectual functioning, and results in substantial limitations in three or more of the following functional limitations:</p> <ul style="list-style-type: none"> • Self-care skills such as feeding, toileting, dressing and bathing; • Understanding and use of verbal and nonverbal language learning in communication with others; • Mobility; • Self-direction in managing one’s social and personal life and the ability to make decisions necessary to protect one’s self as per age-appropriate ability; and/or • Age-appropriate ability to live without extraordinary assistance. 	<p>Active treatment does not include:</p> <ul style="list-style-type: none"> • interventions that address age-appropriate limitations; or • general supervision of children whose age is such that supervision is required by all children of the same age or • physical assistance for persons who are unable to physically perform tasks but who understand the process needed to do them 	

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HOSPITAL LEVEL OF CARE

Summary:

- 1. Hospital level of care is appropriate for individuals who continuously require the type of care ordinarily provided in an institution for the care and treatment of inpatients with disorders other than mental diseases.
- 2. A hospital level of care is indicated if the conditions of Column A, Column B, and Column C are satisfied. Conditions derived from 42 C.F.R 440.10.

COLUMN A	COLUMN B	COLUMN C
<ul style="list-style-type: none"> 1. The individual has a condition for which room, board, and professional services furnished under the direction of a physician or dentist is expected to be medically necessary for a period of 48 hours or longer. 2. The professional services needed are something other than nursing facility and ICF/MR services. 	<p>The individual’s condition meets inpatient level of care.</p>	<ul style="list-style-type: none"> 1. The service needed has been ordered by a physician or dentist. 2. The service will be furnished either directly by, or under the supervision of, a physician or dentist. 3. The service is ordinarily furnished, as a practical matter, in an appropriately licensed institution for the care and treatment of patients with disorders other than mental diseases.

