

## **Skilled Nursing Facility**

### **Benefit Coverage** (Medi-Cal Regulations – Cal. Code Regs., tit. 22, §§ 51335, subds. (a) & (j) & 51120)

Skilled nursing facility services necessary for the treatment of illness or injury are covered. In order to qualify for skilled nursing facility services, a patient shall have a medical condition, which requires visits by a physician every week and constantly available skilled nursing services. The following criteria will assist in determining appropriate placement:

1. Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician;
2. Need for constantly available skilled nursing services. A patient may qualify for nursing home services if the patient has one or more of the following conditions:
  - a. A condition, which requires therapeutic procedures (e.g., dressing of postsurgical wounds, decubiti, leg ulcers; tracheostomy care, nasal catheter maintenance; indwelling catheter in conjunction with other conditions; gastrostomy feeding; colostomy care for initial or debilitated patients; and bladder and bowel training for incontinent patients).
  - b. A condition, which requires patient skilled, nursing observation (e.g., observation of blood pressure, pulse and respiration as indicated by diagnosis or medication; observation of skin conditions such as decubiti, edema, color and turgor; and measurement of intake and output as indicated by diagnosis or medication).
  - c. The patient requires medications which cannot be self-administered and requires skilled nursing services for administration of the medication (e.g., injections administered during more than one nursing shift; medications prescribed on an as needed basis, dependent on the nature of the drug and the diagnosis; use of restricted or dangerous drugs requiring close nursing supervision; and use of new medications requiring close observation during initial stabilization for selected patients).
  - d. A physical functional limitation which prevents the patient from accessing outside health care service such as bed-bound patients, quadriplegics or other severe paralysis cases, and patients who are unable to feed themselves.

## **Skilled Nursing Facility** (continued)

### **Benefit Coverage** (continued)

3. The general criteria identified above are not intended to be either all-inclusive or mutually exclusive. They should be applied as a total package in evaluation of an approved admission. Please refer to the California Code of Regulations, Title 22, Section 51335 for complete regulations governing skilled nursing facilities.

Skilled nursing facility services include room and board, nursing and related care services and commonly used items of equipment, supplies and services used for medical and nursing benefit of patients.

### **Examples of Covered Benefits**

1. Confinement in a skilled nursing facility for:
  - a. Cerebral Vascular Accident, where rehabilitation to reestablish functionality is necessary.
  - b. Total hip replacement with complications.
2. Skilled nursing care for decubitus ulcers (Stage III and IV), dressing of postsurgical wounds and leg ulcers depending on the severity of the lesions.
3. Acute rehabilitation services following injury or illness.
4. Intermediate care services to patients who:
  - a. Require protective and supportive care because of mental or physical conditions or both, above the level of board and care.
  - b. Do not require continuous supervision of care by a licensed registered nurse or vocational nurse except for brief spells of illness.
  - c. Do not have an illness, injury or disability for which hospital or skilled nursing facility services are required.

### **Examples of Non-Covered Benefits**

1. Long term care: Care in a facility exceeding the month of admission plus one month

**See: Long Term Care**

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**Specialist**

See: **Physician Services**