## Criteria for LOC Decisions

The following examples of clinical indications for the different levels of care are listed; the patient’s overall medical status and functional limitations should be considered when determining the appropriate level of care.

### CLINICAL INDICATIONS FOR LEVEL OF CARE

<table>
<thead>
<tr>
<th></th>
<th>ACUTE M.D. Daily Visits</th>
<th>SUBACUTE*</th>
<th>SNF Professional Nurse Daily Assessment RESTORATIVE CARE</th>
<th>ICF Professional Nurse Daily Assessment MAINTENANCE CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenteral therapy.</td>
<td>Adjunct therapy.</td>
<td>If complicated, RN Supervision 5 hours per day.</td>
<td>For hydration (potassium, vitamins, etc. can be included.)</td>
<td>Not appropriate.</td>
</tr>
<tr>
<td>Hyperalimentation.</td>
<td>Initial administration; adjunct therapy.</td>
<td>If complicated, RN Supervision 5 hours per day.</td>
<td>Some hospital based SNFs may provide.</td>
<td>Not appropriate.</td>
</tr>
<tr>
<td>Chemotherapy.</td>
<td>24 hr infusion or observation.</td>
<td>Infusion more than 4 hours, RN supervision 5 hours per day.</td>
<td>Short term infusion less than 4 hours or PO, RN supervision.</td>
<td>Not appropriate.</td>
</tr>
<tr>
<td>Radiation therapy.</td>
<td>Initial treatments (daily for 1 week) in debilitated patients.</td>
<td>Daily treatments in patients requiring RN supervision 5 hours per day.</td>
<td>Daily treatments in patients requiring RN supervision.</td>
<td>Occasionally appropriate.</td>
</tr>
<tr>
<td>Decubitus care/Wound care.</td>
<td>For Graft or Surgical debridement; Aggressive therapy both surgical and intravenous antibiotics.</td>
<td>Complex wound care such as debridement, packing dressing, and irrigation requiring more than 5 hours per day of RN care.</td>
<td>Complex wound care involving daily skilled nursing assessment and daily complex intervention(s) such as wound debridement, soaks, irrigation, whirlpool, packing, wound vacuum therapy, and/or complex dressing changes requiring sterile (aseptic) technique.</td>
<td>Wound care that is not complex, such as dressing changes requiring CLEAN technique, wet to dry dressings, dry dressings, occlusive dressings.</td>
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<tr>
<td>TUBE FEEDING</td>
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<tr>
<td>1) Nasogastric.</td>
<td>Initial acute care and initial teaching.</td>
<td>1) Appropriate if there is a history of aspiration pneumonia, history of multiple episodes of aspiration pneumonia; patient incapable of self-administration and/or incapable of learning and following aspiration precautions - i.e., dementia and total skilled nursing needs exceed 5 hours per day.</td>
<td>1) Appropriate if the patient is pump fed or there is a history of aspiration pneumonia in past 12 months or history of multiple episodes of aspiration pneumonia while on NG tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new NG feeders, until stabilized.</td>
<td>Appropriate for patients with no history of aspiration pneumonia on NG/GT feedings and patients who are stable on chronic, bolus feedings on stable schedule. Appropriate for patients who are able to self-administer and capable of learning and performing aspiration precautions.</td>
</tr>
<tr>
<td>2) Gastrostomy &amp; jejunostomy.</td>
<td></td>
<td>2) Appropriate if there is a history of aspiration pneumonia or patient requires specific skilled nursing service to prevent aspiration; and total skilled nursing needs exceed 5 hours per day.</td>
<td>2) Appropriate if the patient is pump fed or there is a history of aspiration pneumonia in past 12 months or history of multiple episodes of aspiration pneumonia while on GT tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new GT feeders, until stabilized.</td>
<td></td>
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</tbody>
</table>
## CLINICAL INDICATIONS FOR LEVEL OF CARE

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<tr>
<th>INTERMITTENT BLADDER CATHETERIZATION (Ex., neurogenic bladder, urinary retention)</th>
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<td>Adjunct to care.</td>
<td>Cath care and irrigation performed by RN more than once per shift; total skilled nursing needs exceed 5 hrs. per day.</td>
<td>Appropriate if required at least once each shift; patient unable to do own catheterization; catheterization required to be done by a professional nurse.</td>
<td>Appropriate when done by patient or when a professional nurse does not need to perform this service.</td>
<td></td>
</tr>
</tbody>
</table>

### PULMONARY CARE

1) Trach Care.

- 1) Newly created; adjunct to care.
- 1) Requires suctioning at least once a shift - not purely routine and skilled nursing assessment at least once a shift.*

2) Nasopharyngeal suction.

- 2) Adjunct to care.
- 2) Requires suctioning at least once an hour.

3) Respiratory Treatment/Inhaled Updraft Medications.

- 3) Initiation of treatment, esp. during acute exacerbations: medically unstable.
- 3) Medically justified as needed more than once per shift, pt. incapable of correct self-administration; pulmonary patient who requires skilled assessment more than once per shift; total skilled nursing needs exceed 5 hrs. per day.

*Patient requires a combination of the above respiratory services more than three (3) times during a 24 hour period (example: nasopharyngeal suctioning BID and nebulized treatment BID).

### REHABILITATION THERAPY SERVICES (Physical Therapy, Speech Therapy; for occupational therapy see below).

- Initial treatment(s) following surgery or neurological impairment (generally 1 week or less).
- Not applicable.
- DAILY planned, progressive program with documented short and long term attainable goals require services of therapist to increase functional ability; must be a restorative program.
- Maintenance, non-restorative nonprogressive program to prevent loss of function.

### OCCUPATIONAL THERAPY (OT).

- Adjunct therapy.
- Not applicable.
- May qualify if this is the only restorative service and it is done daily.
- Appropriate for recreational OT and/or fabrication or modification of maintenance splints for contractures.
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<td>ADL ABILITY (Activities of Daily Living).</td>
<td>No bearing.</td>
<td>No bearing.</td>
<td>No bearing.</td>
<td>Basis of placement between ICF and lower levels of care. ICF care covers incontinent, totally dependent patients, or patients who need significant assistance with ADLs.</td>
</tr>
<tr>
<td>MEDICATION (Also, see insulin).</td>
<td>If p.o. meds are the only service-care is not acute.</td>
<td>Requires RN monitoring 5 hours per day.</td>
<td>Monitoring and adjusting meds, including oral types. IV (including IV pumps, PCA pumps). IM and SQ may be appropriate depending on frequency and acuity of patient.</td>
<td>Regimen of p.o. medications, regimen of maintenance medication p. o., IM, or SQ oral; IM or SQ may be appropriate depending on frequency.</td>
</tr>
<tr>
<td>Insulin.</td>
<td>Initiating administration; uncontrolled status adjunct to treatment.</td>
<td>Diabetes is unstable and patient requires blood glucose monitoring and/or sliding scale insulin (SSI) and skilled nursing needs exceed 5 hours per day.</td>
<td>Qualifies if diabetes is unstable due to an acute illness in which the short term use of blood glucose monitoring and/or sliding scale insulin (SSI) is needed or the longer term use of blood glucose monitoring and/or SSI if diabetes is relatively unstable AND the physician is adjusting insulin.</td>
<td>Routine administration of one or more doses of insulin per day and/or chronic use of blood sugar monitoring and/or SSI if blood sugars are relatively stable and routine insulin dose is not being frequently adjusted by the physician.</td>
</tr>
<tr>
<td>Vital Signs.</td>
<td>As required to evaluate total clinical picture and prompt physician directed intervention.</td>
<td>Requires R.N. monitoring 5 hours per day.</td>
<td>For increased medical monitoring of an acute illness or exacerbation of chronic illness requiring skilled nursing observation at least once a shift, ordered by a physician as part of an active treatment plan for at least 72 hours and ONLY with active physician involvement to avoid acute hospitalization in patients whose level of care is normally ICF and who will return to ICF within 24 hours after increased medical monitoring and active physician involvement ceases.</td>
<td>Routine assessment, no anticipated interventions.</td>
</tr>
<tr>
<td>Heat Treatment.</td>
<td>Adjunct care.</td>
<td>Part of active treatment plan, requires skilled observation and evaluation by R.N. and patient requires skilled nursing more than 5 hours per day.</td>
<td>Part of active treatment plan, requires skilled observation and evaluation by R.N.</td>
<td>For comfort and palliation, maintenance.</td>
</tr>
<tr>
<td>Medical Gases (Oxygen).</td>
<td>Adjunct care.</td>
<td>Initial phases involving titration of O₂.</td>
<td>Initial phases involving titration of O₂.</td>
<td>After initial phase and teaching of the patient to institute O₂ therapy, maintenance O₂ and self-administered O₂ are appropriate (stable patients may qualify for care home residency or residency in foster care homes).</td>
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<td>Renal Dialysis (Hemodialysis and peritoneal dialysis performed at Dialysis Facilities).</td>
<td>Appropriate for acute medical problems and complications.</td>
<td>Appropriate for complicating problems which require skilled nursing services in patients’ whose skilled nursing needs total 5 hours per day.</td>
<td>Appropriate for complicating problems which require skilled nursing services and/or when skilled nursing assessment and monitoring services pre and post dialysis are being provided by the facility.</td>
<td>Appropriate for stable dialysis patients (stable dialysis patients may qualify for care home residency or residency in foster care homes) and when skilled nursing assessment and monitoring services pre and post dialysis are not needed or not being provided by the facility.</td>
</tr>
<tr>
<td>Neurological impairments (i.e., Alzheimer’s, traumatic or infectious brain injuries, frequent recurrent TIs, recent CVAs).</td>
<td>Acute illness or exacerbation.</td>
<td>R.N. monitoring of behavior totaling 5 hours per day.</td>
<td>Appropriate if skilled nursing assessment is required at least once a shift to assess need for medications, adjust dosages, etc.; ONLY if PASARR requirements are met.</td>
<td>Neurologically stable or in good control, requiring significant assistance with ADLs; ONLY if PASARR requirements are met; (may qualify for care home residency).</td>
</tr>
</tbody>
</table>

* The subacute level of care (LOC) is reserved for the following: 1. Children under 19 years of age or under 21 years old in subsidized adoption/foster care who meet the subacute LOC criteria. 2. Ventilator dependent adults receiving services in a DHS ventilator care unit.
*State of Hawaii LOC Criteria*

**Subacute Level of Care (LOC) for Non-Kapiolani Facilities**

**Revised 1/1/2013**

The Subacute rules are attached. This is a cross-walk using the terminology on the 1147 with the language in the rules. Please understand that the Healthcare Association of Hawaii (HAH) and the Hawaii Long Term Care Association (HLTCA) have made suggestions to revise the rules and the groupings. Therefore, this cross-walk will need to be revised when rules change.

**GENERAL RULES for SUBACUTE**

To qualify for the Subacute LOC, a facility must have 6 beds dedicated to this LOC. At the present time, only The Care Center of Honolulu (CCOH) has a subacute unit. The Queen’s Medical Center’s Progressive Care Unit (PCU) is considered a “super SNF” and its patients may meet the Subacute LOC, however, they should be approved at SNF LOC. Also, since the Medicaid Home and Community Based Program (HCBP) waiver was not written for subacute patients, all patients in HCBPs who meet Subacute LOC will be approved at SNF LOC.

**Subacute Level I**
- Ventilator dependent (more than 50% of the time) adults in CCOH
- Ventilator dependent (more than 50% of the time) children in CCOH, Kapiolani Medical Center, or Island Nursing Home

**Subacute Level II**
- Ventilator dependent (less than 50% of the time) children in CCOH with tracheostomy care with suctioning/inhalation treatment at least once a shift
- Tracheostomy care with endotracheal suctioning at least once every two hours.
- Total Parenteral Nutrition (TPN)
- Continuous IV therapy or intermittent IV therapy at least once a shift
- Stable newborns/premature infants under the age of one year who are inpatient in acute care hospitals at least one week and require manual stimulation for bradycardia/apnea or NG or gastronomy feeds
- Stable patients admitted to acute hospitals for infections and who are afebrile—for training for IV therapy at home or for close monitoring of oral antibiotics (after being taken off parenteral antibiotics) in preparation for going home--very short term (1 to 2 days)

**Subacute Level II (must have 2 or more of the following)**
- Tracheostomy care with suctioning at least once a shift
- Traction and pin care for fractures
- Medically necessary isolation precautions
- Treatment of decubitus ulcers (Stage III or above)—debridement, packing, topical medications, aseptic dressing changes, etc.
- Complex skilled nursing care, observation, monitoring, assessment in patients with conditions such as HIV/AIDS, terminal disease, chronic dialysis, who are at high risk for significant medical complications.
• Complex skilled nursing care, observation, monitoring, assessment in patients who are receiving radiation therapy, chemotherapy, parenteral pain control medications, who are at high risk for significant medical complications.
• Complex skilled nursing care, observation, monitoring, assessment for psychiatric patients at high risk for imminent life-threatening complications to themselves or others if discharged or in patients with bulimia/anorexia nervosa who are at high risk of medical complications if discharged.
Level-of-Care Protocols – Kapiolani Medical Center for Women and Children
(KMCWC)

Revised 4/30/09

Pediatric Acute Level of Care:

This level of care is for patients who are significantly medically unstable. Parameters include:

1. Any of the following that require frequent/constant monitoring and adjustments of treatments and/or aggressive intervention/treatment:

   - Hemodynamic instability, acute intubation/mechanical ventilation, respiratory insufficiency, pulmonary instability, unstable airway, electrolyte instability requiring acute interventions, unstable blood counts, surgery and immediate post operative period, IV antibiotic therapy, IV chemotherapy, or other IV medications that require monitoring/titration during the acute phase of the illness (not applicable to patients who are medically stable, afebrile and continue to require IV therapy), photo therapy for jaundice during the acute phase of illness, Heliox/Nitric Oxide therapy.

2. Any combination of treatments that require increased nursing surveillance/monitoring and/or intervention, indicating an unstable medical condition.

3. Narcotic weaning (includes methadone wean)—IF CONDITIONS 1 AND 2 ARE MET. If the patient is stable and the weaning is slow, over the course of month, this is subacute or SNF.

Sub-Acute Level of Care:

1. Patients who have reached a baseline status in their care and who are not at risk for rapid deterioration, but however continue to require frequent nursing evaluation interventions and/or treatment.

2. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time. TPN is never SNF for newborns and infants.

3. Patients with stable vital signs receiving wound vacuum dressing and/or IV antibiotics greater than 30 days for newborn and infants. This situation is SNF for adults.

Unit Specific Level of Care Criteria

PICU

Acute Level of Care:

1. Any of the following that require frequent/constant monitoring and adjustments of treatments and/or aggressive intervention/treatment:

   - Hemodynamic instability, acute intubation/mechanical ventilation, respiratory insufficiency, pulmonary instability, unstable airway, electrolyte instability requiring acute interventions, unstable blood counts, surgery and immediate post operative period, IV antibiotic therapy, IV chemotherapy, or other IV medications that require monitoring/titration during the acute phase of the illness (not applicable to patients who are medically stable, afebrile and continue to require IV therapy), photo therapy for jaundice during the acute phase of illness, Heliox/Nitric Oxide therapy.

2. Any combination of treatments that require increased nursing surveillance/monitoring and/or intervention, indicating an unstable medical condition.
3. Narcotic weaning (including Methadone wean) in a child WHO HAS MET REQUIREMENTS 1 AND 2.

Sub-Acute Level of Care:

1. Continuous Positive Air Pressure (CPAP) weans are sub-acute, once the child has moved past the initial phase of transitioning to CPAP sprints, is stable on those sprints, and does not appear to be at risk for rapid deterioration.

2. Treatment of tracheitis with either oral or one IV antibiotic, unless the nursing intervention is significantly increased due to increased suctioning, increased respiratory treatment, etc.

3. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time is never SNF for children who are NOT maintained on TPN in the home/community setting.

4. Patients with stable vital signs and wound vac treatment with significant drainage and/or more than two antibiotics given IV in dosages and length of time in keeping with the manufacturer’s recommendations.

NICU

Acute Level of Care:

1. Aggressive therapies such as IV antibiotic, surgery, mechanical ventilation, CPAP, level IV medications for sedation and/or paralyzing.

2. Aggressive ventilator weaning.

3. Aggressive CPAP weaning.

4. TPN in the medically unstable baby.

5. Medically necessary monitoring and/or interventions at least every 2 hrs.

6. More than 10 apnea events per 24 hours and/or apnea events that require vigorous stimulation (oxygen and positive pressure breast through a bag/mask).

7. High Flow Nasal Cannula (HFNC) with aggressive weaving, similar to CPAP.

8. Isolette care for babies less than 35 weeks that are thermodynamically unstable.

Sub-Acute Level of Care:

1. Unsuccessful wean where baby’s respiratory condition has obviously reached a plateau, a maintenance level without significant fluctuations.

2. Baby has tracheotomy and will require long wean off ventilator and/or CPAP (oxygen level is <40%).

3. Babies that are transitioning from Nasal Gastric (NG) feeds to nipple feeds with nursing and/or OT/PT intervention required for active training of the baby to nipple feed.

4. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time. TPN is never SNF in children are NOT maintained on TPN in the home/community setting.
5. Between 5 to 10 apnea events per 24 hours and/or apnea events that require moderate stimulation (shake or increase oxygen).

6. Isolette care for babies that have other medical issues, such as a nasal cannula, apnea that may need supplemental oxygen or manual stimulation, but who are otherwise relatively stable.

**SNF Level of Care:**

1. O² maintenance without additional respiratory support and not aggressively weaning.

2. NG/GT feeds without plan for weaning or active change in feeds.

3. Nipple feeds with NG feeds that will continue after discharge (baby will go home on NG/nipple feeds).

4. Less than 5 apnea events per 24 hours and/or apnea events that require mild stimulation (very little tactile stimulation) or are self resolved.

5. Baby ready for discharge and who has a need for parent training of use and care of medical supplies and/or equipment.

6. Baby’s awaiting community placement (i.e., CPS, foster care, nursing home) that have need for skilled nursing services and/or medical supplies/equipment.

7. Isolette care where baby requires temperature regulation but has no other medical issues and baby is greater than or equal to 35 weeks adjusted gestational age.