

ALTCS Clinical and Behavioral Health Specialty Placement Criteria

Clinical Specialty Placement

A. Bariatric

Service Goal: To establish a placement and level of care to reimburse skilled nursing facilities for high resource needs and special DME equipment.

1. Placement Criteria

Must meet all the following:

- a. BMI equal to or greater than 40
- b. UAT level of care is equal to or greater than 2 (moderate assist with ADL)
- c. Must have impaired mobility requiring assistance of at least two

B. Dialysis

Service Goal: To establish a placement and level of care to reimburse skilled nursing facilities for members with high acuity and specialized in-house dialysis needs.

1. Placement Criteria

Member requires dialysis and meets one or more of the following:

- a. Member is unable to sit up for more than four (4) hours at a time.
 - i. If member has a wound that prohibits outpatient dialysis
 - ii. If member must use a Hoyer lift for transfers

C. Respiratory

Service Goal: To provide skilled nursing care, residential care, supervision and respiratory care for persons who need nursing services on a twenty-four (24) hour basis, but who do not require hospital care under the daily direction of a physician.

1. Placement Criteria

- a. The member must require no less than three (3) of the listed therapies in a twenty-four (24) hour period performed by the facility licensed staff:
 - i. Aerosol therapy, heat ,cool mist FIO2 28% or greater
 - ii. Chest physical therapies – percussion and postural drainage
 - iii. CPAP/BIPAP continuous or during sleep or a pressure supported only setting on a ventilator without a frequency/respiration rate
 - iv. Trach care twice a day and as needed
 - v. Tracheal suctioning on an average of 6 times per day
 - vi. High flow oxygen therapy for trach weaning

D. Ventilator Dependent

Service Goal: To provide skilled nursing care, residential care, supervision and respiratory care to members who are dependent on mechanical ventilation to sustain life, need nursing services

on a twenty-four (24) hour basis, but who do not require hospital care under the daily direction of a physician.

1. Placement Criteria

- a. Requires mechanical ventilation for six (6) hours or greater per day to sustain life.
- b. Weaning from the ventilator is in progress when the member requires less than six (6) hours of mechanical ventilation.
- c. Acceptable setting modes of Mechanical Ventilation
 - i. Assist control (AC) or Pressure Regulated Volume Control (PRVC)
 - ii. Spontaneous Intermittent Mandatory Ventilation (SIMV)
 - iii. Average Volume Assured Pressure Support Ventilation (AVAPS) for weaning, CO₂ retention, and transition to decannulation. Cannot have a diagnosis of sleep apnea and/or for long term use.
 - iv. Noninvasive Positive Pressure Ventilation (NPPV) for weaning, Co₂ retention, and transition to decannulation. Cannot have a diagnosis of sleep apnea and/or long term use.
 - v. Please note: All other setting modes do not meet the criteria for Mechanical Ventilation unless weaning is in progress.

E. Sub-Acute Care

Service Goal: To establish a sub-acute level of care to reimburse skilled nursing facilities for members with a higher acuity level than is typical for skilled level of care.

Please note:

- All Sub-Acute Care requests for members with:
 - DSNP BUFC members utilize Prior Authorization Department for authorization
 - Long Term Care (LTC) covered only members utilize the following 194 placement process.

1. Placement Criteria

- a. Sub-Acute Care is a category of skilled care. A sub-acute care member is a member who has an acuity level that requires which requires skilled nursing care hours that exceed the minimum standards of the Arizona Department of Health Services. The sub-acute member does not need acute care and is able to be managed medically in a licensed skilled nursing care facility. The members have medical or nursing needs that require a nursing assessment, judgment and management by a Registered Nurse on an on-going basis.
- b. The sub-acute member must need one or more of the following:
 - i. Nasotracheal or tracheal suctioning by licensed personnel more than two times per eight (8) hour shift.
 - ii. Multiple complex treatments ordered by the member's medical provider to be performed by registered nursing staff more than two times per eight (8)

- hour shift. (A complex treatment is one that requires at least twenty (20) minutes.
- iii. Intravenous infusions and/or medications that may or may not require an infusion pump and are administered more frequently than one time per twenty-four (24) hour period.
 - iv. Unstable or severe medical problems that require changes in the therapeutic regimen as ordered by the medical provider.
 - v. Total Parenteral Nutrition (TPN)
 - vi. Complex Wound Care:
 - Multiple wounds
 - Flaps for multiple wounds
 - Stage III and/or IV Decubitus
 - Non-healing surgical wounds

ALTCS Behavioral Health Specialty Placement

Wandering Dementia

1. Placement Criteria
 - a. The member must have a neurocognitive impairment as a result of a Traumatic Brain Injury (TBI), Dementia diagnosis or other diagnosis affecting cognitive ability.
 - b. The member must be exhibiting documented and problematic wandering behaviors that cannot be managed in a home or community setting. The wandering behavior must be occurring consistently and at least daily and be endangering the member and/or other residents. The wandering behaviors must also require redirection and/or supervision. This can include:
 - i. Repeatedly exiting or attempting to exit through doors that lead outside.
 - ii. Repeatedly wandering into off-limits or potentially harmful areas such as the kitchen, laundry, storage, maintenance or other residents' rooms.

Behavioral Health

1. Placement Criteria (Need to have (a) and at least one more (b-f) to meet criteria)
 - a. The member must have been diagnosed with a behavioral health disorder by a licensed behavioral health professional. Symptoms of this illness must accord with those described in the Diagnostic and Statistical Manual of Mental Disorders, Edition V (DSM-V)
 - i. Outpatient behavioral health services have been attempted and/or do not meet the treatment needs of the member.
 - ii. There is a failure to respond to outpatient treatment or an inability to be safely managed in a less restrictive level of care.

- b. The member requires an individual plan of active behavioral health treatment that includes 24-hour access to the full spectrum of behavioral health staffing. This behavioral health staffing must provide 24-hour services in a controlled environment, including, but not limited to, medication monitoring and administration, other therapeutic interventions, quiet room, seclusion, intermittent restraints, and suicidal/homicidal observation and precautions.
- c. The member demonstrates a clear and reasonable inference of imminent serious harm to self. This is evidenced by having any one of the following:
 - i. A current plan or intent to harm self with available means to do so, or
 - ii. Recent severe self-harm behavior or suicide attempt, with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for their safety, or
 - iii. Imminently dangerous inability to care adequately for his/her own physical needs or to participate in such care due to disordered, disorganized or bizarre behavior, or
 - iv. Other similarly clear and reasonable evidence of imminent serious harm to self.
- d. The member demonstrates a clear and reasonable inference of imminent serious harm to others. This is evidenced by having any one of the following:
 - i. A current plan or intent to harm others with available means to do so, or
 - ii. A recent, severe attempt to harm others, with continued imminent risk as demonstrated by poor impulse control and an inability to plan reliably for their safety, or
 - iii. Violent unpredictable or uncontrolled behavior that represents an imminent risk of serious harm to the body or property of others, or
 - iv. Other similarly clear and reasonable evidence of imminent serious harm to others.
- e. The member is exhibiting acute psychosis with aggression or manic behavior including potential of involuntary admission for the purpose of evaluation and treatment, or acute psychosis significantly impairing the ability to function and impairing activities of daily living. Symptoms may include, but are not limited to:
 - i. Hallucinations
 - ii. Delusions
 - iii. Flight of ideas
 - iv. Ideas of reference, persecution or influence
- f. The member's condition requires an acute behavioral health management that, unless managed in a skilled nursing setting, would have a high probability of leading to serious, imminent and dangerous deterioration of the patient's general medical or behavioral health.

Dementia with Behaviors

1. Placement Criteria
 - a. The member must have a neurocognitive impairment as a result of a Traumatic Brain Injury (TBI), Dementia diagnosis or other diagnosis affecting cognitive ability.
 - b. The member must be exhibiting documented and problematic behaviors that cannot be managed in a home or community setting. The behavior must be occurring consistently and at least daily and be endangering the member and/or other residents. The behaviors must also require redirection. This can include:
 - i. Repeatedly attempting to exit though a door leading to the outside, repeatedly banging on a locked door (unable to redirect)
 - ii. Physical aggression, including throwing of objects, toward other residents or staff
 - iii. Suicide attempts or other self-injurious behaviors
 - iv. Repeatedly throwing self out of a wheelchair or bed, requiring increased staffing for safety concerns
 - v. Continuous yelling for several hours despite treatment for pain and non-pharmacological redirection
 - vi. Sexualized behaviors such as attempts to inappropriately touch other residents or staff.

High Acuity

1. Placement Criteria
 - a. The member must have been diagnosed with a behavioral health disorder by a licensed behavioral health professional. Symptoms of this illness must accord with those described in the Diagnostic and Statistical Manual of Mental Disorders, Edition V (DSM-V), or the member must have a neurocognitive impairment as a result of a Traumatic Brain Injury (TBI), Dementia diagnosis or other diagnosis affecting cognitive ability.
 - i. Outpatient behavioral health services have been attempted and/or do not meet the treatment needs of the member.
 - ii. There is a failure to respond to outpatient treatment or an inability to be safely managed in a less restrictive level of care.
 - b. Member meets the criteria to be in a behavioral health or dementia with behaviors unit and is consistently displaying behaviors requiring periodic one to one intervention/supervision from staff to keep the member and other residents safe.