

# CLINICAL GUIDELINES

Which level of post-acute care is right for your patient?

## Long-Term Acute Care Hospital (LTACH)

### Is the patient stable for transfer to LTACH?

Requires **"YES"** to the following questions.

- The patient has no significant acute hypotension.
- The patient's pain is managed.
- The patient's intake is acceptable.
- The patient has no acute neurologic findings.
- The patient's cardiovascular status and chest findings are stable.
- The patient has complex nursing and daily physician oversight needs.
- The patient has no active bleeding or issues with hemostasis.
- The patient will likely benefit and improve at LTACH.

### Is LTACH interdisciplinary care necessary?

Requires **"YES"** to one or more of the following questions.

- The patient has complex respiratory needs and/or vent management and weaning required AND multiple weaning attempts have been unsuccessful.
- The patient needs complex wound care AND daily clinical supervision.
- The patient's cardiovascular condition requires LTACH.
- The patient requires complex medical management at LTACH.

## Inpatient Rehabilitation Hospital (IRF)

### Is the patient a candidate for acute inpatient rehab?

Requires **"YES"** to the following questions.

- If in an acute hospital, does the patient require continued medical management of acute hospital needs?
- Is the patient able to participate in 3 hours of therapy per day for 5 days per week?
- Are there specific goals for patient improvement?
- Does the patient need close medical management at least 3 days per week?

### Does the patient need the following?

Requires **2 or more** of the following:

- Physical therapy
- Speech therapy
- Occupational therapy
- Orthotics/prosthetics

### Does the patient require nursing care?

- Yes
- No

# POST-ACUTE CARE Patient Placement Guide

This guide is designed to help case managers assist families and patients in getting the right level of post-acute care at the right place and the right time.



[azhha.org/pacplacement](http://azhha.org/pacplacement)

# MEDICARE GUIDELINES

Which level of post-acute care is right for your Medicare patient?



<b>Long-Term Acute Care Hospital (LTACH)</b>	<b>Inpatient Rehabilitation Hospital (IRF)</b>	<b>Skilled Nursing Facility (SNF)</b>
<b>PATIENT</b>		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Has a diagnosis and an established plan of care</li> <li><input type="checkbox"/> Has chronic, severe illness (i.e., multi-system failure, trauma, post-trauma, complex wound care, respiratory needs such as high-flow O<sub>2</sub>, BiPAP, vent weaning)</li> <li><input type="checkbox"/> Requires services beyond SNF or IRF capabilities</li> <li><input type="checkbox"/> Needs ICU level or critical care level of care (e.g., management of drips)</li> <li><input type="checkbox"/> Requires daily physician oversight, such as multiple consults, daily labs and/or telemetry</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Needs daily medical management of primary conditions, co-morbidities and prevention of secondary complications</li> <li><input type="checkbox"/> Needs intensive and coordinated interdisciplinary approach from a minimum of 2 therapies (a combination of physical therapy, occupational therapy and/or speech therapy)</li> <li><input type="checkbox"/> Has a reasonable expectation of benefiting from intensive rehab and making measurable improvement</li> </ul>	<p><b>SNF – Higher Level of Care</b> (skilled or sub-acute)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Requires respiratory support, such as vent/trach or high-flow O<sub>2</sub></li> <li><input type="checkbox"/> Needs a non-invasive positive pressure vent</li> <li><input type="checkbox"/> Needs wound care provided by a provider with wound team certification</li> <li><input type="checkbox"/> Has end-stage renal disease</li> </ul> <p><b>SNF – Lower Level of Care</b> (Patients with skilled need or long-term care patients)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Needs skilled nursing or therapy staff to treat, manage, observe and evaluate care</li> </ul>
<b>REQUIRED LEVEL OF REHAB</b>		
<p>No minimum level of rehab required; based on medical condition and patient tolerance</p>	<p>3 hours per day, consisting of a minimum of 2 therapies (a combination of physical therapy, occupational therapy and/or speech therapy)</p>	<p>Based on medical condition and available therapists at facility</p>
<b>PHYSICIAN OVERSIGHT REQUIRED</b>		
<p>Daily</p>	<p>Daily supervision by a rehabilitation physician; physician/patient visits at least 3 days a week</p>	<p>Minimum of once every 30 days</p>
<b>RANGE OF PHYSICIAN SPECIALTIES</b>		
<p>Attending physician plus specialists (e.g., consulting pulmonary, kidney, cardiologist, neurologist, infectious disease, wound, physical medicine, critical care, neuropsychology and rehab)</p>	<p>Attending physician plus specialists (e.g., internal medicine, kidney, pulmonary, cardiology, neurology, infectious disease, wound, neuropsychology, psychiatry and critical care)</p>	<p>Internal medicine (check facility for additional physician specialties)</p>
<b>LEVEL OF CARE</b>		
<p>Acute or intensive care unit (ICU); (not all LTACHs have an ICU)</p>	<p>Acute hospital-level care with a focus on functional rehab and medical management; hospital may have disease-specific certifications</p>	<p><b>Higher level of care:</b> Skilled or sub-acute</p> <p><b>Lower level of care:</b> Patients with skilled need or long-term care patients</p>