

## ACUTE LONG TERM HOSPITAL LENGTH OF STAY CRITERIA

It is the hospital's responsibility to provide Molina with the specific information necessary for the case review nurse to determine that the patient meets length of stay criteria as specified on this form. Include the following from the medical record:

1) ED record (if any), 2) admit note, 3) physician's orders, and 4) applicable progress notes.

<b>NAME:</b>	<b>CASE #:</b>
<b>MEDICAID ID #:</b>	<b>CUSTODY:</b>
<b>ICD CODE #:</b>	

**ADMISSION/EXTENSION REQUIREMENT:** Level I: Patients must meet **ONE** Severity of Illness with **ALL** corresponding Intensities of Service. Level II: Patients must meet **TWO** Severities of Illness with **ALL** corresponding Intensities of Service. Level III: Patients must meet **THREE** Severities of Illness with **ALL** corresponding Intensities of Service.

### LEVEL I

(Must meet **one or more** Severities of Illness with the corresponding Intensities of Service)

#### Severity of Illness

- ☐ **1. Respiratory dysfunction** associated with the inability to maintain physiological ventilation or functional level without the need for mechanical support requiring **at least four** of the following Intensities of Service.

##### Intensity of Service

- ☐ **1a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress
- ☐ **1b.** Respiratory therapy requiring licensed respiratory therapist for observation, monitoring, and maintenance of mechanical ventilatory support
- ☐ **1c.** Use of continuous monitoring devices
- ☐ **1d.** Suctioning at least every two hours
- ☐ **1e.** Pulmonary hygiene with bronchodilators at least every six hours

**Specifics:** \_\_\_\_\_

#### Severity of Illness

- ☐ **2. Impaired integument** (i.e., infected and/or necrotic skin conditions, Stage III or IV decubiti, multiple decubiti, surgical wounds, or burns) requiring any **two or more** of the following Intensities of Service.

- ☐ **2a.** Complex dressing changes using aseptic technique with the application of topical medications every eight hours
- ☐ **2b.** IV or IM medications administered at least every eight hours or per therapeutic regime
- ☐ **2c.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **2d.** Daily whirlpool therapy
- ☐ **2e.** Wound management requiring 24-hour observation/monitoring and positioning every two hours by a licensed nurse
- ☐ **2f.** Wound debridement/dressing changes requiring IM or IV analgesic
- ☐ **2g.** Patient/family education related to initial phases of patient care
- ☐ **2h.** Hyperbaric oxygen or magnetic resonance therapy treatment at least daily

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **3. Unstable medical** condition requiring **at least three** of the following Intensities of Service.

**Intensity of Service**

- ☐ **3a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress, clinical complications, and/or cardiac signs and symptoms
- ☐ **3b.** IV or IM medications administered at least every eight hours or per therapeutic regime
- ☐ **3c.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **3d.** Use of continuous monitoring devices
- ☐ **3e.** Licensed respiratory therapist providing respiratory treatment at least every eight hours
- ☐ **3f.** Surgical and/or invasive procedure
- ☐ **3g.** Post-operative care with or without associated complications
- ☐ **3h.** IV fluids (other than “keep open”) and/or blood/blood component administration
- ☐ **3i.** Monitoring of **TWO** of the following every four hours:
  - ☐ **a.** VS – temperature, pulse, respirations, BP
  - ☐ **b.** Lab values/drug levels
  - ☐ **c.** Neurovital signs
  - ☐ **d.** Neurovascular checks – skin color, motor and sensory functions
  - ☐ **e.** Central pressure monitoring
  - ☐ **f.** Intake and output

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **4. Mobility/neurological/cognitive** impairment or rehabilitation condition (i.e., seizure, toxin exposure, head injury-trauma) not due to psychiatric disorder with documented potential for improvement which no longer would qualify for an acute rehabilitation program requiring **at least three** of the following Intensities of Service.

**Intensity of Service**

- ☐ **4a.** One hour of physical therapy per day at least five days per week
- ☐ **4b.** One hour of occupational therapy per day at least five days per week
- ☐ **4c.** One hour of speech pathology per day at least five days per week
- ☐ **4d.** Observation and monitoring by a licensed nurse
- ☐ **4e.** Specialized studies related to assessment and treatment of cognitive dysfunction

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **5. Infectious process** with the inability to perform ADLs requiring **at least two** of the following Intensities of Service.

**Intensity of Service**

- ☐ **5a.** IV or IM medications administered at least every eight hours or per therapeutic regime
- ☐ **5b.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **5c.** Category-specific isolation
- ☐ **5d.** Initiation of specialized treatment modalities, observation, and monitoring by licensed nurse

**LEVEL II**(Must meet **two or more** criteria from Severity of Illness with the corresponding Intensities of Service)**Severity of Illness**

- ☐ **1. Respiratory dysfunction** associated with the inability to maintain physiological ventilation or functional level and/or the inability to perform ADLs without the need for mechanical support requiring **at least three** of the following Intensities of Service.

**Intensity of Service**

- ☐ **1a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress
- ☐ **1b.** Respiratory therapy requiring licensed respiratory therapist for observation, monitoring, and maintenance of mechanical ventilatory support
- ☐ **1c.** Use of continuous monitoring devices
- ☐ **1d.** Suctioning at least every two hours
- ☐ **1e.** Pulmonary hygiene with bronchodilators at least every six hours

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **2. Mobility dysfunction** necessitating the initial phase of training in stump care requiring **all** of the following Intensities of Service.

**Intensity of Service**

- ☐ **2a.** One hour of rehabilitation therapy at least five days per week with established goals
- ☐ **2b.** 24-hour observation and monitoring by a licensed nurse
- ☐ **2c.** Patient/family education related to initial phases of patient care

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **3. Elimination dysfunction** secondary to neurological or surgical changes requiring **at least two** of the following Intensities of Service.

**Intensity of Service**

- ☐ **3a.** Intermittent catheterizations at least twice per day
- ☐ **3b.** Implementation and monitoring of specified medication regimens
- ☐ **3c.** 24-hour observation and monitoring by a licensed nurse
- ☐ **3d.** Initial stages of extensive bowel and bladder retraining
- ☐ **3e.** Initial instruction in self-care of an ostomy or suprapubic catheter, or patient/family education related to initial phases of patient care

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **4. Impaired Integument** (infected and/or necrotic skin conditions Stage III or IV decubiti, multiple decubiti, surgical wounds, or burns) requiring one of more of the following Intensities of Service.

**Intensity of Service**

- ☐ **4a.** Complex dressing changes using aseptic technique with application of topical medications every eight hours
- ☐ **4b.** IV or IM medications administered at least every eight hours or per therapeutic regime
- ☐ **4c.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **4d.** Daily whirlpool therapy
- ☐ **4e.** Wound management requiring 24-hour observation/monitoring and positioning every two hours by a licensed nurse
- ☐ **4f.** Wound debridement/dressing changes requiring IM or IV analgesic
- ☐ **4g.** Hyperbaric oxygen or magnetic resonance therapy treatment at least daily
- ☐ **4h.** Patient/family education related to initial phases of patient care

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **5. Mobility/neurological/cognitive** impairment or rehabilitation condition (i.e., seizure, toxin exposure, head injury-trauma) not due to psychiatric disorder associated with the inability to perform ADLs requiring the following Intensity of Service.

**Intensity of Service**

- ☐ **5a.** At least two hours of rehabilitation therapy per day at least five days per week with established goals

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **6. Inadequate maintenance of nutritional status** with potential for improvement or stabilization requiring **at least one** of the following Intensities of Service.

**Intensity of Service**

- ☐ **6a.** Parenteral hyperalimentation  
☐ **6b.** Dysphagia studies and treatment

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **7. Unstable medical condition** requiring **at least two** of the following Intensities of Service.

**Intensity of Service**

- ☐ **7a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress, clinical complications, and/or cardiac signs and symptoms  
☐ **7b.** IM or IV medications administration at least every eight hours or per therapeutic regime  
☐ **7c.** IM or IV antibiotics or antifungals per therapeutic regime  
☐ **7d.** Licensed respiratory therapist providing respiratory treatment at least every eight hours  
☐ **7e.** Use of intermittent monitoring devices  
☐ **7f.** IV fluids (other than "keep open") and/or blood/blood component administration  
☐ **7g.** Monitoring of **TWO** of the following every four hours:  
☐ **a.** VS – temperature, pulse, respirations, BP  
☐ **b.** Lab values/drug levels  
☐ **c.** Neurovital signs  
☐ **d.** Neurovascular checks – skin color, motor and sensory functions  
☐ **e.** Central pressure monitoring  
☐ **f.** Intake and output  
☐ **7h.** Surgical and/or invasive procedure or post-operative care with or without associated complications

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **8. Infectious process** requiring **at least one** of the following Intensities of Service.

**Intensity of Service**

- ☐ **8a.** IV or IM medications administered at least every eight hours or per therapeutic regime  
☐ **8b.** IM or IV antibiotics or antifungals per therapeutic regime  
☐ **8c.** Specialized treatment modalities, observation and monitoring by licensed nurse  
☐ **8d.** Categorical-specific isolation

**Specifics:** \_\_\_\_\_

**LEVEL III**(Must meet **three or more** criteria from Severity of Illness with the corresponding Intensity of Service)**Severity of Illness**

- ☐ **1. Respiratory dysfunction** associated with the inability to perform ADLs requiring **at least two** of the following Intensities of Service.

**Intensity of Service**

- ☐ **1a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress
- ☐ **1b.** Pulmonary hygiene with bronchodilators at least every six hours
- ☐ **1c.** Use of continuous monitoring devices
- ☐ **1d.** Suctioning at least every two hours
- ☐ **1e.** Licensed nursing and respiratory care education in self-care of a tracheostomy or other pulmonary related procedures, equipment, and treatments

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **2. Mobility dysfunction** necessitating the initial phase of training in stump care requiring **all** of the following Intensities of Service.

**Intensity of Service**

- ☐ **2a.** Two hours of rehabilitation therapy at least five days per week with established goals
- ☐ **2b.** 24-hour observation and monitoring by a licensed nurse
- ☐ **2c.** Patient/family education related to initial phases of patient care

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **3. Mobility dysfunction** necessitating training in the maintenance and use of prosthesis requiring **all** of the following Intensities of Service.

**Intensity of Service**

- ☐ **3a.** Two hours of rehabilitation therapy at least five days per week with established goals
- ☐ **3b.** 24-hour observation and monitoring by a licensed nurse
- ☐ **3c.** Patient/family education related to initial phases of patient care

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **4. Elimination dysfunction** secondary to neurological or surgical changes requiring **at least two** of the following Intensities of Service

**Intensity of Service**

- ☐ **4a.** Intermittent catheterizations at least twice per day
- ☐ **4b.** Implementation and monitoring of specified medication regimens
- ☐ **4c.** 24-hour observation and monitoring by a licensed nurse
- ☐ **4d.** Initial stages of extensive bowel and bladder retraining
- ☐ **4e.** Continued observation and education in self-care of an ostomy or suprapubic catheters, or patient/family education related to initial phases of patient care by a licensed nurse

Specifics: \_\_\_\_\_

**Severity of Illness**

- ☐ **5. Impaired Integument** (infected and/or necrotic skin conditions Stage III or IV decubiti, multiple decubiti, surgical wounds, or burns) requiring **at least two** or more of the following Intensities of Service.

**Intensity of Service**

- ☐ **5a.** Complex dressing changes using aseptic technique with the application of topical medications every eight hours
- ☐ **5b.** IV or IM medications administered at least every eight hours or per therapeutic regime
- ☐ **5c.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **5d.** Daily whirlpool therapy
- ☐ **5e.** Wound management requiring 24-hour observation/monitoring and positioning every two hours by a licensed nurse
- ☐ **5f.** Patient/family education related to initial phases of patient care
- ☐ **5g.** Hyperbaric oxygen or magnetic resonance therapy treatment at least daily

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **6. Unstable medical** condition requiring **at least two** of the following Intensities of Service.

**Intensity of Service**

- ☐ **6a.** Physician, licensed nurse, and/or licensed respiratory therapist providing observation and monitoring for respiratory distress, clinical complications, and/or cardiac signs and symptoms
- ☐ **6b.** IM or IV medications at least every eight hours or per therapeutic regime
- ☐ **6c.** IM or IV antibiotics or antifungals per therapeutic regime
- ☐ **6d.** Licensed respiratory therapist providing respiratory treatment at least every eight hours
- ☐ **6e.** Instruction in the use of medications and treatment with licensed nursing observation and monitoring
- ☐ **6f.** IV fluids (other than "keep open") and/or blood/blood component administration
- ☐ **6g.** Monitoring of **TWO** of the following every four hours:
  - ☐ **a.** VS – temperature, pulse, respirations, BP
  - ☐ **b.** Lab values/drug levels
  - ☐ **c.** Neurovital signs
  - ☐ **d.** Neurovascular checks – skin color, motor and sensory functions
  - ☐ **e.** Central pressure monitoring
  - ☐ **f.** Intake and output
- ☐ **6h.** Surgical and/or invasive procedure or post-operative care with or without associated complications

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **7. Mobility/neurological/cognitive** impairment or rehabilitation condition (i.e., seizure, toxin exposure, head injury-trauma) not due to psychiatric disorder associated with the inability to perform ADLs requiring the following intensity of service.

**Intensity of service**

- ☐ **7a.** One hour of rehabilitation therapy per day at least five days per week with established goals to include at least one hour of physical therapy

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **8. Inadequate maintenance of nutritional status** with the potential for improvement or stabilization requiring at least **one** of the following Intensities of Service.

**Intensity of Service**

- ☐ **8a.** IV fluids other than a “keep open” rate  
☐ **8b.** Initiation and/or stabilization of enteral feedings  
☐ **8c.** Assessment of nutritional status, initiation and/or stabilization of a special diet by a multidisciplinary team of licensed professionals

**Specifics:** \_\_\_\_\_

**Severity of Illness**

- ☐ **9. Infectious process** requiring **one** of the following Intensities of Service.

**Intensity of Service**

- ☐ **9a.** IM or IV medications at least every eight hours or per therapeutic regime  
☐ **9b.** IM or IV antibiotics or antifungals per therapeutic regime  
☐ **9c.** Specialized treatment modalities

**Specifics:** \_\_\_\_\_

**EXCLUSIONARY CRITERIA**

If patient meets **one or more** of the following criteria, continued stay of care is denied.

- ☐ **1.** Patient does not require 24-hour physician coverage (can include physical medicine and rehabilitation specialist)  
☐ **2.** Patient requires custodial services  
☐ **3.** Patient could be treated on an outpatient basis or lower level of care (rehab services three times per week or less to achieve optimal level of functioning)  
☐ **4.** Patient is unstable for transfer, in which transfer could result in further deterioration or death  
☐ **5.** Patient is terminally ill with less than six-month survival rate and has requested no medical intervention for the disease process  
☐ **6.** Patient has severe neurobehavioral disorder requiring a locked ward or specialized treatment team (i.e., Alzheimer’s Disease, s/p head injury or toxin exposure).

**DISCHARGE CRITERIA**

Patient must meet **at least one** to be released.

- ☐ **1.** Patient refuses further treatment  
☐ **2.** Patient’s clinical condition remains stable and functional status remains unchanged for 21 days  
☐ **3.** Patient and/or family members demonstrate ability to care for patient’s physical/medical home care regime  
☐ **4.** Documented evidence by physical therapy, speech therapy, and occupational therapy that the patient has reached maximum hospital benefit with no potential for further improvement  
☐ **5.** Documented evidence that the patient has achieved stated goals  
☐ **6.** Documented evidence of no change in pulmonary condition, mechanical ventilator parameters stabilized within a safe and appropriate range, and there is no potential for further improvement  
☐ **A.** FiO<sub>2</sub> of 28% or less for 14 days  
☐ **B.** Absence of pressure support of greater than 5 cm for 30 days  
☐ **C.** No changes in ventilator parameters for 30 days  
☐ **D.** No incidence of mucus plugging or other untoward complications for 30 days  
☐ **E.** No introduction of respiratory depressant medications within 14 days  
☐ **7.** Documented evidence that an adequate less intense level of care is available