

AT-A-GLANCE: S.1486

Proposed Patient Criteria

Preadmission Screenings. LTCH preadmission screenings must:

- Follow a standardized process; **and**
- Be conducted by a licensed or certified clinician; **and**
- Occur within 48 hours preceding admissionⁱ; **and**
- Include eight specified elementsⁱⁱ; **and**
- A physician must review and concur with the preadmission screen prior to LTCH admission.

Physician Attestation. Within 24-hours of admission, for patients meeting these criteria, an LTCH physician must attest to the reasonable expectation that the patient:

- Needs hospital-level care; **and**
- Has two or more secondary diagnoses; **and**
- Is expected to benefit from an LTCH program of care; **and**
- Is expected to need an extended stay typical of LTCH setting; **and**
- Intensive therapyⁱⁱⁱ is not the primary purpose for admission.

Continuing Stay Assessment. By Day 7 of each admission, the treating physician must examine the patient to validate whether the patient continues to need hospital level care. Continuing stay assessments will also be conducted on a weekly basis thereafter.

LTCH patients who cease to need hospital level care will be discharged if a safe and appropriate discharge option is available.

LTCH patients who cease to need hospital level care, but lack a safe and appropriate discharge option, may remain in the LTCH if notified that they no longer meet Medicare criteria for hospital-level care, and the LTCH continues to actively seek a safe and appropriate discharge option. If both conditions are met, further LTCH days will be paid the lower of cost or the LTCH PPS rate, and shall count in the 25-day calculation.

Proposed Facility Criteria

Program of Care Requirements. LTCHs must:

- Satisfy the Medicare hospital conditions of participation; **and**
- Provide the following services:
 - Complex respiratory services, **and**
 - Complex wound services, **and**
 - Services for medically complex patients; **and**
 - ACLS response provided by certified clinicians.

Patient Care Requirements

- During the first 24 hours, an LTCH physician must examine each patient. If the patient meets the five patient criteria, the patient's LTCH stay proceeds and the physician begins developing the plan of care ; **and**
- Within 7 days, the physician-led interdisciplinary team must establish an individualized plan of care, which shall be updated through weekly team meetings; **and**
- LTCH physician care must be available within 30 minutes (60 minutes for rural LTCHs). If this standard not met, must notify patients upon admission; **and**
- LTCHs must provide 24-hour RN-level nursing.

No Change to Average Length of Stay Requirement

This proposal does not modify the existing LTCH requirement for an average length of stay of greater than 25 days.

Proposed Retrospective Facility Criteria

LTCH "70% Rule". To retain payment classification as an LTCH, 70 percent of LTCH cases from a prior 12-month period must meet any of these criteria:

- LTCH case had 3 or more MS-LTC-DRG CC/MCCs; **or**
- LTCH case had a LOS of 25 days or greater; **or**
- Patient received ventilator care in the LTCH; **or**
- LTCH case was a STACH Outlier.

The proposed "70% Rule" would be phased in over a three-year period. Government-owned LTCHs would have a four-year phase-in.

AT-A-GLANCE: S.1486

ⁱ If the preadmission screen occurs earlier than 48 prior to admission, the screen must be updated via telephone during the 48-hour window.

ⁱⁱ The preadmission screen must include the following elements: medical status of the patient; expected level of improvement if admitted to an LTCH; expected LTCH length of stay needed to achieve care goals; an evaluation of the patient's risk for clinical complications; the primary and secondary diagnoses that caused the need for LTCH care; the treatments needed in the LTCH; the anticipated post-LTCH discharge destination and treatments; and other information relevant to the patient's clinical needs.

ⁱⁱⁱ "Intensive therapy" is generally three hours of therapy a day, five days a week, per the Medicare guidelines for inpatient rehabilitation facilities. Intensive therapy includes physical, speech, and occupational therapy.