

Recognizing the differences between Skilled and non-Skilled Care

Medicare Matters

By: Robin A Bleier, RN, HCRM
RB Health Partners, Inc.

Robin is the FHCA Certificate Program Instructor. Classes can be found at www.fhca.org or email robin@rbhealthpartners.com.

The purpose of this article is to take a look at Skilled Care v. Non-Skilled also called Custodial Care. As we all look deeper into our Medicare programs, work through ZPIC (zone program integrity contractors) and other audits, the question of skilled care and medical necessity for Medicare Part A and Part B claims is being firmly evaluated.

Thus a few questions:

- Have you looked at your program lately is asked?
- What is Skilled Care?

Skilled care is defined as:

1. care and services that is physician prescribed, given in the appropriate setting to deliver the necessary level of care which requires licensed medical professionals.
2. the licensed medical professionals may provide the services and or supervise the services being given.
3. services which are deemed medically necessary when provided to improve the quality of health care of patients or to maintain or stave off or slow down the decompensation of a patient's condition (may include including palliative treatment).
4. the desired results of the care, services, and supplies is clearly identified in an evaluation of the patient's status and documented to include a written plan of care which has been and continues to be approved by the patients Physician.

How to identify Non-Skilled Care?

Non-Skilled Care also called Custodial Care is the provision of care, services, and supplies that can be given safely and reasonably by individuals who are neither skilled nor licensed medical personnel.

When the Non-Skilled Patient has Skilled needs consider:

Can a patient who is not skilled have skilled care needs?

If the answer is YES, remember that a patient may have skilled and non-skilled or custodial needs at the same time.

In these circumstances, simply those care, services, and supplies provided in connection with the skilled care are to be considered as such.

Examples of such cases Includes but is not limited to:

- physician prescribed orders for evaluation(s), rehabilitation services,
- identification of therapeutic goals which includes the frequency of treatment,
- identification of restoration expectations within reasonably predictable time frames (these can change and often do),
- ongoing Physician re-evaluation of medical necessity,
- establishment of maintenance, palliative relief, or to stave off or slowing of
- decompensation in a patient's status, etc.

Determinations of the medical necessity of skilled care based on the applicable standard of care.

Take a Systematic Approach

Successful facilities and organizations employ a systematic approach to their skilled care programs. In their system they have routinely scheduled checks and balances which is becoming more important than ever. Such. He is and balances are geared to monitor compliance to each piece of creating the Medicare claim To include but may not be limited to:

- A. Affirming primary and secondary diagnosis.
 - B. Ensuring Physician Orders.
 - C. Confirming appropriate evaluations have been completed
 - D. Recognizing the clinical non-rehabilitative skill from admission until the end of the claim.
 - E. Ongoing documentation demonstrating medical necessity.
 - F. Demonstrating the level of care within the signed treatment plans.
 - G. Inspecting what is expected such as coding on the minimum data set (MDS) for the Medicare assessment (as well as OBRA assessments) is reflected in the clinical record during the assessment referencing date (ARD).
 - H. Reviewing processes such as Triple or Quad check is interdisciplinary and includes nursing, rehabilitation, social services, billing, and administration. I.
- Evaluating the nursing documentation system to assure that the clinical services related to the skill is demonstrated in the record daily and includes the response to the treatment or modality not just that it occurred.

In summary, as our profession takes our next steps, works through audit processes, we can become victims or victors. The Administrative Nurse has a large ability to impact and positively make a firm imprint on their facility program. Supporting your facility to take a pro-active stance to implement systematic processes is a very important step. Once this step has been taken, then to evaluate the programs for its effectiveness preferably proactively.

Robin Bleier can be contacted for questions concerning this article, your facility Skilled Care/Medicare program, or about consulting services at robin@rbhealthpartners.com or call 727.786.3032.