Alternate Level of Care Guidelines

The Alternate Level of Care (ALOC) Guidelines are intended to assist the reviewer in identifying the next safest and appropriate level of care options. They allow the reviewer to compare the differences between the levels of care and are not meant to take the place of criteria. It may be appropriate to discharge the patient to other levels of care not identified in these guidelines (e.g., assisted living, long-term care).

The process for using these Guidelines are:
1. Identify the time frame (e.g., onset within last 24h) of the patient’s illness / injury / surgery.
2. Determine the eligible level(s) of care based on the patient stability, proposed services, safety issues, and other care requirements as outlined in the ALOC Guidelines.
3. Discharge to the proposed level, if available, once an alternate level of care is identified.
4. Finalize the level of care determination which requires a return to the criteria that covers that level and application of the appropriate SI / IS criteria.
## Critical

**Illness / Injury / Surgery**
- Onset within last 24h
- Reasonable expectation for patient to stabilize with high tech critical care

**Hemodynamic instability (actual / potential)**
- Medical / Cardiac / Respiratory insufficiency
  - Surgery
    - Pre-op transplant / trauma / surgery
    - Post-op complications

**Interventions / Procedures / Medications requiring monitoring / titration at least every 1-2h**
- Acute intubation
- Initial ventilator weaning
- Invasive monitoring (Hemodynamic / ICP)
- Mechanical ventilation
- Urgent cardioversion
- Urgent pacemaker insertion

## Intermediate

**Illness / Injury / Surgery**
- Onset within last 24h
- Hemodynamic stability

**Interventions / Procedures / Medications requiring monitoring / titration at least every 2-4h**
- Continuous mechanical ventilation with stable ABGs
- Continuous cardiac monitoring
- Extended ventilator weaning
- Neurological assessment
- Post-op / Post-trauma and potential for instability

## Acute

**Illness / Injury / Surgery**
- Onset within last 1 wk
- Hemodynamic stability

**Interventions / Procedures / Medications requiring monitoring at least every 4-8h**
- Designated inpatient post surgical care
- Detoxification management and high risk for severe withdrawal syndrome
- IV medications for initial therapy
- Post critical care
- Post ventilator weaning

## Observation Status

**Illness / Injury / Surgery**
- Onset within last 24h
- Hemodynamic stability

- Reasonable expectation that duration of assessment / interventions will be 6-24h

**Interventions / Procedures requiring observation ≥ 6h and ≤ 24h**
- Assessment / Medications for symptoms unresponsive to at least 4h ER treatment
- Complications of ambulatory surgery / procedure
- Psychiatric crisis intervention / stabilization

## Long-Term Acute Care

Medical / Respiratory needs dominate reason for admission
- Acute and comorbid condition(s) requiring prolonged hospitalization
- Medical practitioner assessment / intervention daily
- Respiratory therapy interventions ≥ 3x/24h
- Skilled nursing services ≥ 6.5h/24h

In lieu of Acute / Continued hospitalization / Failed lower level of care
- Primary condition / illness and treatment of active comorbid condition(s) / functional impairment
- Ventilator dependent ≥ 6h/d and weaning planned

## Acute Rehabilitation

Rehab illness / injury / exacerbation / surgery ≤ 30d / Discharged from inpatient facility

Comprehensive rehabilitation as reason for admission requiring therapy
- Able to tolerate ≥ 3h/d of therapy ≥ 5d/wk
- ≥ 2 disciplines
- Rehabilitation nursing available 24h/d
- Rehabilitation medical practitioner provides assessment / oversight and program coordination at least 3x/wk / daily based on clinical stability
- Specialized therapeutic skills / equipment required
**SUBACUTE REHABILITATION**

Rehab illness / injury / exacerbation / surgery ≤ 30d

Rehabilitation as reason for admission requiring therapy
- Able to tolerate 2-3h/d of therapy ≥ 5d/wk
- 2 disciplines
- Medical practitioner / NP / PA assessment / oversight ≥ 3x/wk
- Skilled nursing at least daily

**SUBACUTE THERAPY (LEVEL II, III)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility

Therapy needs dominate reason for admission
- Able to tolerate 2-3h/d of therapy ≥ 5d/wk
- ≥ 1 discipline
- Medical practitioner / NP / PA assessment / oversight ≥ 2x/wk
- Skilled nursing at least daily

**SKILLED THERAPY (LEVEL I)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility

Therapy needs dominate reason for admission
- Able to tolerate 1-2h/d of therapy ≥ 5d/wk
- Medical practitioner / NP / PA assessment / oversight ≥ 1x/wk
- Skilled nursing at least daily

**SUBACUTE MEDICAL (LEVEL II, III)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility

Medical needs dominate reason for admission
- Medical practitioner / NP / PA assessment / oversight ≥ 3x/wk
- Skilled nursing ≥ 4h/24h
- Chest tube management
- Chronic / Long-term ventilator management
- Daily / QOD transfusions (blood products)
- Nursing interventions / assessment ≥ 3x/24h
- Medications, multiple / single IV medication ≥ 3x/24h
- TPN / PPN (initial)

**SKILLED MEDICAL (LEVEL I)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility

Medical needs dominate reason for admission
- Medical practitioner / NP / PA assessment / oversight ≥ 1x/wk
- Skilled nursing at least daily
- New enteral feeding management
- Nursing interventions / assessment 1-2x/24h
- Medications IV / IM ≥ 2x/24h
- Patient / Caregiver education

**HOME CARE**

Clinical presentation
- Chronic disease requiring disease management program
- Discharge from inpatient facility
- End stage disease / Hospice / Palliative care
- Illness / Injury / Surgery ≤ 30d
- Psychiatric / Substance use symptoms / behavior

Care required in the home setting
- Home environment is safe and can be modified for home care requirements
- Homebound
- In lieu of facility-based care
- OP management contraindicated / unavailable
- Patient / Caregiver willing / able to learn care needs

Medical practitioner orders / approves plan of care at least every 60d

Skilled services
- Behavioral health
- Skilled nursing
- Skilled therapy (PT / OT / SLP)
- Paraprofessional

**HOME / OP**

Clinically stable and nutritional route established

Home environment is safe / accessible

Follow-up care planned w/in 30d with medical practitioner / NP / PA / other healthcare provider(s)

Skilled / Unskilled care needs manageable at home / OP setting

Patient / Primary caregiver demonstrates ability to manage care needs
**BEHAVIORAL HEALTH**

- Psychiatric / Substance use symptoms / behavior
  - New presentation / Exacerbation (G80)
  - Medically stable (G70)
- Program / Intervention (G13)
  - Inpatient / Observation
    - Onset of symptoms w/in last 48h
    - Support system unable to ensure safety (18, 19)
    - Nursing assessment / monitoring / observation 24h/d
    - Psychiatric evaluation daily
    - Individual / Group / Family therapy at least 1x/d
  - Partial Hospital
    - Onset of symptoms / behavior w/in last wk
    - Clinical assessment at least 1x/d
    - Individual / Group / Family therapy at least 4x/d, ≥ 3x/wk
    - Psychiatric / Medication evaluation at least 1x/wk
  - Intensive Outpatient
    - Onset of symptoms / behavior w/in last wk
    - Individual / Group / Family therapy at least 2x/wk
    - Psychiatric / Medication evaluation as needed
1: Examples of procedures that would require monitoring at least every one to two hours include: balloon tamponade, active rewarming, invasive monitoring (hemodynamic or ICP), and induced therapeutic coma. This list is not intended to be all-inclusive. It is intended to present examples of the types of procedures that would qualify at this level.

2: Interventions would include:
   - IV medications
   - ABGs or Oximetry
   - Suctioning
   - Neurological or Vital sign assessment
   - Fluid replacement for oliguria or anuria
   - Complex wound care

3: Invasive hemodynamic monitoring includes at least one of the following methods of assessment: arterial line, PA catheter, or Swan-Ganz.

4: Cardioversion is considered to be urgent when it is required within four hours of arrival to the facility.

5: The insertion of a pacemaker (either temporary or permanent) is considered to be urgent when it is required within four hours of arrival at the facility.

6: Examples of procedures at the acute level requiring inpatient hospitalization include: intrauterine or fetal monitoring, isolation, pericardiocentesis, plasmapheresis (for acute exacerbation or disease), or radiotherapy requiring isolation. This list is not all-inclusive. It is intended to present examples of the types of procedures that would qualify at this level.

7: Instruction: Initial refers to the first time a medication or treatment is utilized. If the medication or treatment is temporarily discontinued up to 24 hours (therapeutic pause) it is still considered initial. If a tolerated medication or treatment is discontinued for more than 24 hours and then restarted; it is not considered initial.

8: Examples of procedures requiring observation greater than six hours include: thoracentesis, repeat lumbar puncture, percutaneous umbilical blood sampling, and intrauterine or fetal monitoring. This list is not intended to be all-inclusive. It is intended to present examples of the types of procedures that would qualify at this level.

9: Psychiatric crisis intervention and stabilization includes:
   - Establishing a safety plan including removing weapons or access to drugs from the home or work setting
   - Obtaining information from collateral sources (e.g., prior ED visit records, current or former treaters, PCP, family, significant others, law enforcement)
   - Formulating and implementing both treatment and discharge plans
   - Identifying and involving the patient and patient’s support system in the treatment and discharge plan

10: Instruction: Long-Term Acute Care is a recognized level of care designation by the Centers for Medicare and Medicaid Services (CMS) for acute care hospitals. It is defined by federal statutes as a level of care for patients requiring an average length of stay of 25 days or more. Patients who require a short stay for treatment may be more appropriate for the subacute or SNF level of care.

11: Comorbid conditions include: increasing or new onset behavioral symptoms, HF and NYHA class III / IV, COPD and elevated respiratory rate, diabetes, DVT, functional impairments requiring at least minimum or limited assistance, hepatic insufficiency, encephalopathy stage II or III, immunocompromised, malignant or end-stage disease, malnutrition, renal insufficiency or ESRD, systemic infection, ventilator dependent, NIPPV, or respiratory insufficiency.
12: **Instruction:** These criteria require the reviewer to select a primary condition or treatment, in addition to the selection of criteria, for two comorbid conditions or treatments. The comorbid condition(s) can only be selected when they affect the patient’s medical status necessitating skilled assessment, active medical treatment (including psychiatric consultation, if appropriate), and intervention during the LTAC stay. Treatment with maintenance therapy would not meet this criteria. For both the SI and IS criteria, duplication of selected criteria cannot occur between the primary and comorbid condition or interventions. The following examples explain these criteria rules:

- If the patient is admitted with COPD as their primary diagnosis, then selection of SI comorbid criteria "COPD and respiratory rate 24-30/min" is not allowed.
- If the reviewer selects chest physiotherapy under the "Primary treatment / intervention" criteria, then selection of chest physiotherapy in the IS "Concomitant medications / interventions" criteria is not allowed.

13: A patient may be ventilator dependent due to respiratory insufficiency caused by many medical conditions, which may include:

- Cardiovascular disorders such as acquired or congenital heart diseases
- Central nervous system disorders - spinal cord injuries, central nervous system trauma, Arnold-Chiari malformation, cerebrovascular disorders, and myelomeningocele
- Complications of acute lung injury - Acute respiratory distress syndrome (ARDS), chest trauma, aspiration injury, smoke inhalation or airway burns
- Neuromuscular disorders - Guillain-Barre syndrome, Amyotrophic Lateral Sclerosis (ALS), myasthenia gravis, phrenic nerve paralysis, muscular dystrophies, and polio or post-polio sequelae
- Respiratory disorders - COPD, asthma, cystic fibrosis, pneumonia complications, tracheomalacia, pulmonary fibrotic diseases, pleural effusion
- Skeletal or pleural and chest wall disorders - kyphoscoliosis, thoracic wall deformities, and thoracoplasty
- Pre or Post lung transplant

14: **Instruction:** The 30-day time frame begins from the onset of any of the following: illness, injury, or exacerbation, the day of surgery, or the day treatment or revised treatment is begun. When the patient meets the Severity of Illness criteria, direct admissions to this level of care may occur from a variety of settings including the medical practitioner’s office, emergency room, urgent care center, or acute care setting.

15: Specialized therapeutic skills refer to rehab services provided by therapists with extensive expertise and/or professional education/training in the care of patients with physical and cognitive disabilities. Therapeutic skills may include custom splinting, therapeutic exercise programs, prosthetic knowledge and training skills.

16: Specialized equipment may include mechanical ventilation, cardiac monitoring capabilities, specialized turning frames or beds, or tilt-tables, etc. Equipment procurement as well as patient and/or caregiver instruction may preclude treatment in an alternate level of care until such time the equipment is no longer part of the plan of care or demonstration of proficiency with the equipment is documented.

17: **Instruction:** When the illness, injury or surgery is similar between levels of care (e.g., CVA, major joint replacement, malignant or metastatic disease excluding end-stage), the "Able to tolerate..." criteria will differentiate which patients require an acute rehab program from those who would be more appropriate for a subacute rehab program.

18: Unable to ensure safety refers to acute psychiatric symptoms or behaviors (e.g., suicide attempt, command hallucinations with direction to harm self or others, or catatonia) that endanger the patient or others, or that result in severe functional impairment and are (Note continued on next page)
unresponsive to interventions by a support system to maintain the patient at a less intensive level of care.

**19:** Support system includes social, emotional, caregiving, or environmental resources that can provide empathy, structure, oversight, or tangible aids such as goods, services, and housing:
- Formal supports consist of social welfare, social service, and health care delivery providers or agencies.
- Informal supports include family, friends, clergy, sponsors, church groups, neighborhood organizations, clubs, and self-help groups.