

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

MEDICARE GUIDELINES

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



Long-Term Acute Care Hospital (LTACH) ▼	Inpatient Rehabilitation Hospital (IRF) ▼	Skilled Nursing Facility (SNF) ▼
PATIENT		
☐ Has a diagnosis and an established plan of care ☐ Has chronic, severe illness (i.e., multi-system failure, trauma, post-trauma, complex wound care, respiratory needs such as high-flow O₂, BiPAP, vent weaning) ☐ Requires services beyond SNF or IRF capabilities ☐ Needs ICU level or critical care level of care (e.g., management of drips) ☐ Requires daily physician oversight, such as multiple consults, daily labs and/or telemetry	☐ Needs daily medical management of primary conditions, co-morbidities and prevention of secondary complications ☐ Needs intensive and coordinated interdisciplinary approach from a minimum of 2 therapies (a combination of physical therapy, occupational therapy and/or speech therapy) ☐ Has a reasonable expectation of benefiting from intensive rehab and making measurable improvement	SNF – Higher Level of Care (skilled or sub-acute) ☐ Requires respiratory support, such as vent/trach or high-flow O₂ ☐ Needs a non-invasive positive pressure vent ☐ Needs wound care provided by a provider with wound team certification ☐ Has end-stage renal disease SNF – Lower Level of Care (Patients with skilled need or long-term care patients) ☐ Needs skilled nursing or therapy staff to treat, manage, observe and evaluate care
REQUIRED LEVEL OF REHAB ▼		
No minimum level of rehab required; based on medical condition and patient tolerance	3 hours per day, consisting of a minimum of 2 therapies (a combination of physical therapy, occupational therapy and/or speech therapy)	Based on medical condition and available therapists at facility
PHYSICIAN OVERSIGHT REQUIRED ▼		
Daily	Daily supervision by a rehabilitation physician; physician/patient visits at least 3 days a week	Minimum of once every 30 days
RANGE OF PHYSICIAN SPECIALTIES ▼		
Attending physician plus specialists (e.g., consulting pulmonary, kidney, cardiologist, neurologist, infectious disease, wound, physical medicine, critical care, neuropsychology and rehab)	Attending physician plus specialists (e.g., internal medicine, kidney, pulmonary, cardiology, neurology, infectious disease, wound, neuropsychology, psychiatry and critical care)	Internal medicine (check facility for additional physician specialties)
LEVEL OF CARE ▼		
Acute or intensive care unit (ICU); (not all LTACHs have an ICU)	Acute hospital-level care with a focus on functional rehab and medical management; hospital may have disease-specific certifications	Higher level of care: Skilled or sub-acute Lower level of care: Patients with skilled need or long-term care patients