

Criteria for LOC Decisions

The following examples of clinical indications for the different levels of care are listed; the patient’s overall medical status and functional limitations should be considered when determining the appropriate level of care.

CLINICAL INDICATIONS FOR LEVEL OF CARE

TYPE	ACUTE M.D. Daily Visits	SUBACUTE* 24-hour RN Oversight Required	SNF Professional Nurse Daily Assessment RESTORATIVE CARE	ICF** Professional Nurse Daily Assessment MAINTENANCE CARE
Ostomy care	Initial teaching of ostomy care; operative admission; irrigation initiated.	Does not qualify.	Uncomplicated ostomy care does not qualify.	Maintenance care.
IV Therapy	Adjunct therapy.	IV Therapy (continuous): Administration of therapeutic agents or hydration thru a peripheral or central line or both and total skilled nursing needs are at least 4 hours per day. IV Therapy (intermittent): Administration of therapeutic agents at least once a shift (8 hours). Therapeutic agents include antibiotics, non-vesicant oncology chemotherapy, and analgesics and total skilled nursing needs are at least 4 hours per day.	IV is intermittent and given for hydration to restore fluid and electrolyte balance (potassium, vitamins, etc.) IV administration of therapeutic agents, including antibiotics, non-vesicant oncology chemotherapy, and analgesics at least once a day.	Not appropriate.
Total Parenteral Nutrition (TPN)	Initial administration; adjunct therapy.	Not appropriate.	Intermittent or continuous.	Not appropriate.
Chemotherapy	24 hr infusion or observation.	Infusion more than 4 hours, RN supervision for 4 hours per day.	Short term infusion less than 4 hours or PO, RN supervision.	Not appropriate.
Radiation therapy	Initial treatments (daily for 1 week) in debilitated patients.	Daily treatments in patients and total skilled nursing needs are at least 4 hours per day.	Daily treatments in patients requiring RN supervision.	Occasionally appropriate.
Decubitus care/Wound care	For Graft or Surgical debridement; Aggressive therapy both surgical and intravenous antibiotics.	1) Complex skilled wound care, such as debridement, packing, medicated irrigation with or without whirlpool treatment, with 2) Aseptic dressing changes, skilled management of extensive (Stage III) decubitus ulcers, or wound infection, and total skilled nursing needs are at least 4 hours per day.	Complex wound care involving daily skilled nursing assessment and daily complex intervention(s) such as wound debridement, soaks, irrigation, whirlpool, packing, and/or complex dressing changes requiring sterile (aseptic) technique. Wound vacuum therapy that requires dressing changes and skilled nursing assessment every 1-3 days and daily monitoring for signs and symptoms of complications.	Wound care that is not complex, such as dressing changes requiring CLEAN technique, wet to dry dressings, dry dressings, occlusive dressings.
TUBE FEEDING				
Enteral feedings with J-tube or NG tube for nutritional needs, hydration and/or medication	Initial acute care and initial teaching.	Requires at least 4 hours of skilled nursing care daily.	1) Appropriate if the patient is on continuous pump feeds or there is a history of aspiration pneumonia in past	Appropriate for patients with no history of aspiration pneumonia on NG/GT feedings and patients who are stable on chronic,

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administration.			<p>12 months or history of multiple episodes of aspiration pneumonia while on NG tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new NG feeders, until stabilized.</p> <p>2) Appropriate if the patient is on continuous pump feeds or there is a history of aspiration pneumonia in past 12 months or history of multiple episodes of aspiration pneumonia while on GT tube feedings or if patient requires specific skilled nursing services to prevent aspiration. Also appropriate for new GT feeders, until stabilized.</p>	<p>bolus feedings (pump or gravity) on stable schedule.</p> <p>Appropriate for patients who are able to self-administer and capable of learning and performing aspiration precautions.</p>
Intermittent Bladder Catheterization (Ex., neurogenic bladder, urinary retention).	Adjunct to care.	Not appropriate.	Appropriate if required at least once each shift; patient unable to do own catheterization; catheterization required to be done by a professional nurse.	Appropriate when done by patient or when a professional nurse does not need to perform this service.
Mechanical Ventilation	Acute care requiring daily M.D. monitoring and R.N. care.	<ol style="list-style-type: none"> 1) Continuous (Level I) 2) Less than 50% per day (Level II) and in combination with trach care, suctioning, and inhalation treatment with or without oxygen at least once per shift (8 hours). 	Not appropriate	Not appropriate
PULMONARY CARE 1) Tracheostomy Care	1) Newly created; adjunct to care.	<ol style="list-style-type: none"> 1) Trach care with suctioning at least every 1 to 2 hours. 2) Trach, bed-bound, and receiving hemodialysis. 3) Trach with suctioning at least once per shift (8 hours) and the patient is morbidly obese. 4) Trach with suctioning at least once per shift (8 hours) and the patient requires wound care for multiple Stage II or higher wounds. 5) Trach care with suctioning at least once per shift (8 hours) and total skilled nursing needs are at least 4 hours per day. 	1) Requires suctioning at least four (4) times during a 24 hr period not purely routine and skilled nursing assessment at least once per shift (8 hours).*	1) Maintenance with prn suctioning or self suctioning.

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2) Nasopharyngeal suction	2) Adjunct to care.	2) Requires suctioning at least every 1 to 2 hours and total skilled nursing needs are at least 4 hours per day.	2) Requires suctioning at least four (4) times during a 24 hr period and skilled nursing assessment at least once a shift (8 hours).*	2) Suctioning less than once a shift or prn with/without skilled nursing assessment each shift.
3) Respiratory Treatment/Inhaled Updraft Medications	3) Initiation of treatment, esp. during acute exacerbations: medically unstable.	3) Medically justified as needed more than once per shift, pt. incapable of correct self-administration; pulmonary patient who requires skilled assessment more than once per shift and total skilled nursing needs are at least 4 hours per day.	3) Medically justified as needed at least four (4) times during a 24 hr period, pt. incapable of correct self-administration and requires skilled nursing assessment at least once per shift (8 hours).* *Patients require one type of the above respiratory services or a combination of services four (4) or more times during a 24-hour period (example: nasopharyngeal suctioning BID and nebulized treatment BID).	3) Updraft/bronchodilators via nebulizer less than once a shift or prn with/without skilled nursing assessment each shift.
Rehabilitation Therapy Services (Physical Therapy, Speech Therapy; for occupational therapy see below).	Initial treatment(s) following surgery or neurological impairment (generally 1 week or less).	Not applicable.	DAILY planned, progressive program with documented short and long term attainable goals require services of therapist to increase functional ability; must be a restorative program. Patient must be participating in PT and/or ST at least 45 minutes per day, 5 days per week. Participation minutes cannot be combined across therapies.	Maintenance, non-restorative nonprogressive program to prevent loss of function.
Occupational Therapy (OT).	Adjunct therapy.	Not applicable.	May qualify if this is the only restorative service and it is done daily. Patient must be participating in OT at least 45 minutes per day, 5 days per week. Participation minutes cannot be combined across therapies.	Appropriate for recreational OT and/or fabrication or modification of <u>maintenance</u> splints for contractures.
ADL Ability (Activities of Daily Living).	No bearing.	No bearing.	No bearing.	Basis of placement between ICF and lower levels of care; ICF care covers incontinent and totally dependent patients, or patients who need significant assistance with ADLs.
Medication (Also, see <i>insulin</i>).	Not appropriate, if P.O. meds are the only treatment or skilled care need.	Requires total skilled nursing at least 4 hours per day.	Monitoring and adjusting meds, including oral types. IV administration of therapeutic agents, including antibiotics, non-vesicant oncology chemotherapy, and analgesics at least once a day (including IV pumps and PCA pumps). IM and SQ may be appropriate depending on frequency and acuity of patient.	Regimen of p.o. medications, regimen of maintenance medication p. o., IM, or SQ oral; IM or SQ may be appropriate depending on frequency.
Insulin.	Initiating administration; uncontrolled	Diabetes is unstable and patient requires	Qualifies if diabetes is unstable due to an	Routine administration of one or more

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	status adjunct to treatment.	blood glucose monitoring and/or sliding scale insulin (SSI) and total skilled nursing needs are at least 4 hours per day.	acute illness in which the short term use of blood glucose monitoring and/or sliding scale insulin (SSI) is needed or the longer term use of blood glucose monitoring and/or SSI if diabetes is relatively unstable AND the physician is adjusting insulin.	doses of insulin per day and/or chronic use of blood sugar monitoring and/or SSI if blood sugars are relatively stable and routine insulin dose is not being frequently adjusted by the physician.
Vital Signs.	As required to evaluate total clinical picture and prompt physician directed intervention.	Requires total skilled nursing at least 4 hours per day.	For increased medical monitoring of an acute illness or exacerbation of chronic illness requiring skilled nursing observation at least once a shift, ordered by a physician as part of an active treatment plan for at least 72 hours and ONLY with active physician involvement to avoid acute hospitalization in patients whose level of care is normally ICF and who will return to ICF within 24 hours after increased medical monitoring and active physician involvement ceases.	Routine assessment, no anticipated interventions.
Heat Treatment.	Adjunct care.	Part of active treatment plan, requires skilled observation and evaluation by R.N. and total skilled nursing needs are at least 4 hours per day.	Part of active treatment plan, requires skilled observation and evaluation by R.N.	For comfort and palliation, maintenance.
Medical Gases (Oxygen).	Adjunct care.	Initial phases involving, O ₂ bronchodilators, etc. and total skilled nursing needs are at least 4 hours per day.	Initial phases involving titration of O ₂ Approvable up to 3 days with documentation of physician orders to titrate.	After initial phase and teaching of the patient to institute O ₂ therapy, maintenance O ₂ and self-administered O ₂ are appropriate (stable patients may qualify for care home residency or residency in foster care homes).
Renal Dialysis (Hemodialysis and peritoneal dialysis performed at Dialysis Facilities).	Appropriate for acute medical problems and complications.	1) Appropriate for complicating problems and total skilled nursing needs are at least 4 hours per day. 2) Receiving hemodialysis, has a tracheostomy, AND is bed-bound.	Appropriate for complicating problems which require skilled nursing services and/or when skilled nursing assessment and monitoring services pre and post dialysis are being provided by the facility.	Appropriate for stable dialysis patients (stable dialysis patients may qualify for care home residency or residency in foster care homes) and when skilled nursing assessment and monitoring services pre and post dialysis are not needed or not being provided by the facility.
Neurological impairments (i.e., Alzheimer's, traumatic or infectious brain injuries, frequent recurrent TIAs, recent CVAs).	Acute illness or exacerbation.	R.N. monitoring of behavior and total skilled nursing needs are at least 4 hours per day.	Appropriate if skilled nursing assessment is required at least once a shift to assess need for medications, adjust dosages, etc.; ONLY if PASARR requirements are met.	Neurologically stable or in good control, requiring significant assistance with ADLs; ONLY if PASARR requirements are met; (may qualify for care home residency).
Isolation.	Acute care requiring daily M.D. monitoring and R.N. care.	Medically necessary and requires total skilled nursing at least 4 hours per day in a stable patient. Daily M.D. monitoring not required.	Patient is in contact, droplet, or airborne isolation and requires total skilled nursing less than 4 hours per day.	Not appropriate.
Traction.	Acute care requiring daily M.D. monitoring and R.N. care.	Requires total skilled nursing at least 4 hours per day. Daily M.D. monitoring not required.	Requires total skilled nursing less than 4 hours per day.	Not appropriate.
Telemetry	Acute care requiring daily M.D. monitoring and R.N. care.	Continuous cardiac monitoring.	Not appropriate	Not appropriate.
Complex Drains and/or Tubes	Acute care requiring daily M.D. monitoring and R.N. care.	Patients with complex drains or tubes, including Ommaya reservoir, fecal re-implantation, Aspira chest tube, and drains		

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		requiring monitoring and draining (i.e. JP drains).		
COVID-19		Patient is at an ICF/SNF level of care and meets one of the following criteria below (duration of isolation or quarantine required for COVID-19 is determined by the disease investigator with DOH’s Disease Outbreak Control Division): <ol style="list-style-type: none"> 1) Patient is COVID-19 positive; 2) Patient is under isolation due to having been identified as a COVID-19 case; or 3) Patient is in community setting (non-facility) placed under quarantine due to a defined exposure to a known COVID-19 case and transferred to a nursing facility 		

* Subacute LOC reserved for inpatient facilities. For pediatrics (0-20 years old), refer to Subacute Criteria-Hawaii Administrative Rule and DHS Med-QUEST Memo (QI-2114).
 ** ICF LOC: Additional requirements include significant assistance with activities of daily living (ADL) and 24-hour supervision.

Subacute Criteria -Hawaii Administrative Rules and DHS Med-QUEST Memo (QI-2114):
Revised May 2020

Exclusions: Medically unstable patients requiring acute care, SNF/ICF designations, newborns/premature infants for sucking reflex training, monitoring of weight and oral feeding to gain sufficient weight for discharge to home setting, children/newborns/infants under the care of CPS awaiting placement, patients in terminal phase of disease who request or whose legal guardians have requested in writing the desire not to be resuscitated and no subacute services have been or will be rendered.

Newborns or Premature Infants (under age one, who have been inpatient in the acute hospital for at least a week and cannot be discharged, requires following services)

Level I	Intensity
Level II	Intensity
Bradycardia, Apnea which are resolved by manual stimulation	Continuous monitoring for whom discharge from a facility is medically inappropriate.
Nasogastric tube (NGT), Gastrostomy feedings (GT)	

Pediatrics (No longer require inpatient care. Must be at baseline status, not at risk for rapid deterioration)

Level I	Intensity
Ventilator Dependent	
Level II	Intensity
Tracheostomy care with skilled interventions, i.e. suctioning (Sx.) greater than once per shift (8 hours)	Weekly medical interventions and monitoring, and 24 hours a day skilled nursing.
IV Therapy (Continuous) for administration of therapeutic agents or hydration	Requires chronic care, medical interventions, monitoring at least weekly, and skilled nursing at least once per shift (8 hours).
IV Therapy / TPN Intermittent for administration of therapeutic agents	At least once per shift (8 hours) thru a peripheral or central line (antibiotics, non-vesicant oncology chemotherapy, and analgesics).
Two or more of the following services: <ul style="list-style-type: none"> • Tracheostomy care with Sx., not more than once per shift (8 hours), and does not require continuous monitoring; • Debridement, packing, medicated irrigation, aseptic dressing changes, extensive care of decubiti (stage III) or wound infection and drains; • Nutritionally compromised, eating disorders at high risk of medical complications if managed in an outpatient setting; 	

Level II	Intensity
<ul style="list-style-type: none"> At least daily inhalation therapy by skilled staff; or Multiple (two or more modalities) rehabilitative services with short- and long-term attainable goals. 	

Adults (21 years and older) medically stable

Level I	Intensity
Mechanical Ventilation	At least 50% per day
Level II	Intensity
Any combination of: <ul style="list-style-type: none"> Mechanical Ventilation Tracheostomy care with suctioning Inhalation treatment with or without oxygen 	At least once per shift (8 hours)
Tracheostomy care with suctioning	At least every 1 to 2 hours Tracheostomy care = 20 minutes per instance Tracheostomy suctioning =15 minutes per instance
IV Therapy - continuous	Administration of therapeutic agents or hydration thru a peripheral or central line or both.
IV Therapy - intermittent	Administration of therapeutic agents at least once a shift (8 hours). Therapeutic agents include antibiotics, non-vesicant oncology chemotherapy, and analgesics.

All Patients (from acute care hospitals)

Level II	Intensity
Infections	Afebrile for 24 hours and requiring IV or parenteral antibiotics. Undergoing 24-48-hour trials of oral antibiotics or being trained to infuse parenteral antibiotics in the home.
Tracheostomy <ul style="list-style-type: none"> Trach, bed-bound, and receiving hemodialysis Trach requiring Sx. at least once per shift (8 hours) for patient who is morbidly obese Trach requiring Sx. at least once per shift (8 hours) <u>AND</u> patient requiring wound care for multiple Stage II or higher wounds 	

Level II	Intensity
Telemetry	Continuous cardiac monitoring
Complex Drains and/or Tubes , Ommaya, fecal re-implantation, Aspira chest tube, JP	Requiring monitoring and draining (i.e. JP drains) at least four (4) hours of skilled nursing care daily.
<p>Two or more of the following services:</p> <ul style="list-style-type: none"> • Tracheostomy care with Sx. at least once per shift (8 hours) • Traction and pin care (Bucks traction is not included) • Isolation (medically necessary as recommended by CDC) – Decubitus ulcers do not apply in this category) • Debridement, packing, and medicated irrigation with or without whirlpool treatment, aseptic dressing changes, management of extensive (Stage III) decubitus ulcers or wound infection, and JP drains • Skilled nursing service not limited to HIV infection/AIDS, terminal diseases, chronic dialysis treatment, radiation therapy, treatment of dehydration, monitoring hydration, pain control • Daily ventilation or inhalation therapy services or both, with or without Oxygen • Eating Disorders (Bulimia and Anorexia Nervosa) • Treatment of psychiatric patients who are not an immediate danger to self or others 	<p>Includes observation, monitoring for the side effects of patient receiving radiation therapy or the monitoring of hydration and pain control for patients who have or are at high risk for significant medical complications.</p> <p>Requires skilled supervision and monitoring of food intake and psychiatric inpatient care and are medically stable in the inpatient facility, but who are at high risk of medical complications if discharged to outpatient care.</p> <p>Require inpatient monitoring, supervision, and psychiatric care because of high risk for life-threatening complications to themselves or others if discharged to outpatient care.</p>
Admission to the subacute level for individuals who require other services shall be made on a case by case basis, such as, but not limited to:	Must require at least four (4) hours of skilled nursing care daily NO SUBACUTE UNIT NEEDED
<ul style="list-style-type: none"> • Enteral feeding with J-tube, G-tube, NG tube • Isolation (medically necessary) • External fixation, traction 	Nutritional needs, hydration and/or medication administration

Level-of-Care Protocols – Kapiolani Medical Center for Women and Children (KMCWC)

Revised 4/30/09

Pediatric Acute Level of Care:

This level of care is for patients who are significantly medically unstable. Parameters include:

1. Any of the following that require frequent/constant monitoring and adjustments of treatments and/or aggressive intervention/treatment:

Hemodynamic instability, acute intubation/mechanical ventilation, respiratory insufficiency, pulmonary instability, unstable airway, electrolyte instability requiring acute interventions, unstable blood counts, surgery and immediate post operative period, IV antibiotic therapy, IV chemotherapy, or other IV medications that require monitoring/titration during the acute phase of the illness (not applicable to patients who are medically stable, afebrile and continue to require IV therapy) photo therapy for jaundice during the acute phase of illness, Heliox/Nitric Oxide therapy.

2. Any combination of treatments that require increased nursing surveillance/monitoring and/or intervention, indicating an unstable medical condition.
3. Narcotic weaning (includes methadone wean)—IF CONDITIONS 1 AND 2 ARE MET. If the patient is stable and the weaning is slow, over the course of month, this is subacute or SNF.

Sub-Acute Level of Care:

1. Patients who have reached a baseline status in their care and who are not at risk for rapid deterioration, but however continue to require frequent nursing evaluation interventions and/or treatment.
2. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time. TPN is never SNF for newborns and infants.
3. Patients with stable vital signs receiving wound vacuum dressing and/or IV antibiotics greater than 30 days for newborn and infants. This situation is SNF for adults.

Unit Specific Level of Care Criteria

PICU

Acute Level of Care:

1. Any of the following that require frequent/constant monitoring and adjustments of treatments and/or aggressive intervention/treatment:

Hemodynamic instability, acute intubation/mechanical ventilation, respiratory insufficiency, pulmonary instability, unstable airway, electrolyte instability requiring acute interventions,

unstable blood counts, surgery and immediate post operative period, IV antibiotic therapy, IV chemotherapy, or other IV medications that require monitoring/titration during the acute phase of the illness (not applicable to patients who are medically stable, afebrile and continue to require IV therapy), photo therapy for jaundice during the acute phase of illness, Helix/Nitric Oxide therapy.

2. Any combination of treatments that require increased nursing surveillance/monitoring and/or intervention, indicating an unstable medical condition.
3. Narcotic weaning (including Methadone wean) in a child WHO HAS MET REQUIREMENTS 1 AND 2.

Sub-Acute Level of Care:

1. Continuous Positive Air Pressure (CPAP) weans are sub-acute, once the child has moved past the initial phase of transitioning to CPAP sprints, is stable on those sprints, and does not appear to be at risk for rapid deterioration.
2. Treatment of tracheitis with either oral or one IV antibiotic, unless the nursing intervention is significantly increased due to increased suctioning, increased respiratory treatment, etc.
3. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time is never SNF for children who are NOT maintained on TPN in the home/community setting.
4. Patients with stable vital signs and wound vac treatment with significant drainage and/or more than two antibiotics given IV in dosages and length of time in keeping with the manufacturer's recommendations.

NICU

Acute Level of Care:

1. Aggressive therapies such as IV antibiotic, surgery, mechanical ventilation, CPAP, level IV medications for sedation and/or paralyzing.
2. Aggressive ventilator weaning.
3. Aggressive CPAP weaning.
4. TPN in the medically unstable baby.
5. Medically necessary monitoring and/or interventions at least every 2 hrs.
6. More than 10 apnea events per 24 hours and/or apnea events that require vigorous stimulation (oxygen and positive pressure breast through a bag/mask).
7. High Flow Nasal Cannula (HFNC) with aggressive weaning, similar to CPAP.
8. Isolette care for babies less than 35 weeks that are thermodynamically unstable.

Sub-Acute Level of Care:

1. Unsuccessful wean where baby's respiratory condition has obviously reached a plateau, a maintenance level without significant fluctuations.
2. Baby has tracheotomy and will require long wean off ventilator and/or CPAP (oxygen level is <40%).
3. Babies that are transitioning from Nasal Gastric (NG) feeds to nipple feeds with nursing and/or OT/PT intervention required for active training of the baby to nipple feed.
4. TPN that is anticipated to provide the bulk of the nutrition for an extended period of time. TPN is never SNF if children are NOT maintained on TPN in the home/community setting.
5. Between 5 to 10 apnea events per 24 hours and/or apnea events that require moderate stimulation (shake or increase oxygen).
6. Isolette care for babies that have other medical issues, such a nasal cannula, apnea that may need supplemental oxygen or manual stimulation, but who are otherwise relatively stable.

SNF Level of Care:

1. O₂ maintenance without additional respiratory support and not aggressively weaning.
2. NG/GT feeds without plan for weaning or active change in feeds.
3. Nipple feeds with NG feeds that will continue after discharge (baby will go home on NG/nipple feeds).
4. Less than 5 apnea events per 24 hours and/or apnea events that require mild stimulation (very little tactile stimulation) or are self resolved.
5. Baby ready for discharge and who has a need for parent training of use and care of medical supplies and/or equipment.
6. Baby's awaiting community placement (i.e., CPS, foster care, nursing home) that have need for skilled nursing services and/or medical supplies/equipment.
7. Isolette care where baby requires temperature regulation but has no other medical issues and baby is greater than or equal to 35 weeks adjusted gestational age.