

“Improvement Standard” can’t cut off Medicare nursing home days
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For years nursing homes told their patients that Medicare would not continue paying daily room and board if there was no hope for “improvement” in the patient’s health, and the patient had “plateaued.” But a settlement agreement in US District court has forced the government to admit:

No “Improvement Standard” can be applied in determining Medicare coverage for claims in which skilled care is required.

So, “Improvement Standard” can’t be used to cut off Medicare nursing home days. This covers the Medicare patients who qualified for nursing home days because they were hospital inpatients before being discharged to the nursing home.

Medicare’s nursing home payment manual now says:
“Even in situations where no improvement is expected, skilled care may nevertheless be needed.”

“Even if full recovery or medical improvement is not possible, a patient may need skilled services to prevent further deterioration or preserve current capabilities.”

Example: A frail 85-year-old man hospitalized for pneumonia. The patient will not eat, or eats poorly:

The patient is transferred to a SNF for monitoring of fluid and nutrient intake, assessment of the need for tube feeding and forced feeding if required. Observation and monitoring by skilled nursing personnel of the patient’s oral intake is required to prevent dehydration. *The medical documentation must describe the skilled services that require the involvement of nursing personnel to promote the patient's recovery and medical safety in view of the patient's overall condition.*

Another example of skilled services:

EXAMPLE: A patient undergoing skilled physical therapy can walk only with supervision but has a reasonable potential to learn to walk independently with further training. Further daily skilled therapy is available on an outpatient or home care basis, but the patient would be at risk for further injury from falling, because insufficient supervision and assistance could not be arranged for the patient in his home. In these circumstances, the physical therapy services as a practical matter can be provided effectively only in the inpatient setting.

Jimmo v. Sebelius
January 24, 2013



This example shows how Medicare will try to **limit time you need for *skilled services***:



A patient with Parkinson's may require a physical therapist to determine exercises to maintain his present level of function. Evaluation of the patient's needs, designing a maintenance program, and instruction of the patient do constitute **skilled** physical therapy. But when the time comes to end **skilled therapy services**, the physical therapist should already have the patient's unskilled maintenance program set up.



Medicare **home care** regulations also stress the need for SKILLED services:

EXAMPLE 3:

A patient was hospitalized following a heart attack. *Following* treatment *he was* discharged home. Because it is not known whether *increasing* exertion will exacerbate the heart disease, skilled observation is reasonable and necessary as mobilization is initiated *in the patient's home*. *The patient's necessity for skilled observation must be documented at each home health visit* until the patient's *clinical condition and/or* treatment regimen *has* stabilized.



Find a video-podcast of this summary on YouTube:

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Medicare has issued revisions to its manual to explain this basic more clearly: [Transmittal 179](#). Read more: [Manual Updates to Clarify Skilled Nursing Facility \(SNF\), Inpatient Rehabilitation Facility \(IRF\), Home Health \(HH\), and Outpatient \(OPT\) Coverage Pursuant to Jimmo vs. Sebelius - Steps to take if you need to appeal a Medicare Coverage Denial](#). Links are posted at:

Links are posted on the Medicare page at: [**MassHealthHELP.com**](http://MassHealthHELP.com)