SUBACUTE CARE FACILITY, EXTENDED CARE AND ACUTE REHABILITATION FACILITY SERVICES

VCHCP covers admission to a sub-acute facility for a clinically stable patient when they are:

1. Transferred for post-acute hospital care as a substitute for continued hospital stay with the expectation that clinical improvement will occur with continuation of acute hospital level of care
2. Admitted directly for medical monitoring and treatment prior to admission to an acute care hospital for definitive care
3. Admitted directly for acute inpatient care which can be provided in lieu of hospitalization in a traditional acute setting
4. Transferred from an inpatient acute hospital care for treatment and/or rehabilitation of a condition of sufficient severity requiring services consistent with those traditionally provided in the inpatient acute hospital setting

A sub-acute care facility provides short-term* (several days to several months), medically intensive and/or comprehensive rehabilitation services for a targeted patient population who have had an acute event as the result of an illness, injury, or exacerbation of a disease process. The level of care is more intensive than the traditional skilled nursing facility and less intensive than acute inpatient hospital care. In general, it provides a full spectrum of inpatient care designed as an alternative to acute hospitalization.

Subject to limitations as defined in the Evidence of Coverage for each benefit plan (Large group, small group, etc.)

A. Attachments: None

B. History:

Reviewers: Richard O. Ashby MD, QA Committee
Reviewed/Revised Sheldon Haas, MD; Date: 04/07/08
Committee Review: UM: May 08, 2008; QAC: May 19, 2008
Reviewed/No Updates: Albert Reeves, MD; Date: 11/7/11
Committee Review: UM: November 10, 2011; QAC: November 22, 2011
Reviewed/No Updates: Albert Reeves, MD; Date: 4/17/12
Reviewed/No Updates: Albert Reeves, MD; Date: 1/28/13
Reviewed/No Updates: Catherine Sanders, MD
Reviewed/No Updates: Catherine Sanders, MD
Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 8, 2018; QAC: February 27, 2018
Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD
Committee Review: UM: February 14, 2019; QAC: February 26, 2019
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD
Reviewed/No Updates: Howard Taekman, MD & Robert Sterling, MD

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Content Revised (Yes/No)</th>
<th>Contributors</th>
<th>Review/Revision Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/9/17</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
</tr>
<tr>
<td>2/8/18</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
</tr>
<tr>
<td>2/14/19</td>
<td>No</td>
<td>Catherine Sanders, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
</tr>
<tr>
<td>2/13/20</td>
<td>No</td>
<td>Howard Taekman, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
</tr>
<tr>
<td>2/11/21</td>
<td>No</td>
<td>Howard Taekman, MD; Robert Sterling, MD</td>
<td>Annual Review</td>
</tr>
</tbody>
</table>

C. References:


8. Standards Manual and Interpretive Guidelines for Medical Rehabilitation. CARF. 1998
