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 (1, 2)
• Acute intubation
• Continuous cardiac monitoring
• Initial ventilator weaning
• Invasive monitoring (Hemodynamic / ICP) (3)
• Mechanical ventilation
• Urgent cardioversion (4)
• Urgent pacemaker insertion (5)

INTERMEDIATE
Illness / Injury / Surgery
• Onset within last 24h
• Hemodynamic stability
Interventions / Procedures / Medications requiring monitoring / titration at least every 2-4h (2)
• Continued 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 (5, 6)
• Designated inpatient post surgical care
• Detoxification management and high risk for severe withdrawal syndrome (G122)
• IV medications for initial therapy (7)
• 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 (8)
• Assessment / Medications for symptoms unresponsive to at least 4h ER treatment
• Complications of ambulatory surgery / procedure
• Psychiatric crisis intervention / stabilization (9)

LONG-TERM ACUTE CARE
Medical / Respiratory needs dominate reason for admission
• Medical practitioner assessment / intervention daily
• Respiratory therapy interventions ≥ 3x/24h
• Skilled nursing services ≥ 6.5h/24h (G169)
• Specialized high technology equipment available (G110)
In lieu of Acute / Continued hospitalization / Failed lower level of care
• Primary condition / illness and treatment of active comorbid condition(s) / functional impairment (10, 11)
• Ventilator dependent ≥ 6h/d and weaning planned (12, G118)

ACUTE REHABILITATION
Rehab illness / injury / exacerbation / surgery ≤ 30d / Discharged from inpatient facility (13)
Comprehensive rehabilitation as reason for admission requiring therapy (G30)
• Able to tolerate ≥ 3h/d of therapy ≥ 5d/wk
  • ≥ 2 disciplines
• Rehabilitation nursing available 24h/d (G103)
• Rehabilitation medical practitioner provides assessment / oversight and program coordination at least 3x/wk / daily based on clinical stability
• Specialized therapeutic skills / equipment required (14, 15)
**SUBACUTE REHABILITATION**

Rehab illness / injury / exacerbation / surgery ≤ 30d (13)
Rehabilitation as reason for admission requiring therapy
  * Able to tolerate 2-3h/d of therapy ≥ 5d/wk (16)
  * ≥ 2 disciplines
  * Medical practitioner / NP / PA assessment / oversight ≥ 3x/wk
  * Skilled nursing at least daily (G108)

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

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility (13)
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 (G108)

**SKILLED THERAPY (LEVEL I)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility (13)
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 (G108)

**SKILLED MEDICAL (LEVEL I)**

Illness / Injury / Exacerbation / Surgery ≤ 30d / Discharged from inpatient facility (13)
Medical needs dominate reason for admission
Medical practitioner / NP / PA assessment / oversight ≥ 1x/wk
Skilled nursing at least daily (G108)
  * New enteral / ostomy feeding management
  * Nursing interventions / assessment 1-2x/24h
  * Parenteral / PO / SC medications (new regimen) (17)
  * Patient / Caregiver education

**HOME CARE**

Clinical presentation
  * Chronic disease requiring disease management program
  * Discharge from inpatient facility
  * End stage disease / Hospice / Palliative care (G60)
  * 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 (G54)
  * In lieu of facility-based care (G62)
  * OP management contraindicated / unavailable (G86, G89)
  * Patient / Caregiver willing / able to learn care needs

Medical practitioner orders / approves plan of care at least every 60d
Skilled services
  * Behavioral health (G11)
  * Skilled nursing (G108)
  * Skilled therapy (PT / OT / SLP)
  * Paraprofessional

**HOME / OP**

Clinically stable and nutritional route established (G86)
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 (G83)
• Medically stable (G69)
• Program / Intervention (G11)

  • 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 4h/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
### NOTES

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 LP, PUBS, 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: Comorbid conditions include: increasing or new onset behavioral symptoms, CHF and NYHA class III / IV, COPD and elevated respiratory rate, diabetes, DVT, functional

(Nota continued on next page)
NOTES

impairments requiring at least minimum or limited assistance, hepatic insufficiency, encephalopathy stage II or III, immunocompromised host, malignant or end-stage disease, malnutrition, renal insufficiency or ESRD, systemic infection, ventilator dependent, NIPPV, or respiratory insufficiency.

11: 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. 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.

12: 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 - ARDS, chest trauma, aspiration injury, smoke inhalation or airway burns
- Neuromuscular disorders - Guillain-Barre syndrome, 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

13: 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.

14: Specialized therapeutic skills refers to rehab services provided by therapists with extensive expertise and/or post 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.

15: Specialized equipment may include mechanical ventilation, cardiac monitoring capabilities, specialized turning frames or beds, and tilt-table, etc. Equipment (Note continued on next page)
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.

16: **Instruction**: When the illness, injury or surgery is similar between levels of care
(e.g., CVA, Major joint replacement, Malignant/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.

17: New treatment or medication regimen refers to any newly prescribed medication
or treatment (e.g., feeding tube, injections, dressings) that may impact the patient's
current plan of care and requires skilled assessment or intervention.

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 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.