

Hospital Back Up Application

Application Type: Admission

Last Name

First Name

Middle Initial

SSN

Date of Birth

Age

State ID

Hospital Name

Hospital Admit Date

Contact Person

Phone

Address

City

State

Zip

Representative Information

No Legal Representative

First Name

Last Name

Relationship to Applicant

Phone

Gender

Male

Female

Address

City

State

Zip

Admitting Information:

Accepting HBU Nursing Facility

Additional Document Checklist

Please include all the relevant documents from the list below. Failure to provide these documents could result in delays to the client's application.

ULTC 100.2 Referral

Professional Medical Information Page (PMIP)

History & Physical

Medications List / Indications

Physical Therapy Notes

Occupational Therapy Notes

Speech Therapy Notes

Respiratory Therapy Notes

Wound Care Notes

Physician Progress Notes

Hospital Care Plan

Dietary Page

Labs

Radiology Notes

Medical Necessity Criteria

Ventilator- Dependent

Meets Ventilator-Dependent Criteria	
Yes	No

1. If the client is actively weaning from the ventilator, the client shall:

- a) require intermittent ventilator support between 2 and 24 hours each day
- b) require skilled nursing or respiratory therapy at least 12 hours each day in order to progress with weaning
- c) require physical therapy, occupational therapy and/or speech therapy 5 days per week
- d) have documented rehabilitation potential.

2. If active weaning fails, the client shall:

- a) require continuous ventilator support between 8 and 24 hours each day
- b) respiratory therapy at least 3.5 hours each day in order to remain medically stable
- c) have one of the following scores on the ULTC 100.2 assessment form: i) a score of at least two, in a minimum of two ADLs; or ii) a score of at least two, in category of supervision
- d) have difficulty communicating needs verbally, or require use of specialized adaptive equipment to communicate which requires set up by trained staff, or is unable to seek assistance through use of call light due to physical impairment.

3. If the client has been weaned off the ventilator and is actively weaning to reduce oxygen needs and/or remove the tracheotomy tube, the client shall:

- a) have one of the following scores on the ULTC 100.2 Assessment i) a score of at least two, in a minimum of two ADL's or ii) a score of at least two, in one category of supervision
- b) have documented rehabilitation potential from a physician;
- c) require the expertise of a respiratory therapist under the direction of a pulmonologist at least 3.5 hours each day in order to remain medically stable and/or show progression towards decannulation;
- d) requires the expertise of a speech therapist to evaluate for a complete functioning swallow and/or require speech therapy treatment for strengthening of the oral muscles required to swallow properly
- e) have minimal difficulty communicating needs and be able to follow simple commands

Wound Care

Meets Wound Care Criteria	
Yes	No

Must have one of the following four:

- 1) Complex surgical or traumatic wound
- 2) Complicated wound graft surgery
- 3) At least one stage IV pressure ulcer
- 4) A specialized wound-healing device (i.e. Wound-Vac)

Require a Medicare-rated group 2 or 3 pressure-relieving surface in order to heal

Existing nutritional deficiencies are being treated

Debridement Therapy has been initiated

Wound specialist consultation and a resulting treatment plan has been initiated

Skin / Wound Assessment completed

Medically Complex

Meets Medically Complex Criteria	
Yes	No

The client shall meet 5 of the 7 following criteria:

- a) have difficulty communicating needs verbally, or require use of specialized adaptive equipment to communicate which requires set up by trained staff, or is unable to seek assistance through use of call light due to physical impairment
- b) require on-site assessment by a physician once per week
- c) require artificial nourishment via a gastro-intestinal tube (G-tube or NG-tube), and/or jejunostomy tube (j-tube)
- d) have a tracheotomy requiring suctioning, airway maintenance, or both at least every four hours
- e) require total parenteral nutrition (TPN) with or without lipids
- f) require central line in active use for fluids and/or medications, excluding TPN
- g) require skilled therapy, skilled nursing, or both for assessment, monitoring, and intervention at a greater frequency than is usually provided in a class I nursing facility.

The client shall meet all of the following criteria:

- a) be a participant in the hospital back up level of care program immediately prior to qualifying under the criteria of the first subsection of the definition of medically complex or any subsection of the ventilator-dependent definition
- b) have difficulty communicating needs verbally, or require use of specialized adaptive equipment to communicate which requires set up by trained staff, or is unable to seek assistance through use of call light due to physical impairment
- c) require on-site assessment by physician once every other week
- d) required artificial nourishment via a gastro-intestinal tube (G-tube or NG-tube), a jejunostomy tube (J-tube), or both
- e) have a tracheotomy requiring respiratory assessment, treatment or both at least every 6 hours
- f) require suctioning, assessment and/or treatment by a skilled therapist or skilled nurse with specialized training and demonstrated skill in respiratory therapy evaluation and treatment as necessary in addition to the respiratory assessment, treatment, or both equating to a greater frequency than usually provided in a class I nursing facility.

Comments

Evaluator Name & Credentials

Date

Evaluator Signature

Please send this completed form to ALL of the following agencies:

- **Your local Single Entry Point agency**
- **The accepting HBU facility**
- **The State Utilization Review Contractor (SURC) via encrypted email to hospitalbackup@state.co.us, or fax to 720-554-1747, (please indicate "HBU Program" on the fax cover page).**