



Hospital Back Up Admission Application

Applicant Information

Last Name:		First Name:		MI:
SSN:	DOB:	Age:	State ID:	

Hospital Information

Hospital Name:	Admit Date:
Contact Person:	Phone:
Address:	Email:

Representative Information

<input type="checkbox"/> No Legal Representative		
Last Name:	First Name:	
Relationship to Applicant:	Phone:	Gender: (optional) <input type="checkbox"/> Female <input type="checkbox"/> Male
Address:		

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 review and/or denial of the client's application.

- | | |
|---|--|
| <input type="checkbox"/> ULTC 100.2 Case Management Review | <input type="checkbox"/> Respiratory Therapy Notes |
| <input type="checkbox"/> Professional Medical Information Page (PMIP) | <input type="checkbox"/> Wound Care Notes |
| <input type="checkbox"/> History & Physical | <input type="checkbox"/> Physician Progress Notes |
| <input type="checkbox"/> Medications List / Indications | <input type="checkbox"/> Hospital Care Plan |
| <input type="checkbox"/> Physical Therapy Notes | <input type="checkbox"/> Dietary Page |
| <input type="checkbox"/> Occupational Therapy Notes | <input type="checkbox"/> Labs |
| <input type="checkbox"/> Speech Therapy Notes | <input type="checkbox"/> Radiology Notes |

Medical Necessity Criteria

Ventilator-Dependent: *Must meet at least **ONE** of the three subsections A, B, C

Meets Ventilator-Dependent Criteria - **Yes** **No**

Subsection A – If the client is actively weaning from the ventilator, the client must:

1. Require direct assessment and monitoring of weaning at least 2 hours each day by a respiratory therapist
2. Require supportive care at least 12 hours a day by a respiratory therapist or pulmonary trained nurse (under the supervision of a respiratory therapist) for ventilator management.
3. Requires PT, OT and/or ST at least 5 days each week
4. Have documented rehabilitation potential and a plan of treatment by a respirator therapist in place at the time of the HBU referral; and
5. Clinical documentation including arterial blood gas lab, standard breathing and capping trial results, pulmonary function tests, capnography, respiratory and speech language pathology progress notes, and any other documentation to support active weaning efforts.

Subsection B – If active weaning fails, the client shall meet **ALL four** of the following:

1. Have documentation of failed weaning effort by a respirator therapist and a plan of treatment with prognosis for liberation from a respiratory therapist or pulmonologist.
2. Requires continuous ventilator support at least 8 hours each day and respiratory therapy at least 3.5 hours each day to remain medically stable
3. Has difficulty communicating needs to others and/or requires assistance from skilled staff to set up adaptive equipment or is unable to speak due to physical or cognitive impairment.
4. Client must meet at least one of the following subset:
 - a. Need stand by or hands on assistance in a minimum of two activities of daily living
 - b. Client requires consistent and ongoing reminding and assistance with memory/cognitive deficits.
 - c. The client exhibits inappropriate behaviors that put self, others, or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors
 - d. A score of at least 2 in one category of supervision on the Case Management Assessment
 - e. a score of at least 2 in a minimum of two activities of daily living on the Case Management Assessment

Subsection C – 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 meet **ALL five** of the following:

1. **One** of the following subsets:
 - a. Need stand by or hands on assistance in a minimum of two activities of daily living
 - b. Client requires consistent and ongoing reminding and assistance with memory/cognitive deficits.
 - c. The client exhibits inappropriate behaviors that put self, others, or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors
 - d. A score of at least 2 in one category of supervision on the ULTC 100.2
 - e. a score of at least 2 in a minimum of two activities of daily living on the ULTC 100.2.
2. Have documentation from a respiratory therapist and pulmonologist verify the client has been weaned off active ventilation and /or is working to have a further reduction to standard home oxygen levels (1-6 LPM).
3. Requires the expertise of a respiratory therapist under the direction of a pulmonologist at least 3.5 hours each day to remain medically stable and/or show progression towards decannulation.
4. Requires the expertise of a speech therapist to evaluate for a complete functioning swallow and/or requires speech therapy treatment for strengthening of the oral muscles required to swallow properly.
5. Have capability of **one** of the following subsets:
 - a. Communicating needs and follow simple commands.
 - b. Manage basic trach care or respiratory hygiene.

Complex Wound Care - *Must meet **ALL four** criteria

Meets Complex Wound Care Criteria - **Yes** **No**

Subsection A – Must have at least **ONE** of the following:

1. Stage 3-4 pressure ulcer or injury or;
2. Second or third degree burns or;
3. Requires a Medicare “pressure relieving support surface” rated group of 2-3 to heal or prevent skin breakdown.

Subsection B – Documentation of (but not limited to):

1. Extensive skin loss, active infection, compromised blood flow, sloughing, tunneling, fistulae, undermining of surrounding tissue or necrosis with potential extension to underlying fascia

Subsection C – Documentation of nutritional deficiencies including:

1. Identification of diagnostic markers and specific nutritional deficiencies.
2. A plan of treatment to address underlying conditions such as malabsorption or excess loss of nutrients.
3. The modality of supplementation: oral, intramuscular, or intravenous.

Subsection D – Documentation of at least ONE of the following:

1. Full thickness wound graft surgery
2. Negative Pressure wound therapy, electromagnetic therapy, compression therapy or hyperbaric oxygen therapy.
3. Debridement (surgical, mechanical, chemical autolytic or larval biotherapy)
4. Advanced Dressings with growth factors, silver/alginate, hyaluronic acid, or collagens.

Medically Complex - *Must meet **ALL eight** criteria

Meets Medically Complex Criteria - **Yes** **No**

To be deemed medically complex under the HBU program, they must **meet ALL** of the following:

1. One of the following subsets:
 - a. Need stand by or hands on assistance in a minimum of two activities of daily living
 - b. Client requires consistent and ongoing reminding and assistance with memory/cognitive deficits.
 - c. The client exhibits inappropriate behaviors that put self, others, or property at risk. The client frequently requires more than verbal redirection to interrupt inappropriate behaviors
 - d. A score of at least 2 in one category of supervision on the ULTC 100.2
 - e. a score of at least 2 in a minimum of two activities of daily living on the ULTC 100.2.
2. Has difficulty communicating needs to others and requires assistance from skilled staff to set up adaptive equipment or is unable to seek assistance due to cognitive or physical impairment.
3. Requires on-site assessment by a rounding physician or sub specialist at least once a week to remain stable.
4. Requires artificial nourishment to be administered by registered nurse via gastro-intestinal tube (g-tube or NG tube) and/or jejunostomy tube (J-tube), total parenteral nutrition (TPN) with or without lipids or central line in active use for fluids or medication (excluding TPN)
5. Requires documentation of rehabilitative therapies including physical, occupational and speech language therapy, and/or skilled nursing notes documenting assessment, monitoring and intervention at a greater frequency than is provided in a class 1 nursing facility.
6. Has a tracheotomy requiring suctioning, airway maintenance or both at least every four hours by a respiratory therapist or pulmonary trained nurse under the supervision of a respiratory therapist.
7. Physician documentation of life limiting disease which will require ongoing care in the HBU skilled nursing facility.
8. Documentation of quarterly updates to plan of treatment, prognosis, status evaluation, care conference and/ or palliative consult.

Comments

Evaluator Information	
Evaluator Name & Credentials:	
Evaluator Signature:	Date:

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

- Your local Single Entry Point agency – hcpf.colorado.gov/single-entry-point-agencies
- The accepting HBU facility
- The State Utilization Review Contractor (SURC) via:
 - Encrypted email to hcpf_hospitalbackup@state.co.us, OR
 - Fax to 720-554-1747, (please indicate "HBU Program" on the fax cover page and provide the case manager's email address)