

September 18, 2002

INTERMEDIATE CARE LONG-TERM CARE TREATING SPECIALTY

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy regarding the implementation of a new treating specialty, Intermediate Care Long-term Care (IM-LTC), treating specialty code 95, Cost Distribution Report (CDR) account 1415.

2. BACKGROUND

a. In May 1995, the Under Secretary for Health approved VHA's Long-Term Care Policy and tasked the Office of Geriatrics and Extended Care (OG&EC) with national implementation of a standardized automated patient assessment and treatment planning methodology. In response to this charge, VA adopted the Resident Assessment Instrument Minimum Data Set (RAI MDS) for implementation in all VA programs and bed sections that have been accredited under JCAHO long-term care standards including Nursing Home Care Units (NHCU) and certain Intermediate Medicine Care (IMC) Units. In determining which IMC units would qualify for inclusion in the RAI MDS process, only IMC units accredited under JCAHO long-term care standards (i.e., long-term care IMC) were selected for inclusion in the RAI MDS methodology because of the specific requirements for assessment, treatment planning, and specific long-term care approaches to patient care.

b. The RAI MDS is a standardized patient assessment and treatment planning methodology developed by the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Finance Administration (HCFA). RAI MDS is required for reimbursement and evaluation of quality of care in all nursing homes in the United States certified for Medicare and Medicaid.

c. The RAI MDS has the capability of generating a consistent approach to clinical and quality improvement information, as well as generating an advanced version of Resource Utilization Group scores (RUG-III). *NOTE: RAI MDS has replaced the current RUG-II system derived from the Patient Assessment Instrument (PAI) in long-term care.* RUG scores are utilized for patient data, as well as the resource allocation methodology utilized in the Veterans Equitable Resource Allocation (VERA).

d. The Geriatrics and Extended Care Strategic Health Care Group (GECSHG) and the Office of Information (OI) Technical Services developed and implemented an automated approach to the RAI MDS. By December 31, 2000, all VHA programs and bed sections, that were JCAHO accredited under long-term care standards, had installed the electronic version of RAI MDS.

e. The electronic version of the RAI MDS allows for transmission of all RAI MDS data directly to the VA data repository at the Austin Automation Center (AAC). Utilizing an HL7 interface with Veterans Health Information Systems and Technology Architecture (VistA), admission, discharge, transfer and other relevant patient information automatically populates fields in the vendor's software. It is capable of obtaining a time-specific, comprehensive data base for identifying relevant patient problems and needs, and in developing an individualized plan of care for each patient.

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f. During installation of the electronic software, it became evident that the internal VistA codes for movement of patients between NHCUs and long-term care IMC units generated an Absent Sick in Hospital (ASIH) status and created an admission, transfer, or discharge (ADT). An interward transfer was generated between long-term care IMC units and acute care. This logic prevented the appropriate RAI MDS assessment, and the continuity between like programs accredited under JCAHO long-term care standards.

g. In order to operate the RAI MDS process between like programs, i.e., NHCUs and long-term care IMCs, it became necessary to create a new Treating Specialty within the Patient Treatment File (PTF) in VistA to facilitate the IMC in LTC. The new treating specialty will provide:

(1) Interward transfers between NHCUs and long-term care accredited IMCs.

(2) ASIH status for patient movement from long-term IMC to acute care units.

h. In summary, IM-LTC is the name of the treating specialty that will identify and differentiate IMC beds that are JCAHO accredited under the long-term care standards, and the IMC beds that are accredited under standards other than long-term care. The new treating specialty code, code 95, provides the ability for patient movement and continuity of process between like programs, i.e., interward transfer from NHCUs to long-term care IMC.

(1) Interward transfer between long-term care IMC and acute care units.

(2) ASIH status for patient movement between the NHCUs and long-term care IMC units.

NOTE: *The new treating specialty will discontinue ASIH between the NHCUs and long-term care IMCs and instead generate an interward transfer.*

i. In summary, IM-LTC is the treating specialty that will identify and differentiate IMC beds that are JCAHO accredited under long-term care standards, and IMC beds that are accredited under standards other than long-term care. The new treating specialty, code 95, creates a logic that allows for more appropriate patient movement and continuity of processes between like programs. All business processes involved in the interward transfer logic currently limited to nursing home care will be applicable to the IM-LTC designated units.

3. POLICY: It is VHA policy that all IMC beds accredited under JCAHO's long-term care standards are required to use the RAI MDS for patient assessment and treatment planning.

NOTE: *The new treating specialty code to be utilized is 95, CDR account 1415.*

4. ACTION: VHA facility Directors are responsible for ensuring that:

a. IMC units accredited under standards other than JCAHO long-term care standards continue to operate using the current requirements including the current treating specialty code (40).

b. IMCs accredited under JCAHO long-term care standards use:

(1) RAI MDS for patient assessment and treatment planning.

(2) The new treating specialty IM-LTC code 95 (CDR account 1415) for patient movement to and from long-term care accredited IMC units and the NHCU, effective no later than September 30, 2002.

5. REFERENCES: VHA Directive 2001-029 Resident Assessment Instrument Minimum Data Set (RAI/MDS), dated May 10, 2001.

6. FOLLOW UP RESPONSIBILITY: The Office of Geriatrics and Extended Care Strategic Health Care (114), is responsible for the contents of this directive. Questions may be referred to 202-273-8544.

7. RESCISSION: None. This VHA Directive expires May 31, 2006.

S/ Louise R. Van Diepen for
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Under Secretary for Health

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