Due to the transmission of COVID-19 among the most vulnerable patients related to both age and medical co-morbidities, hospitals continue to face increasing difficulty getting patients who require care in a skilled nursing facility (SNF) transferred to a SNF. Placement challenges are not limited to the SNF setting as hospitals are also facing barriers to transitioning COVID-19+ residents back to assisted living, independent living and memory care centers.

Covid-19 Testing Access and Result Turnaround Time

A comprehensive list of alternative post-acute placement options is outlined below for both COVID-19+ SNF eligible patients as well as COVID-19+ patients who are not SNF eligible but are unable to return to home. Availability and access to COVID-19 testing and turnaround time are, in many instances, the limiting factors to an efficient discharge to any post-acute setting. Also, due to the lack of access to PPE, particularly among SNFs you may be asked to consider providing PPE to facilitate transition to SNFs and other PAC settings.

Overview of Options for COVID-19+ SNF-Eligible Patients

Maintain Patient in Acute Care Bed

In the event a patient could receive proper treatment in a SNF, but no bed is available, a physician may certify or recertify the need for continued hospitalization. The additional days will be considered medically necessary under the COVID-19 emergency and can be included on the claim for calculation of any outlier payment.

Please note: We acknowledge that there will be length of stay delays related to the two negative test requirement. This policy follows CDC and Trinity Health guidance (refer to Placement of Patients in Skilled Nursing Facilities on the Pulse Page for more Detail). It is imperative to assure patients are transitioned only to those facilities prepared to accept COVID-19+ admissions to avoid unnecessarily contaminating the SNF, risking patient lives and causing congestion in our Emergency Departments.
**Trinity Health Senior Communities Option**
Designating certain SNFs as COVID-19+ care centers can increase hospital capacity and keep nursing home patients safer. Trinity Health SNFs have developed policies around cohorting and limit their acceptance of COVID-19 patients to their own residents who return from a hospital stay in order to ensure the safety of their residents. However, they have also explored options and drafted a plan for establishing a COVID-19 only facility as a last resort emergency surge option. Contact Steve Kastner at Steven.Kastner@Trinity-Health.org Trinity Health Continuing Care NHM if you would like to discuss this option. Additionally, Trinity Health Senior Communities) (THSC) clinical team is also available to assist/consult with difficult placement situations.

**Governmental Designated Covid-19+ Facilities**
Research state and/or county legislative activity that may have created or even mandated dedicated COVID-19 + SNFs in or near your market. If you are not aware of any actions around COVID-19+ SNF bed access, contact your ministry Advocacy representative to assist you in contacting the appropriate government officials. Advocacy can assist in supporting this kind of solution as well as determining what plans the local county or state officials might be considering to increase capacity for COVID-19+ admissions.

**Transitional Care Unit (TCU) Option**
For any hospitals with transitional care units, consider transitioning all or a portion of the beds that can be appropriately cohorting and isolated to COVID-19+ SNF appropriate beds. Additionally, hospitals with TCUs are positioned well to utilize the Swing Bed Waiver Option described below to further expand the availability of SNF level beds. This waiver requires the facility to bill under the SNF PPS system. Hospitals with transitional care units are already set up to bill under the SNF PPS making enacting the Swing Bed Waiver Option less burdensome and resource intensive.

**Critical Access Hospital Option**
For HMs who are unable to find a SNF bed but have a critical access hospital (CAH) in the region, consider contacting the critical access hospital to assess the possibility of transitioning the SNF-eligible COVID-19+ patient into one of their swing beds. CMS has released a series of waivers that functionally expands the capacity for CAHs. CMS is waiving the Medicare requirements that CAHs limit the number of beds to 25, and that the length of stay be limited to 96 hours. CMS is also waiving the requirement that the CAH be located in a rural area, allowing the CAHs flexibility in the establishment of surge site locations.*

**National SNF Collaboration Option**
Seek to pro-actively supplement COVID-19+ SNF access through contacting certain local facilities belonging to national SNF providers. TH and HCR ManorCare and Genesis Health Care are working collaboratively in the shared markets to best care for our COVID-19+ discharges. For HMs whose markets overlap with HCR ManorCare and/or Genesis, engage their local SNF leadership to maintain daily updates on COVID-19+ bed availability and current/anticipated needs. Escalate any local issues to IC Post-Acute Care Team.

**Facility Without Walls Waiver Option**
This flexibility may be an option in markets where the HM has engaged SNF partners but they lack the ability to accept COVID-19+ patients into their facility. A SNF may contract with a hospital to
provide care for their COVID-19+ patients. The SNF then bills CMS for the care under Part A, and then pays the hospital, under arrangement, a negotiated rate. With this option, the SNF is responsible for the regulatory requirements, such as the Minimum Data Set (MDS), but the hospital can provide the needed skilled care in a safe environment. Contact the CMS Medicare Administrative Contractor (MAC) and the Post-Acute Care Incident Command Team to investigate this option. *

**Swing Bed Waiver Option**
Under the new swing bed waiver, CMS has offered expanded ability for hospitals to offer long-term care services ("swing-beds") for patients who do not require acute care but do meet the SNF level of care criteria. (see **Hospital Operation of Swing Beds** on the COVID-19 Pulse site for more detail). This option allows hospitals to admit qualified patients and receive full payment. However, the hospital is required to meet all SNF swing bed regulatory and billing requirements. *

**Assist Local SNFs with COVID-19 Preparation**
Consider reaching out to community SNF partners who are refusing COVID-19+ SNF admissions and seek to understand barriers they have to safely managing these patients. Utilize your in-house clinical staff, TH COVID-19 resources and CDC information to provide support to a trusted SNF partner who is interested but lacks the resources to safely serve this population. Consider establishing a [drop team](#) to support independent SNFs that may not have the resources of a Trinity Health facility or national SNF chain.

**Overview of Options for COVID-19+ Non SNF-Eligible Patients**
This category often includes patients admitted to the hospital from assisted and independent living facilities, group home memory care units or patients in the hospital under observation status with no skilled needs.

**Maintain Patient in Acute Care Bed**
In the event a patient could return to their residence (because they are back to or close to baseline and have no skilled needs) at an assisted living, independent living, group home or memory care center, but the patient is unable to return due to safety issues, the patient will likely remain hospitalized with little or no additional revenue to the hospital. These COVID-19 related additional days should be tracked by the Utilization Review/Case Management teams in the Avoidable Day Tracking module specific to their hospital.

*Please note: We acknowledge that there are delays related to these difficult placement issues. It is imperative to assure patients are transitioned only to those facilities prepared to accept COVID-19+ admissions to avoid unnecessarily contaminating the facility, risking patient lives and causing congestion in our Emergency Departments.*

**Overview of Options for COVID-19+ SNF-Eligible Patients AND Non-SNF Eligible Patients**

**Alternate Care Site (ACS) Option**
State and local jurisdictions can also develop alternate care sites (ACS) to address potential capacity and capability gaps in healthcare systems during the COVID-19 public health emergency. An ACS is a site where patients with COVID-19 can remain and receive medical care for the duration of the isolation period. These sites are often established in non-traditional environments and are developed
to support Non-Acute Care, Hospital Care and Acute Care depending on the jurisdictional needs. Please work with your State and local government agencies in order to further investigate this option. For additional information, see the ACS Toolkit. *

* The hospital also must confirm that the plan is consistent with the state’s emergency preparedness or pandemic plan.