

Skilled Nursing Facility Participation Criteria and Capability Survey

Please complete one form per facility. Complete all fields to avoid a delay in processing.

Facility	name (DBA):	TaxID:		
Legal/t	egal/tax name: NPI:			
Medicare #:			Yes	No
1.	Weekly medical assessment There is a physician, certified nurse practitioner (CNP), or physician assista and available to evaluate patients at least weekly and more often as neces			
2.	Follow-up with primary care physician (PCP) For all admissions, facility has a process in place to notify PCP of patient's to send the PCP a discharge summary upon discharge.	admit, as well as		
3.	Admissions Facility accepts patients 7 days a week, 24 hours a day from hospital, hom and/or Emergency department.	e, MD office,		
4.	Staff to support admissions Staff will be available 5 days a week, 7:30 a.m. until 8 p.m. to accept and communication received from Amerign Care Case Management.			
5.	Weekend and holiday admissions When patient is admitted on a weekend day (Friday, Saturday, or Sunday) for therapy, therapy evaluation is completed within 24 hours of admission	•		
6.	Therapies (physical & occupational) 6 days per week Facility provides PT and OT for Amerigroup patients 6 days a week.			
7.	Medication reconciliation In preparation for discharge, facility has a process in place to review (with family member/POA) current medications patient is taking, as well as those place at home that patient was taking prior to admission.			
8.	Ability to provide electronic reviews sent through secure email Facility has the ability through secure email to request and submit admiss concurrent clinical review updates.	ion and		
9.	 9. CMS survey/inspection Date of most recent survey Supporting documentation must accompany this survey: (a) CMS overall Star rating – At time of this submission, facility has an overall rating of 3 			
	or more.	_		
	(b) Health deficiencies – In facility's most recent CMS survey, facility has a national average of 7.2 health deficiencies.			
	(c) L3 health deficiencies – In facility's most recent CMS survey, facility had deficiencies.	as zero L3 health		

Service	Yes	No	Comments			
General						
Number of dually certified nursing beds in facility						
Number of private rooms						
Bed scales/oversized beds available for patients greater than 300 lbs.						
Pediatric patients accepted List any age restrictions in comments.						
Accommodations for weekend admissions						
Therapy provided on weekends						
Therapists employed or subcontracted Answer in comments.						
Specialized care	Specialized care					
Wound care stages 1-4						
Negative pressure wound care devices						
Brain/head injury trauma						
Advanced wound care						
Spinal cord injury						
Ventilator dependent						
Ventilator weaning						
Complex tracheostomy care						
Routine tracheostomy care						
Hemodialysis coordination						
Hemodialysis in facility						
Peritoneal dialysis						
PCA pump						
Complex and/or multiple PIC lines						
Peripheral/central lines						
Peripheral lines for hydration						

Respiratory therapy							
Nebulizer treatments							
Service	Yes	No	Comments				
Specialized care (cont.)							
Colostomy/ileostomy							
Oral, IV, or subcutaneous drugs							
TPN							
Catheter care							
Specialty services not listed above							
Infusion therapy							
IV fluids or antibiotics							
Isolation room							
For infectious patients							
For MRSA patients							
If there is not an isolation unit, other like patients bunked in same room							
Other							
Nonemergent transportation (contracted)							
Signature:			Date:				