

## POLICY 30

### Skilled vs. Custodial Care

Skilled care is the provision of services and supplies that can be given only by or under the supervision of trained or licensed medical personnel. Skilled care is medically necessary when provided to improve or to maintain the quality of health of patients or to slow the decompensation of a patient's condition. Skilled care is prescribed for settings that have the capability to deliver such services safely and effectively and such care may include palliative treatment.

Custodial care is the provision of services and supplies that can be given safely and reasonably by individuals who are neither skilled nor licensed medical personnel.

The medical necessity and desired results of skilled care must be clearly documented by a written treatment plan approved by a physician. A patient may have skilled and custodial needs at the same time. In these circumstances, only those services and supplies provided in connection with the skilled care are to be considered as such. The treatment plan should include:

1. The applied therapies;
2. The frequency of the treatment consistent with the therapeutic goals;
3. The potential for a patient's restoration to a defined level of health within a predictable period of time, if applicable;
4. The time frame in which the prescribing physician shall review the case for the purpose of evaluating a patient's status and before reassessing the medical necessity of ongoing treatment; and
5. The maintenance, palliative relief, or the slowing of decompensation in a patient's status, if applicable.

Determinations of the medical necessity of skilled care must be based on the applicable standard of care.

#### References:

*Hughes v. Blue Cross of Northern California*, 215 Cal App 3d 832; 263 Cal Rptr 850 (1985).

*Wickline v. State of California*, 12 Cal App 3d 1630, 239 Cal Rptr 810 (1986).

*Compendium of AAFP Positions of Selected Health Issues*. Kansas City: American Academy of Family Physicians, 1994-1995:72-74.

*Medical Necessity of Physical and Occupational Therapy in Skilled Nursing Facilities*. Office of the Inspector General, 1998.

Adopted by the Board of Trustees, 9/14/00

Amendments adopted by the Board of Trustees, 4/30/04 and 2/19/05

## POLICY 31

### The Provision of Specialty Medical Care

Health care providers and reviewers should limit their practices to their respective clinical specialty, level of training and expertise based upon the applicable standard of care.

#### References:

61 *Am Jur* 2d Physicians and Surgeons. §110.

*Hughes v. Blue Cross of Northern California*, 215 Cal App 3d 832, 263 Cal Rptr 850 (1985).

Adopted by the Board of Trustees, 11/13/97

Reviewed by the Board of Trustees, 2/21/04