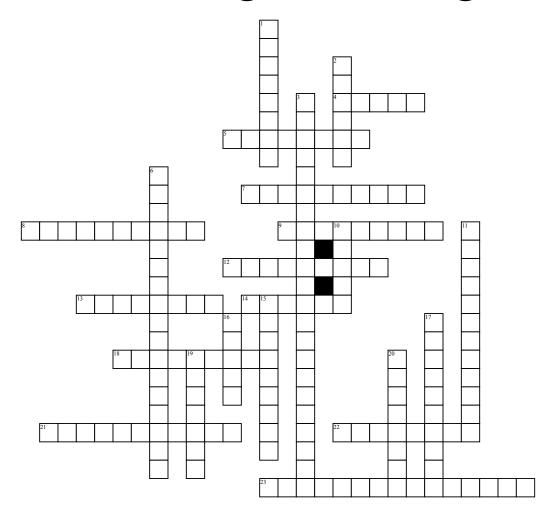
# Discharge Planning



### Across

4. Prior to a patient going to a SNF, the OBRA laws require form is sent to the facility. that a

illness or injury acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's

- 7. A physician must document a \_\_\_\_\_certification in order for a patient to receive home health services
  8. Medicare bills Part B for observation level patients, which
- benefit.
- 9. The  $\overline{\text{MIM}}$  is given to people for this type of hospitalization 12. Medicare uses these guidelines to determine if a patient is
- appropriate for observation, inpatient, or critical levels of care: 13. A patient may need IV antibiotics when they discharge home. A discharge planner would call a company that offers
- services.

  14. When a patient requires service from a SNF, Home Health agency, DME, etc, they are required to be offered before making their decision.
- 18. Approximately one hour or more prior to leaving for a

- 21. The MOON is given to people for this type of hospitalization
- 22. Only patients with a form of are required to receive the MIM or MOON. Patients with commercial insurance as a primary payor do not require these
- 23. Generally, a person will need a evaluation before determining if they're

eligible for SNF post-hospital.

- 1. CMS stands for: Centers for Medicare and Services.
- 2. The MIM explains to patients their rights on how to their discharge if they don't agree with the physician's determination
- **3.** A patient may require this level of care if they have a skilled need post-hospitalization to be performed by a RN, PT, OT, or ST daily
- **6.** The patient should be provided an \_\_\_\_\_, which details where their next appointments are and what medications they should take post-hospitalization.

- 10. \_\_\_\_ care is a level of health care in which a patient is treated for a brief but severe episode of illness, for conditions that are the result of disease or trauma, and during recovery from surgery.
- 11. A patient may require discharge to this level of care when family can no longer care for them in home. Medicare will not cover this level of care
- 15. A physician must also certify the patient's

status in order for a home health face to face to be complete

- 16. To qualify for SNF through Medicare, a patient most be hospitalized at the inpatient level for a minimum of
- 17. This type of agency offers RN, PT, OT, ST and MSW available in a patient's home.
- 19. A person may be eligible for this service in their home if a physician certifies that their disease process, if it progresses naturally, will result in the patient's demise in six months or less.
- 20. Medicare bills Part A for inpatient level of care patients, which is their benefit.

## Word Bank

Observation Skilled Nursing Facility Long Term Care Acute after visit summary choice Infusion Medicaid

Interqual appeal Physical Therapy face to face Home Health Three outpatient hospital Inpatient Medicare critical discharge

**PASRR** Hospice homebound