

Custodial Care

Policy Number: IN0250

Active policy, not scheduled for routine review.

Definition:

Custodial care is care designed essentially to assist an individual in his activities of daily living, with or without routine nursing care and the supervisory care of a doctor. While some skilled services are provided, the patient does not require continuing skilled service 24 hours daily. The individual is not under specific medical, surgical, or psychiatric treatment to reduce a physical or mental disability to the extent necessary to enable the patient to live outside an institution providing care, nor is there reasonable likelihood that the disability will be reduced to that level even with treatment.

The controlling factor in determining whether a patient is receiving custodial care is the level of care and medical supervision being received, rather than other considerations such as diagnosis, type of condition, or degree of functional limitation. However, these other considerations must be included in the overall review for custodial care.

A. Custodial care is determined to have occurred when:

1. The patient is not acutely ill, the condition is stable, and the patient has reached maximum benefits from hospitalization. (Patient may require constant supervision due to chronic condition (i.e. Alzheimer's).
2. No definitive therapeutic services or monitoring of vital signs requiring an inpatient setting (those which could not ordinarily be provided at home with competent assistance) have been ordered.
3. The nursing care provided is primarily maintenance of daily living, such as:
 - a. Ambulating and exercising (ROM)
 - b. Bathing and dressing
 - c. Catheter care
 - d. Colostomy care (established)
 - e. Control of activities
 - f. Routine palliative and prophylactic skin care
 - g. Feeding (including gastric (PEG) tube feeding)
 - h. Oral medication
 - i. Tracheotomy care (established)
4. The patient has no potential for rehabilitation or progress beyond the current level.
5. Discharge is pending the availability of suitable accommodations in a facility providing a lesser level of care, or suitable accommodations are not available.

B. The longer a patient remains in an institution, the greater the likelihood of a non-covered level of care. An extended stay does not in itself indicate a non-covered level of care. A patient's discharge from an institution after a relatively short period tends to indicate the care furnished to be on a covered level.

Similarly, the death of a patient shortly after admission to an institution tends to indicate a covered level of care being furnished.

C. Conditions which may result in a non-covered level of care include, but are not limited to:

1. Anoxia due to near-drowning
2. Arteriosclerotic heart disease (ASHD)
3. Arthritis, osteoarthritis
4. Cerebral palsy
5. Cerebral insufficiency
6. Cerebral vascular accident (old CVA, stroke)
7. Chronic brain syndrome (organic brain syndrome)
8. Coma
9. Head injuries (late effects)
10. Huntington's Chorea
11. Multiple sclerosis and other degenerative neuromuscular disorders
12. Paralysis, spinal cord injuries
13. Retardation (mental)
14. Senility, Alzheimer's disease

D. In determining whether an admission is custodial, it is necessary to obtain the available medical records for the admission.

1. The admitting history will show the patient's physical or mental status on admission and the purpose of the admission.
2. The progress notes will indicate the status of the patient's condition, degree of stability, and the discharge planning.
3. The doctor's orders will indicate the definitive therapeutic services to be provided, their frequency, and the degree of skilled nursing care and medical supervision required in the care of the patient.
4. The nurses' notes will indicate the actual amount of skilled nursing service being received by the patient.

Coverage:

Inpatient admissions which are custodial in nature are not covered by the Plan. When inpatient hospital or skilled nursing facility care is determined to be custodial, appropriate benefits are allowed for any medically necessary ancillary and physician's services usually covered on an outpatient basis.

Approval Procedures:

Not applicable.

Limitations and Exclusions:

All care which is custodial in nature, including inpatient admissions, is not covered.

Source:

G.S. 135-42(b)

GS 108A-70.21(b)

G.S. 135-40.6(2)d (statute effective through 6/30/08 for Predecessor Plan)

G.S. 135-40.7(2) (statute effective through 6/30/08 for Predecessor Plan)

G.S. 135-40.7(22) (statute effective through 6/30/08 for Predecessor Plan)

G.S. 135-40.7(5) (statute effective through 6/30/08 for Predecessor Plan)

G.S. 135-40.6(3) (statute effective through 6/30/08 for Predecessor Plan)

G.S. 135-40.1(17a) (statute effective through 6/30/08 for Predecessor Plan)

Complete Review of Policy:

December 1989

March 2005

Revised:

September 1999

December 2008