# SNF “PRACTICAL MATTER”

<table>
<thead>
<tr>
<th>REGULATION</th>
<th>STATEMENT</th>
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<td>Title 42 – Public Health 42 C.F.R. § 424.20 Requirements for posthospital SNF care</td>
<td>a) Content of certification—(1) General requirements. Posthospital SNF care is or was required because— (i) The individual needs or needed on a daily basis skilled nursing care (furnished directly by or requiring the supervision of skilled nursing personnel) or other skilled rehabilitation services that, as a practical matter</td>
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<td>Medicare Benefit Policy Manual (Pub. 100-02, Chapter 8, Sections 30-30.7)</td>
<td>One of the four criteria related to meeting the skilled services requirement in a SNF is the practical matter criteria identified in Section 30.7 of the Medicare Benefit Policy Manual (Pub. 100-02): As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF (see §30.7).</td>
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<td>Skilled Nursing Facility Manual – Chapter 2: Coverage of Services – 214.6</td>
<td>Services Provided on an Inpatient Basis as a “Practical Matter”.—In determining whether the daily skilled care needed by an individual can, as a “practical matter,” only be provided in an SNF on an inpatient basis, the individual's physical condition and the availability and feasibility of using more economical alternative facilities or services are considered.</td>
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| United Health Care SNF Coverage Based on Medicare Benefit Policy Manual (Pub. 100-02, Chapter 8, Sections 30-30.7) | As a practical matter notes:  
- In determining whether the daily skilled care needed by an individual can, as a “practical matter,” only be provided in a SNF on an inpatient basis, the member’s physical condition and the availability and feasibility of using more economical alternative facilities or services should be considered.  
- As a “practical matter,” daily skilled services can be provided only in a SNF if they are not available on an outpatient basis in the area in which the individual resides or transportation to the closest facility would be:  
  - An excessive physical hardship;  
  - Less economical; or  
  - Less efficient or effective than an inpatient institutional setting.  
- The availability of capable and willing family or the feasibility of obtaining other assistance for the member at home should be considered. Even though needed daily skilled services might be available on an outpatient or home care basis, as a practical matter, the care can be furnished only in the SNF if home care would be ineffective because the member would have insufficient assistance at home to reside there safely |
| Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance 50.4 - Medical Social Services to Meet the Patient’s Medically Related Social Needs | Medical social services are those social services, which contribute meaningfully to the treatment of a patient’s condition. Such services include, but are not limited to:  
a. Assessment of the social and emotional factors related to the patient’s illness, his or her need for care, response to treatment, and adjustment to care in the facility;  
b. Appropriate action to obtain case work services to assist in resolving problems in these areas; and  
c. Assessment of the relationship of the patient’s medical and nursing requirements to his or her home situation, financial resources, and the community resources available to him or her in making the decision regarding their discharge. |
Above is a sampling of Medicare law and regulation repeating the necessity of “practical matter” documentation which has evolved into a two-prong process:

1. The physician must declare the need for skilled services, through physician certification and admission orders to skilled nursing. The physician provides the diagnoses and skilled services required.
2. Social services – being the discipline which documents social history, family support, difficulties at home with safety, and discharge planning – must further declare the practical matter of the resident needing skilled level of care based on the responses to the initial interview process.