



## Skilled Nursing Facility Participation Criteria and Capability Survey

Texas | Medicaid • Medicare-Medicaid Plan

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

Facility name (DBA):	Tax ID:		
Legal/tax name:	NPI:		
Medicaid #:	Yes	No	
1. <b>Weekly medical assessment</b> There is a physician, certified nurse practitioner (CNP), or physician assistant (PA) on-site and available to evaluate patients at least weekly and more often as necessary.			
2. <b>Follow-up with primary care physician (PCP)</b> For all admissions, facility has a process in place to notify PCP of patient's admit, as well as to send the PCP a discharge summary upon discharge.			
3. <b>Admissions</b> Facility accepts patients 7 days a week, 24 hours a day from hospital, home, MD office, and/or Emergency department.			
4. <b>Staff to support admissions</b> Staff will be available five days a week, 7:30 a.m. until 8 p.m. to accept and communicate to member any admission and denial communication received from Wellpoint's Case Management.			
5. <b>Weekend and holiday admissions</b> When patient is admitted on a weekend day (Friday, Saturday, or Sunday) or on a holiday for therapy, therapy evaluation is completed within 24 hours of admission.			
6. <b>Therapies (physical &amp; occupational) 6 days per week</b> Facility provides PT and OT for Wellpoint patients six days a week.			
7. <b>Medication reconciliation</b> In preparation for discharge, facility has a process in place to review (with patient and/or family member/POA) current medications patient is taking, as well as those medications in place at home that patient was taking prior to admission.			
8. <b>Ability to provide electronic reviews sent through secure email</b> Facility has the ability through secure email to request and submit admission and concurrent clinical review updates.			
9. <b>CMS survey/inspection</b> Supporting documentation must accompany this survey: (a) <b>CMS overall Star rating</b> – At time of this submission, facility has an overall rating of 3 or more. (b) <b>Health deficiencies</b> – In facility's most recent CMS survey, facility has <b>at or below the current national average</b> health deficiencies. (c) <b>L3 health deficiencies</b> – In facility's most recent CMS survey, facility has <b>zero L3</b> health deficiencies.	<b>Date of most recent survey:</b>		

[provider.wellpoint.com/tx](https://provider.wellpoint.com/tx)

Medicaid coverage provided by Wellpoint Insurance Company to members in the Medicaid Rural Service Area and the STAR Kids program and Wellpoint Texas, Inc. to all other Wellpoint members in Texas.

Medicare-Medicaid Plan coverage provided by Wellpoint Texas, Inc.

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Service	Yes	No	Comments
<b>General</b>			
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			
<b>Specialized care</b>			
Wound care stages 1 to 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			
Patient-controlled analgesia (PCA) pump			
Complex and/or multiple PIC lines			
Peripheral/central lines			
Peripheral lines for hydration			
Respiratory therapy			
Nebulizer treatments			

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