

Criteria for SNF Alliance Membership

General Membership

- Open to all Ventura County SNF facilities
- Regular participation in all quarterly alliance meetings, no less than 90% unless CDPH is in your building.
 - Participation on 1 task force or subcommittee attendance also at no less than 90%
- Partners spend time together strategizing, planning and setting goals at quarterly meetings.
- Signed commitment from each participating entity – Coalition Charter
- Must be a licensed professional (NHA) with decision making ability or the ability to bring back ideas and content shared to make sure leadership and staff are aware and supportive.
- All facilities are welcome in the alliance, but will be removed if they do not meet these criteria.
- To be considered for preferred membership, a minimum of 1 year of general membership is required.

Preferred Membership Requirements

- Current membership includes 6 SNFs
- Regular participation in all alliance meetings and timely data submission, no more than 2 consecutive absences in a 12-month period, unless CDPH is in your building.
- At or below the LOS average of **18 days** each, respectively, for Medicare and Managed Care with a 1-year goal of reaching a LOS average of **15 days**. Outliers are calculated and reported separately
 - An outlier is defined as 3 times higher than the goal. An outlier is a 45 day LOS or more.
 - The average length of stay is calculated by adding the total length of stay for each discharged resident in the month and dividing by the number of discharge residents in a month.
- At or below an average **16%** 30-day readmission rate respectively for Medicare and Managed Care with a 1-year goal of reaching a **13%** readmission rate.
 - The criteria taskforce will review if these criteria and goals are being met every 6 months (January and July)
 - Readmission- HSAG
- Track and share self-reported referral and denial trends from the alliance hospitals including reasons for denials. Reasons for denial should fall into one of the categories below:
 - Cost of care, outstanding financial issues, unable to meet patient needs, uncompensated behavioral health
 - Quarterly the hospitals will pull reports with denial reasons and submit to the criteria committee.
- Track and report 30-day readmission rates post SNF discharge and 30 day phone call compliance.
 - 30-day phone calls post SNF discharges need to occur
 - Care plan follow-up to include: HH SOC, DME, medications, physician appointments, and any additional care coordination needs.

Requests for data submission will occur quarterly from committee chair or designee. Email reminder will be sent the last week of each previous quarter during these months: March/June/September/ December.

- Upon taskforce review, if a facility does not meet any of the above stated criteria, the taskforce will notify the facility in writing and request that they submit a corrective action plan within 30 days
- The facility will be given 6months from that date to enact their plan and meet criteria.
- Should a preferred facility not submit a corrective plan timely or make the needed changes within the 6 month time frame, they will lose preferred status and another facility from general membership will be identified to move into preferred status.
- Preferred membership will be limited to 7 facilities
- The selection from general members in good standing will be based Star Rating, LOS, and Readmission rates.

Preferred members would be identified by the hospital case manager and shared with patients as they consider their choice of SNF.

Criteria not being met by a SNF will be reviewed and addressed by the Criteria in Good Standing committee with the individual SNF in order to develop an action plan for improvement.