



HOME HEALTH SERVICES

Brief Coverage Statement

Home health services are a benefit for Colorado Medicaid Recipients. Home health includes services provided by a licensed and certified Home Health Agency (HHA) for clients who need intermittent home health services as defined in this document. Home health services consists of skilled nursing (provided by a registered nurse or licensed practical nurse), certified nursing assistant (CNA) services (may also be referred to as home health aide services), physical therapy (PT), occupational therapy (OT) and speech/language pathology (SLP) services. Service(s) must be reasonable and necessary for the treatment of the illness or injury, which means that the services must be consistent with the unique nature and severity of the member's illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practice, without regard to whether the illness or injury is acute, chronic, terminal, or expected to last a long time.

Home health services must be delivered in the client's place of residence as defined by this policy.

Home health agencies are responsible for providing routine medical supplies for the care of home health clients.

This policy is for the State Plan home health benefit and will not address additional benefits and services that are available through other state plan services, Home and Community Based Services (HCBS) waiver benefits administered by The Colorado Department of Health Care Policy and Financing or by the Colorado Department of Human Services, Division of Developmental Disabilities including personal care (PCP), relative personal care (RPCP), homemaking services (HMKR), independent living skills training (ILST), in home support services (IHSS), consumer directed attendant support services (CDASS) or other community and/or home based treatments.

Services Addressed in Other Policies

- Private Duty Nursing
- ~~HCBS Homemaker Services~~
- ~~HCBS Personal Care Services~~

Eligible Providers

PRESCRIBING PROVIDER

- Physician



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• Doctor of Osteopathy

- Podiatrist

RENDERING AND BILLING PROVIDER

Qualified staff who may be employed by or under contract to the HHA for which the HHA may bill for their services:

1. Registered Nurses (RN) and Licensed Practical Nurses (LPN), who have a current, active license in accordance with the Colorado Nurse Practice Act (CRS 12-38-1010);
2. Physical therapists (PT) who have a current, active license in accordance with the Colorado Physical Therapy Practice Act (CRS 12-41-101);
 - 2.1. Physical therapy assistants may provide physical therapy to home health clients under direct supervision of a licensed physical therapist.
3. Occupational therapists (OT) who have a current, active license in accordance with the Colorado Occupational Therapy Practice Act (CRS 12-40.5-101);
 - 3.1. Occupational therapy assistants can render home health therapy but may practice only under the direct supervision of a Colorado registered occupational therapist.
4. Speech language pathologists (SLP) who have a current, active license certification with the National Association of Speech Language Pathologists; and/or
5. Certified nursing assistants who have a current, active ~~leertification~~certification in accordance with the Colorado Nurse Aide Practice Act (CRS 12-38.1).

Agency Requirements

Home health agencies must be licensed by the State of Colorado as a Class A Home Care Agency in good standing, must be Medicare and Medicaid certified, and determined to comply with the Medicare Conditions of Participation for HHAs as specified by Title 42 CFR, Part 440.70. The HHA shall:

1. Meet the home health Medicare Conditions of Participation as determined through a survey conducted by the Colorado Department of Public Health and Environment; and
2. Be actively enrolled as a Medicare and Medicaid home health Provider.
3. An agency may also choose to be accredited or have deemed status by the Joint Commission (JC), Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care, Inc (ACHC).

Eligible Places of Services

Home health services are provided in a client's place of residence, which is defined as:



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1. A client's place of residence includes any type of assisted living facility (ALF) including an alternative care facility (ACF);
2. A Supports (IRSS) Host Homes and Settings when services do not duplicate services that are the contracted responsibility of the IRSS;
3. A temporary place of residence is a client's residence for the purpose of this policy. A temporary place of residence includes temporary accommodations such as a relative's home or a hotel. Temporary accommodations may include homeless shelters or other locations provided for home health services for individuals who are homeless or have no permanent residence;
4. Services may be provided in common living areas of a client's residence, such as a dining room in an Assisted Living Facility;
5. Acute home health services may be provided in Group Residential Services & Supports (GRSS) group home setting. Clients ages 20 and younger may receive physical therapy, occupational therapy or speech therapy under long-term home health (LTHH).

Eligible Clients

Medicaid clients qualify for home health services when they meet all of the following requirements:

1. The client requires home health services for the treatment of an illness, injury, or disability, which may include mental illness;
2. The client is unable to perform the health care tasks for him or herself, and he or she has no family/caregiver who is willing and able to perform the skilled tasks;
3. The client lives in an eligible place of service as defined in this policy;
4. For long-term home health services, the client meets the long-term care certification requirements as defined in this policy, and/or the client requires continued home health services for an acute care need after the first 60 calendar days of home health services;
5. The client requires services provided at his or her residence, because the client's care cannot appropriately or effectively be received in an outpatient treatment office or clinic:
 - 5.1. It is not possible to go to an outpatient setting, as a result of the client's illness, injury or disability;
 - 5.2. It would create a medical hardship for the client;
 - 5.3. It is contra-indicated by the client's documented medical condition;
 - 5.4. It would interfere with the effectiveness of the service; or
 - 5.5. It is not an effective setting in which to accomplish the care related to the clients' medical condition on a short-term basis?
6. The services are beyond the normal tasks that would customarily be carried out by a client's family/caregiver.



General Requirements

Home health services are covered when the services are:

1. Provided for the treatment or mitigation of an illness, injury, or disability, which may include mental illness;
2. Medically necessary as defined in this policy;
3. Ordered and provided under a current written plan of care with the qualified physician's oversight;
4. Provided on an intermittent basis;
5. Provided in the client's place of residence or temporary residence instead of a physician's office, clinic, other outpatient setting, nursing facility or inpatient setting;
6. Prior authorized by the Department's Designated Review Entity except under limited circumstances as described in this document;
7. Are of the type, duration and intensity normally required based on the nature and severity of the illness, injury, or unique medical condition, and the accepted standards of medical and nursing practice; and
8. Not covered by Medicare or other third party insurance. For more information on requirements for clients who have Medicare or other health insurance, see the Billing Manual for Medicaid home health.

Plan of Care Requirements

Home health services shall be ordered in writing by the client's attending physician as part of a written plan of care. Written plan of care shall be updated every 60 calendar days in compliance with Medicare regulations. However, it is not necessary to provide the updated plan of care to Medicaid and/or the Department's Designated Review Entity unless the client's status has changed significantly and/or a new PAR request is needed. The initial admission assessment and/or continuation of care assessments shall be completed by a registered nurse (or by a physical therapist or speech therapist when no skilled nursing needs are required) and should be utilized to develop the plan of care with provider input and oversight. However, when a client does not require skilled nursing care, a therapist may establish the Medicaid plan of care. The written plan of care and associated documentation shall be completed on a HCFA-485 (or a document that is identical in content) and shall include:

1. Identification of the attending physician
2. Physician orders
3. An explanation of the medical necessity for the requested Medicaid home health services, including:
 - 3.1. Identification of the specific diagnoses, including the primary diagnosis, for which Medicaid home health services are requested. Diagnoses shall be noted on the plan of



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care using the current federal coding guidelines with the primary diagnosis for which home health care is need shall be listed first

- 3.2. The specific circumstances, client condition(s) or situation(s) that require services to be provided in the client's residence rather than in a physician's office, clinic or other outpatient setting
 - 3.3. The specific medical supplies, appliances or durable medical equipment to be provided
 - 3.4. The amount, frequency and duration of visits specific to nursing, CNA or therapy services to be provided. This includes nursing assessments and, when appropriate, therapy assessments
 - 3.5. Current clinical summary or updates of the client and the client's health status
 - 3.6. The goals and planned outcomes of treatment
 - 3.7. The attending physician's approval shall be evidenced by signing and dating the care plan. If an electronic signature is used, the agency must keep a copy of the physician's physical signature on file.
4. Other diagnosis(es) and other relevant information related to the health care needs of the client including but not limited to mental status, prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications and treatments

A new plan of care must be completed every two months while the client is receiving home health services. The plan of care must include evidence of review by the physician every 60 days.

ADDITIONAL DOCUMENTATION REQUIRED FOR PAR REVIEW

The following shall be provided with a prior authorization request.

1. A statement describing the client's and/or caregivers/family's willingness and ability to provide some or all of the requested services.
2. The homebound status of the client.
3. For clients who reside in an Assisted Living Residence, host home or group home, an explanation of how the requested HHA services do not duplicate the services that are the responsibility of the Residential provider.
 - 3.1. The agency is not required to but may attach a copy of the ALF resident agreement to help document the services included in the rates and charges as specified in the resident agreement.
4. For clients who are receiving nursing services and/or personal care (skilled or unskilled) services from other Medicaid programs including, but not limited to the Medicaid HCBS waiver programs, or from other payers, an explanation of how the requested home health services do not overlap with these other services.



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- 4.1. The agency is not required to but may attach a calendar of when the various known providers of nursing and personal care services are providing services to the resident (date and time with duration) in order to demonstrate there is no overlap in coverage.

OTHER DATA THAT MUST BE MAINTAINED IN THE CLIENT CHART

1. A signed copy of the Written Notice of Home Care Consumer Rights as required by the state.
2. Evidence of a face to face visit with the client's referring provider as defined by CMS.
3. A signed and dated copy of the Agency Disclosure Form as required by the state.
4. When known, the dates of the most recent hospitalization and/or nursing home stay. If the most recent stay was within the last 90 days, the reason for the stay (diagnoses), length of stay, summary of treatment, date discharged and place discharged to should be included in the clinical summary or update.
5. An emergency plan including the safety measures that will be implemented to protect against injury.
6. How the agency will cover the client (family/caregiver or other agency staff) in the event of agency staff is not able to deliver the doctor ordered care due to inclement weather or other unforeseen incident.
7. Notation indicating whether or not the client, and at the client's option, his or her family or anyone else of his or her choosing, participated in developing the plan of care (and who the person(s) are in relation to the client).
8. If foot care is ordered for the client, the clinical record shall specifically and clearly document signs and symptoms of the disease process/condition that requires foot care by a nurse.
 - 8.1. -The clinical record shall indicate and describe an assessment of the foot or feet, and physical and clinical findings consistent with the diagnosis and the need for foot care to be provided by a nurse.
9. When nursing visits include wound care or foot care, documentation shall specifically and clearly describe the ongoing assessment and outcome of treatment and when necessary shall include the measurement and description of any wound or change in condition.
10. The discharge plan for the client.
11. The expected health outcomes.

Covered Services and Limitations

Home health services covered by Medicaid are limited to skilled nursing services, certified nursing ~~assitant~~assistant services, occupational therapy services, physical therapy services, and speech/language pathology services. Home health services are divided into four service types:

- Acute home health services;



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- Long-term home health services;
- Extraordinary home health services
- Telehealth services

Limitations, conditions, and special considerations for home health services are noted when applicable throughout this document.

ACUTE HOME HEALTH SERVICES

Acute home health services are for client's who experience an acute health care need that necessitates skilled home health care and are allowed for up to 60 calendar days or until the acute condition is resolved, whichever comes first. Acute home health services are provided for the treatment of the following acute conditions/episodes:

1. Infectious disease,
2. Pneumonia,
3. New diagnosis of a life-altering disease, such as, but not limited to, diabetes or COPD,
4. Status post heart attack or stroke,
5. Care related to post-surgical recovery,
6. Post-hospital care provided as follow-up care for the condition that required hospitalization, including neonatal disorders,
7. Post-nursing home care, when the nursing home care was provided primarily for rehabilitation following hospitalization (such as, but not limited to, a fracture, heart attack or other event) and the condition is likely to resolve or stabilize to the point where the client will no longer need home health services within 60 days of initiation of home health services,
8. Complications of pregnancy,
9. Individuals who experience an acute incident related to a chronic disease, such as diabetes or COPD, may also be treated under the acute home health benefit.

A client may receive an additional period of acute home health services only if at least 10 business days have elapsed since the last acute episode *and* the acute episode is for a new acute issue.

Medicaid fee for service acute home health services do not require a prior authorization request (PAR) and shall not exceed 60 days in duration.

Nursing visits provided solely for the purpose of assessment and/or teaching are covered only during the acute period and under the following guidelines:

1. An initial assessment visit ordered by a physician is covered when it is likely that ongoing nursing or certified nursing assistant care may be needed.



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2. Teaching visits, up to a maximum of two (2) visits, to educate the client or the client's unpaid family/caregiver to perform care are permitted. Once the client or the client's unpaid family/caregiver is able to demonstrate understanding or to perform care, teaching visits are no longer covered. If the client or unpaid family/caregiver is unable to learn or to perform the skill being taught, teaching visits are no longer covered. Legally responsible adults, willing family/caregivers and recipients are expected to be taught care which can be rendered reasonably and safely by family/caregiver.

LIMITATIONS:

1. A new period of acute home health may not be used for continuation of treatment from a prior acute home health episode.
2. A client who is receiving either long-term home health services for chronic conditions or HCBS waiver service recipients may receive acute home health services only if the client experiences an acute incident that makes acute home health services necessary.
3. A condition is considered acute only until it is resolved or until 60 calendar days after onset, whichever comes first.
4. The 60 calendar day period does not mean that services must be received daily. Client may be discharged from the agency's care prior to the end of 60 days or may be transitioned to long-term home health prior to the end of the 60-day period.
5. The frequency and duration of acute home health services is based on each client's individual needs.
6. Clients who are expected to need more than 60 days of home health services should be evaluated for long-term home health services.

LONG-TERM HOME HEALTH SERVICES (LTHH)

Long-term home health is for clients who have long-term chronic needs requiring ongoing home health services that allow the client to remain at home instead of a nursing facility. These services include home health services provided:

1. Following the 60th calendar day for acute home health clients who require additional time and services to allow the client to be safely discharged from home health services.
2. On the first day of home health services for clients with chronic needs (the provider may not begin with acute home),

All long-term home health services require a PAR.

LIMITATIONS:

1. Home health physical therapy, occupational therapy and speech therapy are not benefits included in long-term home health services and shall be utilized via outpatient offices.



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2. Clients ages 20 and younger may obtain long-term therapy services when medical necessity for home health therapy vs. outpatient therapy is established.
3. Clients who are 21 years and older who continue to require therapy after the acute home health period may obtain long-term therapy services in an outpatient setting.
4. Clients who are admitted to long-term home health through the HCBS waiver program must meet level of care criteria to qualify for long-term home health services.

EXTRAORDINARY HOME HEALTH SERVICES

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is medically necessary to correct or ameliorate a defect, physical or mental illness, or a condition or health problem identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Therefore, under EPSDT, children ages 20 and younger are eligible for home health care with less restrictive limitations than adults ages 21 and over.

Services must be medically necessary, as defined in the EPSDT rule, and must be appropriate to the needs of the client. CNA skilled services must be above and beyond the usual and customary responsibilities of the family/caregiver.

Additional Benefits available to EPSDT recipients are:

1. Clients may be eligible for unskilled personal care when unskilled personal care is not the usual and customary responsibility for the family/caregiver.
2. Homemaking tasks when necessary for the health and wellbeing of the client when homemaking skills are not the usual and customary responsibility for the family/caregiver.
3. Physical Therapy Services for rehabilitative, restorative, maintenance or for developmental needs during acute or long-term home health care when the proposed plan for therapy services address skills that the child is ready for developmentally, and/or cognitively.
4. Occupational Therapy Services for rehabilitative, restorative, maintenance or for developmental needs during acute or long-term home health care long-term when the proposed plan for therapy services address skills that the child is ready for developmentally, and/or cognitively.
5. Speech/Language Services for rehabilitative, restorative, maintenance or for developmental needs during acute or long-term home health care long-term when the proposed plan for therapy services address skills that the child is ready for developmentally, and/or cognitively.
6. Client may receive EPSDT home health in natural environments other than the client's place of residence when it is deemed medically necessary and is likely to produce the best outcome for the client.



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7. Services may be received in locations other than the client's residence if necessary for the client's wellbeing

LIMITATIONS:

1. Services must be prior authorized by the Department's Designated Review Entity and must medically necessary.

TELEHEALTH SERVICES

Home health telehealth services are the remote monitoring of clinical data through technologic equipment in order to detect minute changes in the client's clinic status that will allow home health agencies to intercede before a chronic illness exacerbates requiring emergency intervention or inpatient hospitalization. Monitoring criteria and interventions shall be developed collaboratively between the client's provider and the home health agency. A nurse shall review all data on the day that the ordered data is received or in cases where the data is received after business hours then on the first business day following receipt of the data.

1. A client must have one of the following conditions to be eligible for telehealth monitoring:
 - 1.1. Congestive Heart Failure;
 - 1.2. Chronic obstructive pulmonary disease;
 - 1.3. Asthma, or
 - 1.4. Diabetes
2. The client shall require ongoing and frequent monitoring, a minimum of 5 times weekly, to manage his or her chronic diagnosis, as defined and ordered by a physician or podiatrist;
3. The client must demonstrate a need for ongoing monitoring as evidenced by having been hospitalized two or more times in the last twelve months for conditions related to the qualifying diagnosis (or, if the client has received home health services for less than six months, the client was hospitalized at least once in the last three months), an acute exacerbation of a qualifying diagnosis that requires telehealth monitoring, or new onset of a qualifying disease that requires ongoing monitoring to manage the client in his or her residence.

LIMITATIONS:

1. Services must be prior authorized by the Department's Designated Review Entity uses the Telehealth services PAR form.
2. Client must meet the inclusion criteria for telehealth services.



Nursing Services

STANDARD NURSING VISITS

Skilled nursing services are nursing services provided on an intermittent basis that require the skills of a licensed nurse. Skilled nursing services provided by an LPN must be provided under the direct supervision of the RN. Tasks that are completed in a standard nursing visit unit include, but are not limited to:

1. Any visits for Administration of intravenous medication;
2. 1st medication box fill (medication pre-pouring) of the week
3. Administration of intramuscular injections, intradermal, and subcutaneous injections only when not able to be administered safely and appropriately by the client or his or her family/caregiver; when injections are required multiple times daily the remaining injections shall utilize the brief nursing unit;
4. Insertion or replacement of indwelling urinary catheters;
5. Colostomy and ileostomy stoma care; excluding care performed by clients;
6. Treatment of decubitus ulcers (stage 2 or greater);
7. Treatment of widespread infected or draining skin disorders;
8. Wounds that require sterile dressing changes
9. Restorative nursing procedures, including related teaching and adaptive aspects of nursing, which are a part of active treatment and require the presence of licensed nurses at the time of performance;
10. Nasopharyngeal, tracheotomy aspiration or suctioning, ventilator care;
11. For Bolus or continuous Levin tube and gastrostomy (G-tube) feedings, when formula/feeding needs to be prepared or more than 1 can of prepared formula is needed per bolus feeding per visit ONLY when there is not an able caregiver; and
12. Complex wound care requiring packing, irrigation, and application of an agent prescribed by the physician.

LIMITATIONS:

1. Nursing assessment visits are not covered if provided solely to open the case for certified nursing assistant care, physical, occupational, or speech therapy.
2. Skilled nurses are expected to assess and teach the client during standard home health skilled nursing visits. Additional visits with the sole purpose of assessing and/or teaching are not covered.
3. Visits solely for re-certifying a client are not covered by Medicaid.
4. Nursing visits that are scheduled solely for Nurse Aide supervision are not reimbursed by Medicaid.



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5. Family members/caregivers may be employed as a client's nurse, but may only provide services that exceed the usual responsibilities of the family/caregiver.
6. All nurses who provide home health services shall be subject to all of the requirements set forth by the policies of the home health agency, and the rules and regulations put forth by the Colorado Department of Public Health and Environment, the Colorado Department of Health Care Policy and Financing, the Colorado Department of Regulatory Agencies, the Centers for Medicare and Medicaid and the Division of Labor. A maximum of two (2) PRN (pro re nata) or as needed nursing visits may be requested on a PAR and the request must correspond with a signed and dated MD order.

BRIEF NURSING VISITS

Nursing visits for established long-term home health clients who require multiple visits in one day for uncomplicated skilled tasks that can be completed in a shorter or brief visit includes, but is not limited to:

1. All client's seen in the same day by the same home health agency who reside in the same location (Two of more clients in one home, two or more clients who reside in the apartment complex, same Assisted Living Facilities, etc);
2. Insulin injections excluding the first visit of the day unless insulin administration is the sole reason for the visits. If insulin administration is the sole visit for all daily or multiple times a day visit, then the first visit of the week may be billed at a standard rate and all other visits of the week shall be billed at the brief rate;
3. Intramuscular, intradermal and subcutaneous injections other than Insulin when required multiple times daily excluding the first visit of the day unless administration of the injection is the sole reason for the visits. If administration of prescribed injections is the sole visit for all daily or multiple times a day visit, then the first visit of the week may be billed at a standard rate and all other visits of the week shall be billed at the brief rate;
4. All visits where dry wound care dressings are the sole reason for the visit;
5. All visits where catheter irrigation is the sole reason for the visit;
6. All visits where external catheterization and/or care is the sole purpose for the visit.
7. Bolus Levin or G-tube feedings of 1 can of prepared formula excluding the first visits of the day ONLY when there is no able caregiver and it is the sole purpose of the visit;
8. When simple wound care for up to 2 wounds is the sole purpose of the visit;
9. When stage one pressure ulcer wound care is the sole purpose of the visit;
10. Medication box refills or changes following the 1st refill or the week;
11. Nursing Visits for the sole purpose of providing foot care as defined in this document;
12. Other non-complex nursing tasks as deemed appropriate by the Department or the Department's Designated Review Entity; and/or
13. A combination of uncomplicated tasks when deemed appropriate by the Department's Designated Review Entity.



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The need for on-going assessment of the client does not necessitate a standard visit unit unless the client experiences a change in status requiring a longer visit. If the agency believes that additional time is required for the above tasks, the agency shall provide the rationale for the need for extended visits on the PAR form and on the plan of care documentation for the Department's Designated Review Entity.

LIMITATIONS:

1. A maximum of two (2) PRN (pro re nata) or as needed nursing visits may be requested per certification period and the request must correspond with a signed and dated MD order.

NURSING VISITS FOR FOOT CARE

Nursing visits provided solely for the purpose of providing foot care are covered when a client has documented diagnoses or conditions which could lead to a high risk of medical complications from injuries to the feet, and when the client and/or unpaid family/caregiver is not able or willing to provide the foot care.

Foot care services provided to clients with severe peripheral involvement are covered when one of the following clinical findings is documented in the clinical record:

1. Absent (not palpable) posterior tibial pulse and/or dorsalis pedis pulse;
2. Three of the advanced trophic changes such as:
 - 2.1. Hair growth (decrease or absence),
 - 2.2. Nail changes (thickening),
 - 2.3. Pigmentary changes (discoloration),
 - 2.4. Skin texture (thin, shiny),
 - 2.5. Skin color (rubor or redness);
3. Claudication (limping, lameness);
4. Temperature changes (cold feet);
5. Edema;
6. Parasthesia;
7. Burning.

Certified Nursing Assistant (CNA) Services

Certified nursing assistant (CNA) services include skilled personal care services, and may also include related unskilled personal care and homemaking tasks if such tasks are completed during the skilled care visit. Unskilled personal care and homemaking tasks shall only be covered during ass home health visitsservices when all of the below are true:



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1. They are ordered by the attending physician;
2. The personal care and/or homemaking tasks are not the usual and customary responsibilities of the family/caregiver;
3. The client and/or unpaid family/caregiver is not able to complete tasks;
4. They are provided during the client’s home health skilled visit;
5. The unskilled personal care and homemaker tasks are secondary and contiguous to skilled personal care and do not require additional skilled time to complete the tasks; and
6. The personal care tasks are not duplicated by waiver services, the client’s residence (such as an ALF, IRSS, GRSS, other Medicaid reimbursed residence, or adult day care setting).

Skilled care is provided by a certified nursing assistant when a client is unable to independently complete one or more of his or her activities of daily living. CNA care is appropriate when a client demonstrates a skilled need for care as defined in this policy. Activities of daily living may not be provided by a home health CNA when they are the contracted responsibilities of an assisted living facility, IRSS, GRSS or other Medicaid reimbursed residence.

SKILLED CERTIFIED NURSING ASSISTANT SERVICES

AMBULATION

<u>Included in Task</u>	<u>Walking/moving from place to place with or without assistive device.</u>
<u>Frequency of Task</u>	<u>As ordered by the qualified physician on the home health plan of care; ambulation shall not be the sole purpose for the CNA visit; clients may have additional ambulation needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>When a hand on assistance is required for safe ambulation and client is unable to maintain balance or to bear weight reliably or has not been deemed independent with assistive devices ordered by a qualified physician. There must be a documented decline in condition and/or on-going need documented in the client’s record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist clients with ambulation who have the ability to balance and bear weight or when the client is independent with an assistive device.</u>
<u>Special Considerations</u>	<u>Should not be a standalone reason for a visit; Ambulation</u>



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	<p><u>problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u></p>
<p><u>BATHING/SHOWERING</u></p>	
<p><u>Included in Task</u></p>	<p><u>Bathing includes getting the tub or basin ready, drawing the water or starting the shower, checking the temperature, wetting client, applying soap and shampoo (when applicable), rinsing off, towel drying, and cleaning up afterward the bath/shower by rinsing the tub, wiping spills, etc. as needed. Bathing also includes all transfers and ambulation related to the bathing, and all hair care, pericare and skin care provided in conjunction with the bathing. It may also include providing a bed bath or sponge bath.</u></p>
<p><u>Frequency of Task</u></p>	<p><u>Up to daily; must be ordered by the qualified physician on the home health plan of care; clients may have additional bathing/showering needs that are not solely met by the home health plan of care.</u></p>
<p><u>Factors that Make Task Skilled</u></p>	<p><u>The presence of open wound(s), stoma(s), broken skin and/or active chronic skin disorder(s); client is unable to maintain balance or to bear weight reliably or due to fragility of illness, injury or disability, history of falls, temporary lack of mobility due to surgery or other exacerbation of illness, injury or disability. There must be a documented decline in condition and/or on-going need documented in the client's record.</u></p>
<p><u>Factors that Make Task Unskilled</u></p>	<p><u>Bathing is considered unskilled when a client needs minimal assistance with bathing, when the skin is unbroken and/or the client is independent with assistive devices.</u></p>
<p><u>Special Considerations</u></p>	<p><u>Additional baths may be warranted for treatment and must be documented by doctor order and plan of care. Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. A second person may be</u></p>



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used when required to safely bathe the client. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client's ability to perform this task.

BLADDER CARE

<u>Included in Task</u>	<u>Bladder care includes assistance with toilet, commode, bedpan, urinal, or diaper and includes transfers, skin care, ambulation and positioning related to bladder care, as well as emptying and rinsing commode or bedpan after each use. This task concludes when the client is returned to their pre-urination state.</u>
<u>Frequency of Task</u>	<u>As ordered by the qualified physician on the home health plan of care; clients may have additional bladder care needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Unable to assist or direct care, broken skin or recently healed skin down (less than 60 days). Client requires skilled skin care associated with bladder care or client has been assessed as having a high and on-going risk for skin breakdown. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client to and from the bathroom, provide assistance with bedpans, urinals and commodes; pericare, and/or changing of clothing and pads of any kind used for the care of incontinence</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

BOWEL CARE



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<u>Included in Task</u>	<u>Changing and cleaning incontinent client or hands on assistance with toileting, as well as returning client to pre bowel movement status, which includes transfers, skin care, ambulation and positioning related to the bowel program.</u>
<u>Frequency of Task</u>	<u>As ordered by the qualified physician on the home health plan of care; clients may have additional bowel care needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Unable to assist or direct care, broken skin or recently healed skin down (less than 60 days). Client requires skilled skin care associated with bladder care or client has been assessed as having a high and on-going risk for skin breakdown. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client to and from the bathroom, provide assistance with bedpans and commodes; pericare, or changing of clothing and pads of any kind used for the care of incontinence.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

BOWEL PROGRAM

<u>Included in Task</u>	<u>Bowel programs include administering bowel program as ordered by the client's qualified physician and may include digital stimulation, administering enemas, suppositories and returning client to pre-bowel program status which may include care of a colostomy or illeostomy, which includes emptying the ostomy bag, changing the ostomy bag and skin care at the site of the ostomy and returning the client to pre-procedure status.</u>
<u>Frequency of Task</u>	<u>As ordered by the qualified physician and only as detailed on the home health plan of care; clients may have additional bowel program needs that are not solely met by the home</u>



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	<u>health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Clients must have a stable bowel program/condition and CNA must be competent to provide the client specific program as ordered by a qualified physician. Use of digital stimulation and over the counter suppositories or over the counter enema (not to exceed 120ml) only when the CNA demonstrates competency according to the agencies policy & procedure in the task. (Agencies may choose to delegate this task to the CNA). There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may empty ostomy bags and provide assistance with other ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse. A personal care provider shall not perform digital stimulation, insert suppositories or give an enema.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>
<u>CATHETER CARE</u>	
<u>Included in Task</u>	<u>Catheter care includes care of external catheters, foley and suprapubic catheters, changing from a leg to a bed bag and cleaning of tubing and bags as well as perineal care, emptying catheter bag and includes transfers, skin care, ambulation and positioning related to the catheter care.</u>
<u>Frequency of Task</u>	<u>Once daily as ordered by the qualified physician on the home health plan of care; clients may have additional catheter care needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Care of external catheters is considered skilled care and/or when there is a need to record and report the client's indwelling or external catheter urinary output to the client's</u>



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	<u>nurse. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may empty urinary collection devices, such as catheter bags as well as provide pericare for client with indwelling catheters.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Catheter care shall not be the sole purpose of the CNA visit. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

DRESSING

<u>Included in Task</u>	<u>Dressing includes dressing, and undressing, with ordinary clothing, including pantyhose or socks and shoes. Dressing includes getting clothing out, putting it on or off, and may include braces and splints if purchased over the counter or they have not been ordered by a qualified physician. This task also includes all transfers and positioning related to dressing and undressing.</u>
<u>Frequency of Task</u>	<u>Up to 2 times daily as ordered by the qualified physician on the home health plan of care; clients may need additional clothing changes due to soiling clothes throughout the day that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Dressing is considered a skilled task only when the CNA must assist with application of anti-embolic or pressure stockings placement of braces or splints that can be obtained only with a prescription of a qualified physician or when the client is unable to assist or direct care. Services may also be skilled when the client experiences a temporary lack of mobility due to surgery or other exacerbation of illness, injury or disability. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task</u>	<u>Dressing is considered unskilled when the client only needs</u>



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<p><u>Unskilled</u></p>	<p><u>assistance with ordinary clothing and application of support stockings of the type that can be purchased without a physician’s prescription. A personal care provider shall not assist with application of an ace bandage and anti-embolic or pressure stockings that can that can be obtained only with a prescription of a qualified physician.</u></p>
<p><u>Special Considerations</u></p>	<p><u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client’s ability to perform this task.</u></p>

EXERCISE/RANGE OF MOTION (ROM)

<p><u>Included in Task</u></p>	<p><u>This task only includes ROM and other exercise programs that are prescribed by a therapist or qualified physician, and only when the client is not receiving exercise/ROM from a therapist or a doctor on the same day. The CNA must be trained in the exercise program, and the program shall be maintained in the client’s record and shall be evaluated and renewed by the qualified physician or therapist with each plan of care.</u></p>
<p><u>Frequency of Task</u></p>	<p><u>Only as ordered by the qualified physician on the home health plan of care; clients may have additional exercise/ROM needs that are not solely met by the home health plan of care.</u></p>
<p><u>Factors that Make Task Skilled</u></p>	<p><u>Services must be provided by a certified nursing assistant when the exercise or range of motion exercise is prescribed by a qualified physician. Skilled services include ROM and when the CNA has demonstrated competency, the CNA may also perform passive ROM exercises. There must be a</u></p>



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	<u>documented decline in condition and/or on-going need documented in the client’s record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client with exercise. However, this does not include assistance with a plan of exercise prescribed by a qualified physician. A personal care provider may remind the client to perform ordered exercise program. Assistance with exercise that can be performed by a personal care provider is limited to the encouragement of normal body movement, as tolerated, on the part of the client and encouragement with a prescribed exercise program. A personal care provider shall not perform passive ROM.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

FEEDING

<u>Included in Task</u>	<u>Ensuring the food is the proper temperature, cutting food into bite-size pieces or ensuring the food is at the proper consistency for the client up to and including place food in client's mouth. G-tube formula preparation, verifying placement and patency of tube, administering tube feeding and flushing tube following feeding</u>
<u>Frequency of Task</u>	<u>Up to 3 times daily (snacks are not included) as ordered by the qualified physician on the home health plan of care; clients may have additional feeding needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Syringe feeding and tube feeding may be performed by a CNA who has been deemed competent to administer feedings via tube or syringe (agencies may also choose to delegate this task to the CNA). Oral feeding is skilled only when the client has been diagnosed by a qualified physician or a speech</u>



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	<u>therapist to be choking risk due to a physiological swallowing problem or when there is the presence of a structural issue (such as cleft palate). There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>Personal care providers can assist clients with feeding when the client can independently chew and swallow without difficulty and be positioned upright. Client is able to eat or be fed with adaptive utensils.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

HYGIENE – HAIR CARE/GROOMING

<u>Included in Task</u>	<u>Hair care includes shampooing, conditioning, drying, styling and combing.</u>
<u>Frequency of Task</u>	<u>Once daily as ordered by the qualified physician on the home health plan of care; clients may have additional hygiene needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Client is unable to complete task independently. The client requires shampoo/conditioner that is prescribed by a qualified physician and dispensed by a pharmacy and/or when the client has open wound(s) or stoma(s) on the head. Task may be completed during skilled bath/shower. Styling of hair is not considered a skilled task.</u>
<u>Factors that Make Task Unskilled</u>	<u>Personal care providers may assist clients with the maintenance and appearance of their hair. Hair care within these limitations may include shampooing with non-medicated shampoo or medicated shampoo that does not require a physician's prescription, drying, combing and styling of hair. Active and chronic skin issues such as dandruff and cradle cap do not make this task skilled. There</u>



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	<u>must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client's ability to perform this task.</u>
<u>HYGIENE – MOUTH CARE</u>	
<u>Included in Task</u>	<u>Mouth care includes brushing teeth, flossing, use of mouthwash, denture care or swabbing (toothette).</u>
<u>Frequency of Task</u>	<u>Up to three times daily as ordered by the qualified physician on the home health plan of care; clients may have additional hygiene needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Mouth care for clients who are unconscious, have difficulty swallowing or are at risk for choking and aspiration is considered skilled care. Mouth care is also skilled when a client is on medications that increase the risk of dental problems or bleeding, injury or medical disease of the mouth. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist and perform mouth care. This may include denture care and basic oral hygiene. The presence of gingivitis, receding gums, cavities and other general dental problems do not make mouth care skilled.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities</u>



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	<u>of daily living when there has been an increase in the client’s ability to perform this task.</u>
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HYGIENE – NAIL CARE

<u>Included in Task</u>	<u>Nail care includes soaking, filing and nail trimming.</u>
<u>Frequency of Task</u>	<u>Up to 1 time weekly as ordered by the qualified physician on the home health plan of care; clients may have additional hygiene needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Nail care for clients with a medical condition that involves peripheral circulatory problems or loss of sensation, at risk for bleeding and/or are at a high risk for injury secondary to the nail care may only be completed by a CNA who has been deemed competent in nail care for this population. There must be a documented decline in condition and/or on-going need documented in the client’s record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist with nail care, which may include soaking of nails, pushing back cuticles without utensils, and filing of nails. Assistance by a personal care provider shall not include nail trimming.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client’s ability to perform this task.</u>

HYGIENE – SHAVING

<u>Included in Task</u>	<u>Shaving of face, legs and underarms with manual or electric razor.</u>
<u>Frequency of Task</u>	<u>Up to 1 time daily as ordered by the qualified physician on</u>



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	<u>the home health plan of care; task may be completed with bathing/showering; clients may have additional hygiene needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Clients with a medical condition that might involve peripheral circulatory problems or loss of sensation or when the client has an illness or takes medications that are associated with a high risk for bleeding. This task is also considered skilled when the client has broken skin (at/near shaving site) or when he or she has a chronic active skin condition. There must be a documented decline in condition and/or on-going need documented in the client's record.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client with shaving only with an electric or a safety razor.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client's ability to perform this task.</u>
<u>MEAL PREPERATION</u>	
<u>Included in Task</u>	<u>Preparing cooking and then serving food to client can include ensuring the food is a proper consistency based on the client's ability to swallow the food safely. This task might include formula preparation.</u>
<u>Frequency of Task</u>	<u>Up to 3 times daily as ordered by the qualified physician on the home health plan of care; clients; clients may have additional meal preparation needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Diets that require nurse oversight to administer correctly and meals that must have a modified consistency (thickened</u>



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	<u>liquids, etc) are considered skilled CNA tasks. There must be a documented decline in condition and/or on-going need documented in the client’s record.</u>
<u>Factors that Make Task Unskilled</u>	<u>Meal preparation is an unskilled task except as defined above.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>

MEDICATION REMINDERS

<u>Included in Task</u>	<u>Remind client that it is time for their medications, hand pre-filled medication box to client, hand labeled medication bottle to client or open prefilled box or labeled medication bottle to client.</u>
<u>Frequency of Task</u>	<u>This is a PCP task, and may be completed by a CNA during the course of a visit, but shall never be the sole purpose of the visit.</u> <u>If a CNA has completed the DORA approved training and has been awarded certification upon completion of that training, the CNA may work within the limits of that certification as ordered by the qualified physician on the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>None; unless the CNA meets the DORA approved Mediation CNA certification which is always a skilled task.</u> <u>CNA may ask client if he or she has taken their medications.</u> <u>CNA may replace oxygen tubing and may set oxygen to ordered flow rate.</u>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client with medication only when the medications have been pre-selected by the client, their family/caregiver, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such</u>



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	<p><u>as prefilled medication minders. Medication minder containers shall be clearly marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and, opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications.</u></p>
<p><u>Special Considerations</u></p>	<p><u>CNAs may not administer medications without obtaining the certification from the DORA approved medications CNA course. If the CNA has this certification, he or she may perform pre-pouring and medication administration within the scope of that CNA medication certification. Clients must illustrate the need for this skilled task on their acuity assessment.</u></p>
<p><u>POSITIONING</u></p>	
<p><u>Included in Task</u></p>	<p><u>The task includes moving the client from their starting position to a new position while maintaining proper body alignment and support to a client’s extremities and avoiding skin breakdown. This also includes placing any padding required to maintain proper alignment. It is not considered a separate task when a transfer is performed in conjunction with bathing, bladder care, bowel care or other CNA task that requires positioning the client.</u></p>
<p><u>Frequency of Task</u></p>	<p><u>As ordered by the qualified physician on the home health plan of care; positioning shall not be the sole purpose for the CNA visit; clients may have additional positioning needs that are not solely met by the home health plan of care. There must be a documented decline in condition and/or on-going</u></p>



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	<u>need documented in the client's record.</u>
<u>Factors that Make Task Skilled</u>	<p><u>The client is unable to communicate verbally, non-verbally or through others and/or is not able to perform this task independently due to fragility of illness, injury or disability, temporary lack of mobility due to surgery or other exacerbation of illness, injury or disability. Positioning may include adjusting the client's alignment or posture in a bed, wheelchair, other furniture, assistive devices and/or durable medical equipment that has been ordered by a qualified physician.</u></p> <p><u>This excludes positioning that is completed in conjunction with skilled skin care, as described in skin care. Documented decline in condition and on-going need must be documented.</u></p>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist a client with positioning when the client is able to identify to the personal care provider, verbally, non-verbally or through others, when the positions needs to be changed and only when skilled skin care, as previously described, is required in conjunction with the positions. Positioning may include alignment in a bed, wheelchair, or other furniture.</u>
<u>Special Considerations</u>	<u>Clients often need to be repositioned every 2-4 hours. Visits must be coordinated to ensure that effective scheduling is utilized for skilled intermittent visits and positioning shall be done in conjunction with other skilled tasks. Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment.</u>
<u>SKIN CARE</u>	
<u>Included in Task</u>	<u>Applying lotion or other skin care product and only when it is not completed in conjunction with bathing or toileting</u>



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	<u>(bladder and bowel). May be included with positioning.</u>
<u>Frequency of Task</u>	<u>Excluding skin care completed in conjunction with bathing & toileting as ordered on the plan of care; clients may have additional skin care needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<u>Client requires additional skin care that that is prescribed by a qualified physician and/or dispensed by a pharmacy, when the client has broken skin, a wound(s) or an active skin disorder and client is unable to apply product independently due to illness, injury or disability. There must be a documented decline in condition and/or on-going need documented in the client’s record.</u>
<u>Factors that Make Task Unskilled</u>	<u>Skin care is unskilled when a client’s skin is unbroken, and when any chronic skin problems are not active. The skin care provided by a personal care provider shall be preventative rather than therapeutic in nature and may include the application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician’s prescription.</u>
<u>Special Considerations</u>	<u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. Hand over hand assistance may be utilized for short term (up to 180 days) training of the client in activities of daily living when there has been an increase in the client’s ability to perform this task.</u>

TRANSFERS

<u>Included in Task</u>	<u>Transfers may be completed with or without mechanical assistance (such as a Hoyer lift). This task includes moving the client from a starting location to a different location in a safe manner. It is not considered a separate task when a transfer is performed in conjunction with bathing, bladder</u>
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	<u>care, bowel care or other CNA task.</u>
<u>Frequency of Task</u>	<u>As ordered by the home health plan of care; transferring shall not be the sole purpose for the CNA visit; clients may have additional transferring needs that are not solely met by the home health plan of care.</u>
<u>Factors that Make Task Skilled</u>	<p><u>Transfers are considered skilled when a client is unable to communicate verbally, non-verbally or through others and/or is not able to perform this task independently due to fragility of illness, injury or disability, temporary lack of mobility due to surgery and/or other exacerbation of illness, injury or disability. It is also considered a skilled task when the client lacks the strength and stability to stand and/or bear weight reliably, is not deemed independent in the use of assistive devices and/or durable medical equipment that has been ordered by a qualified physician. There must be a documented decline in condition and/or on-going need documented in the client’s record.</u></p> <p><u>Transfers are also considered skilled when the client requires a mechanical lift for safe transfers. In order to transfer clients via a mechanical lift, the CNA must be deemed competent in the particular mechanical lift used by the client.</u></p>
<u>Factors that Make Task Unskilled</u>	<u>A personal care provider may assist with transfers only when the client has sufficient balance and strength to reliably stand, pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the client and personal care provider are fully trained in the use of the equipment and the client, client’s family member or guardian can direct the transfer step by step or the personal care provider is deemed competent in the specific transfer technique for the client. Adaptive equipment may include, but is not limited to wheel chairs, tub seats and grab bars. Gait belts may be used in a transfer as a safety device for the</u>



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	<p><u>personal care provider as long as the worker has been properly trained in its use.</u></p> <p><u>A personal care provider may assist the client’s caregiver with transferring the client provided the client is able to direct and assist with the transfer.</u></p>
<u>Special Considerations</u>	<p><u>Problems due to psychological, emotional or behavioral problems are not reimbursable as a skilled CNA task. Clients must illustrate the need for this skilled task on their acuity assessment. A second person may be used when required to safely transfer the client.</u></p>
<p><u>VITAL SIGNS MONITORING</u></p>	
<u>Included in Task</u>	<p><u>Obtaining and reporting the temperature, pulse, blood pressure and respiratory rate of the client. Vital signs may include blood glucose testing and pulse oximetry readings only when the CNA has been deemed competent in these measures.</u></p>
<u>Frequency of Task</u>	<p><u>As ordered by the qualified physician on the home health plan of care or as directed by the home health nurse.</u></p>
<u>Factors that Make Task Skilled</u>	<p><u>Vital signs may be taken only as ordered by the client’s nurse and/or the plan of care and shall be reported to the nurse in a timely manner. The CNA shall not provide any intervention without the nurse’s direction and may only perform interventions that are within the CNA practice act and that, when necessary, the CNA has demonstrated competency in.</u></p>
<u>Factors that Make Task Unskilled</u>	<p><u>N/A</u></p>
<u>Special Considerations</u>	<p><u>Shall only be preformed when delegated by the client’s nurse. Vital signs monitoring shall not be the sole purpose of the CNA visit.</u></p>

LIMITATIONS:



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1. When an agency decides to allow a CNA to perform skilled tasks that require competency and/or delegation, the agency shall have policies regarding their process for determining the competency of the CNA and all testing and documentation related to determining the competency of the CNA shall be retained in his or her personnel file.
- ~~2.~~ All clients have personal care needs, CNA services shall skilled and unskilled needs should only be ordered when the task is outside of the usual responsibilities of the client's family/caregiver.
- ~~2.~~ If the client's family/caregiver is unable or unwilling to provide the services CNA services that are identified in this policy as skilled services may be provided by a home health CNA when he client's family/caregiver is unable and unwilling to provide the services, services may be provided by a home health CNA.
- ~~3.~~ 4. Personal care needs or skilled CNA services that are the responsibility of an ALF, GRSS or IRSS are not reimbursable as a separate Medicaid home health service.
- ~~4.~~ 5. Family members/caregivers who are may be employed as a client's CNA, but may only provide services that are identified in this policy as skilled CNA services and that exceed the usual responsibilities of the family/caregiver for tasks that are outside of the normal responsibilities of that family member.
- ~~5.~~ 6. All CNAs who provide home health services shall be subject to all of the requirements set forth by the policies of the home health agency, and the rules and regulations put forth by the Colorado Department of Public Health and Environment, the Colorado Department of Health Care Policy and Financing, the Colorado Department of Regulatory Agencies, the Centers for Medicare and Medicaid and the Division of Labor. CNAs (family and non-related) are subject to all rules and requirements set forth by the Colorado Department of Labor and Employment. A standard workweek includes a maximum of 40 paid hours of services with overtime hours available per the Department of Labor requirements.
7. Under the circumstance that a CNA holds other licensure(s) or certification(s), but is employed as and/or functions as a CNA, the services shall be reimbursed at the CNA rate for services. Staff members hired to provide CNA care, (regardless of any advanced licensure held by the individual) may only be reimbursed as a CNA when providing activities of daily living and/or other CNA delegated tasks.
8. CNA visits shall not be approved for nor shall extended units be billed for the sole purpose of completing unskilled personal care, homemaking task or instrumental activities of daily living.
- ~~6.~~ 9. Homemaker services provided during the skilled CNA visit should be limited to the permanent living space of the client (such as, but not limited to bathroom in which skilled bathing occurs) and should be limited to the tasks that benefit the client and are not for the benefit of other persons living in the home.
- ~~7.~~ 10. Protective oversight is an integral of any skilled visit and is completed simultaneously while fulfilling the client's care plan. Therefore, nursing or CNA visits or requests for extended visits for the sole purpose of protective oversight are not reimbursable by Medicaid.
- ~~8.~~ 11. Visits solely for the purpose of massage or non-prescribed exercises are not covered.



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~~UNSKILLED PERSONAL CARE~~

~~If a client is independent or only requires cueing to complete the activities of daily living, the tasks are considered unskilled personal care services. Medicaid does not cover unskilled personal care services. Unskilled personal care may be completed, time permitting, in a standard home health care visit and as ordered on the care plan.~~

~~Unskilled personal care may be provided as part of the client's home health care when it is secondary to the required skilled personal care and provided within contiguous units of service.~~

~~Waiver clients may be eligible for unskilled personal care under the expanded benefits offered under those programs.~~

~~Limitations:~~

- ~~• CNA visits shall not be approved nor shall extended units be billed for the sole purpose of completing unskilled personal care or homemaking task~~
- ~~• Personal care needs that are the responsibility of an ALF, adult day care, IRSS or other Medicaid reimbursed residence are not reimbursable as a separate Medicaid service~~

~~• HOMEMAKING SERVICES~~

- ~~• Homemaking services are not covered by Medicaid as a separate home health service. Homemaking task may be completed, time permitting, in a standard home health care visit. When the home health agency staff member has additional time available in the visit, they should focus on tasks and messes directly related to care when possible or appropriate (such as straitening the bathroom following a visit for bathing, or cleaning the bedroom where dressing occurred). All client care areas shall be returned to the order they were in prior to the personal care visits. CNA visits shall not be approved solely for homemaking tasks even when directly related to care delivered.~~

~~Homemaker tasks include:~~

- ~~• Routine light housecleaning, such as dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas~~
- ~~• Meal preparation~~
- ~~• Dishwashing~~
- ~~• Taking out the trash~~
- ~~• Bed making~~
- ~~• Laundry~~
- ~~• Shopping~~

~~LIMITATIONS:~~



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- ~~Extended units shall not be billed in order to complete homemaking tasks with the exception of meal preparation for special dietary needs.~~
- ~~Homemaker services that are the responsibility of an ALF, adult day care, IRSS or other Medicaid-reimbursed residence are not reimbursable as a separate Medicaid service.~~
- ~~Homemaker services are limited to the permanent living space of the client (such as, but not limited to bathroom in which skilled bathing occurs, kitchen where skilled feeding occurs)~~
- ~~Homemaker services are limited to the tasks that benefit the client and are not covered when provided for the benefit of other persons living in the home.~~
- ~~Family member's who are the client's CNA shall not be reimbursed for homemaker service.~~
- ~~Homemaker services performed should not replace family/caregiver's usual and customary responsibilities to the client and the client's residence.~~

CERTIFIED NURSING ASSISTANT SUPERVISION

Certified nursing assistant services must be supervised by a registered nurse or by the physical therapist, or when appropriate, the occupational therapist (such as ADL deficits), depending on the specific home health services the client is receiving.

1. If the client receiving certified nursing assistant services is receiving skilled nursing care or physical or occupational, the supervising registered nurse or therapist must make on-site supervisory visits to the client's home no less frequently than every 14 days. The aide does not have to be present for every supervisory visit. The nurse or therapist must supervise the aide on-site at least once every 60 days.
2. If the client is receiving only certified nursing assistant services, the supervising registered nurse, or when appropriate, by the physical therapist must make on-site supervisory visits to the client's home at least every 60 days.

THERAPY SERVICES:

Home health therapies mean physical therapy, occupational therapy and speech therapy. Therapies are only permitted in acute home health care unless the client is eligible for benefits through EPSDT and services are medically necessary. When the client's ordering provider prescribes therapy services, the therapist is responsible for evaluating the client and creating a treatment plan with exercises in accordance with the practice guidelines. Therapists are also responsible teaching the client, the client's family or caregiver and other members of the home health care team as necessary for an optimal outcome. When the therapy plan of care includes devices and equipment, the therapist assists in initiating or writing the request for equipment and trains the client on the use of the equipment.

PHYSICAL THERAPY



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Physical Therapists help clients restore bodily functions, prevent permanent disability, and relieve pain after an injury or illness. Physical therapists are responsible for completing client assessments related to various physical skills and functional abilities, including neuromuscular, coordination and control, balance and ambulation and develops and implements treatment plans to any rehabilitate and restore any disability.

Physical therapy includes any evaluations and treatments that are allowed under state law are available to acute home health clients. Therapy plans and assessments shall state the specific therapy services requested, the specific procedures and modalities to be used and the amount, duration, frequency and goals of therapy service provision.

LIMITATIONS:

1. Physical therapy is no longer needed for acute care needs when treatment becomes maintenance and no further functional progress is apparent or expected to occur.
2. Physical therapy is not a benefit for long-term home health clients excluding EPSDT clients when services are medically necessary.
3. Physical therapy visits for the sole purpose of providing massage or ultrasound are excluded

OCCUPATIONAL THERAPY

Occupational Therapists help clients who are mentally, emotionally, or physically disabled adjust to handicaps and regain abilities to perform task of daily living and developing self-care skills. Occupational therapy includes any evaluations and treatments that are allowed under state law for occupational therapists.

Occupational therapy plans and assessments shall state the specific therapy services requested, the specific procedures and modalities to be used and the amount, duration, frequency and goals of therapy service provision. Occupational therapy is available to clients who receive acute home health services.

LIMITATIONS:

1. Occupational therapy is no longer needed for acute care needs when treatment becomes maintenance and no further functional progress is apparent or expected to occur.
2. Occupational therapy is not a benefit for long-term home health clients excluding EPSDT clients when services are medically necessary.

SPEECH LANGUAGE PATHOLOGY

Speech and Language Pathologists work with clients who have speech, language, voice, fluency, or swallowing disorders Speech therapy services include any evaluations and treatments that are



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allowed under the American Speech-Language-Hearing Association (ASHA) authorized scope of practice statement, for speech-language pathologists.

Speech therapy plans and assessments shall state the specific therapy services requested, the specific procedures and modalities to be used and the amount, duration, frequency and goals of therapy service provision.

LIMITATIONS:

1. Speech therapy is no longer needed for acute care needs when treatment becomes maintenance and no further functional progress is apparent or expected to occur.
2. Speech therapy is not a benefit for long-term home health clients excluding EPSDT clients when services are medically necessary.
3. Treatment of speech and language delays that are not associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital defect are not covered

Non-Covered Therapy Services and General Limitations

NON-COVERED THERAPY SERVICES

- Any service that is not ordered by the client's provider.
- Any services that are not found to be medically necessary or that are not appropriate to the client's needs.

THERAPY SERVICES GENERAL LIMITATIONS

- Clients shall not be moved to acute home health for the sole purpose of receiving therapy services.

Supplies

Reimbursement for routine supplies is included in the reimbursement for nursing, certified nursing assistant, physical therapy, occupational therapy, and speech/language pathology services. Routine supplies are supplies that are customarily used during the course of usual and customary home care visits. They are usually included in the HHA staff's supplies and not designated for a specific client. Routine supplies do not include supplies that are specifically ordered by the physician or are essential to HHA personnel in order to effectuate the client specific plan of care.

Examples of supplies, which are usually considered routine, include, but are not limited to:

1. Dressings and Skin Care
2. Swabs, alcohol preps, and skin prep pads;
3. Tape removal pads;



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4. Cotton balls;
5. Adhesive and paper tape;
6. Nonsterile applicators; and
7. Gauze pads, 4 x 4's.
8. Infection Control Protection
9. Nonsterile gloves;
10. Aprons;
11. Masks; and
12. Gowns.
13. Blood Drawing Supplies
 - 13.1. Specimen containers.
 - 13.2. Needles
 - 13.3. Lancets
 - 13.4. Lab Testing Equipment (Glucometer, PT/INR monitor)
14. Other
 - 14.1. Thermometers; and
 - 14.2. Tongue depressors.
 - 14.3. Blood pressure cuffs
 - 14.4. Stethoscopes
 - 14.5. Pulse Oximeters
 - 14.6. Scales
 - 14.7. Tape Measure

There are occasions when the supplies listed in the above examples would be considered non-routine and thus would be considered a billable supply through either durable medical equipment (DME) company or a home health agency that is eligible to bill Medicaid for DME supplies or is contracted with a DME company to provide Medicaid supplies for a client. Examples of billable DME items include, but are not limited to,

1. Tape (special tape required for client or specific tape needed for prescribed dressing).
2. A package of 4x4s for major or multiple dressings.
3. Equipment listed above that is client specific due to infection or medical necessity.

LIMITATIONS:

1. A HHA may not require a client to provide supplies.

Prior Authorization Requirements



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Approval of the PAR does not guarantee payment by Medicaid. The client and the HHA shall meet all applicable eligibility requirements at the time services are rendered and services shall be delivered in accordance with all applicable service limitations. Medicaid is always the payer of last resort and the presence of an approved or partially approved PAR does not release the agency from their requirement to bill Medicaid approved services to Medicare or other third party insurance. Exceptions to this include services that are not a skilled Medicare benefit (CNA services only, OT services only, Med-box fills and lab draws).

ACUTE HOME HEALTH

1. Acute home health services including RN, LPN, CNA, PT, OT and SLP do not require prior authorization. This includes episodes of acute home health for clients with a long-term home health PAR.
2. All other home health services require prior authorization.
3. Unless the client qualifies for EPSDT extended services after the first 60 calendar days, PT, OT, SLP cannot be requested in the long-term home health benefit.
4. If a chronic long-term home health client experiences an acute care event or develops an acute event, the client shall receive services as an acute home health client.
5. The need for therapy does not justify moving a client to acute home health unless the client a new acute episode that requires home health therapy.

LONG-TERM HOME HEALTH

1. Long-term home health services must be prior authorized by the Department's Designated Review Entity.
2. Long-term home health PARs may be entered for a full year of anticipated treatment unless the client is not expected to need a full year of treatment or when the client's eligibility does not or is not expected to span the entire year.
3. When a client receiving acute home health services needs continued home health services after the 60th calendar days, the HHA shall complete a Prior Authorization Request for the additional home health services as LTHH services.
4. Clients admitted to home health services when services are provided solely for the care of chronic conditions a PAR for all service dates is required.
5. A long-term home health PAR is required when a provider requests extraordinary home health services for clients ages 20 and younger who require long-term home health nursing and CNA services and/or home health therapy services. Clients shall utilize standard and brief visit rates as defined in this document.
6. Prior authorization requests shall be submitted in writing to the Department's Designated Review Entity using the Department specified PAR form and the additional documentation specified in the Plan of Care requirements spelled out in the document.



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- 6.1. PAR requests that do not include all of the required elements will not be processed until all documents are received. If the PAR remains incomplete for greater than 30 days, the PAR will be denied at that time and additional services will not be reviewed until a complete is submitted.
 - 6.1.1. If a PAR is denied after 30 days due to a lack of information, any PARs submitted by the agency after this time will be considered a new PAR for dates of service following the submittal of the completed PAR
 - 6.1.2. PARs that are submitted greater than 10 business days after a start of care will be dated for services starting with the date the PAR is received by the Department's Designated Review Entity.
 - 6.1.3. Requests for prior authorization of home health services will not be accepted verbally from home health agencies in order to preserve the client's right to appeal resulting decisions. The Prior Authorization Request consists of:
7. The PAR shall be submitted with the plan of care submitted on in HCFA-485 or a form that is identical in format and shall include all information described in this document.
 - 7.1. The PAR request shall also include a clear and concise description of the client's homebound status;
 - 7.2. Information on why the client's family/caregiver is unable or unwilling to provide the care the client requires. If the task is the usual and customary responsibility of the family/caregiver, why the task requires a higher level of skill and/or why the family/caregiver is unable to meet his or her responsibility for caring for the client and;
 - 7.3. If extended certified nursing assistant units (certified nursing assistant services in excess of one hour) are requested, the plan of care must include a complete task list of all CNA services that will be completed at each visit to justify the extended units;
 - 7.4. Documentation to support any PRN visits shall also be provided.
8. If applicable, written instructions from the therapist or other medical professional to support a current need when range of motion or other therapeutic exercise is the only skilled service performed during a certified nursing assistant visit;
9. When the PAR includes a request for nursing visits solely for the purpose of pre-pouring medications, the documentation must include that the client's pharmacy was contacted and advised the HHA that the pharmacy will not provide medication set-ups.
10. When a PAR includes a request for reimbursement for two HHA staff members (excluding supervisory visits) at the same time to perform two-person transfers and/or two persons are needed for a task, documentation supporting the current need for two people at the visit and/or the reason adaptive equipment cannot be used instead.
11. Any other information determined by the agency and/or the Department Designated Review Entity to make a decision on the medical necessity and appropriateness of the proposed treatment plan.
12. The plan of care does not have to be signed by the physician at the time of submission for prior authorization (but must be signed by the physician per CMS Conditions of Participation).



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It is the HHA's responsibility to provide sufficient documentation to support the necessity for the requested services.

EPSDT EXTRAORDINARY HOME HEALTH SERVICE

All requests for EPSDT services must be prior authorized by the Department's Designated Review Entity. Extraordinary home health services do not include services available under other Medicaid benefits, and for which the client is eligible, including but not limited to, Private Duty Nursing, HCBS waiver services, School Health and Related Services, or outpatient therapies. Exceptions may be made if His or her health services will be more cost-effective than the service available under another Medicaid benefit, provided that client safety is assured.

Non-Covered Services and General Limitations

NON-COVERED SERVICES

Medicaid does not reimburse for the following services under the Medicaid home health services benefit:

1. Medicaid does not reimburse home health services provided in nursing facilities, hospitals or Intermediate Care Facilities for the Intellectually Disabled (~~also called ICF/ID~~).
2. ~~Medicaid is the payer of last resort, except under certain circumstances as defined in the Medicaid provider billing manuals, the home health rules and regulations and the provider bulletins. Services that are covered by other payers, such as Medicare or private insurance shall be billed prior to billing Medicaid.~~
 - ~~Personal care services that are included in the daily waiver reimbursement for an IRSS, GRSS care setting. Any duplication of home health, private duty nursing, unskilled personal care, HCBS waiver services, Home Care Allowance, extraordinary home health benefits, facility or other responsibilities of another agency or person are not covered.~~
3. Home health plans of care and/or other services ordered by the client's family/caregiver are not covered. If the family/caregiver is the only qualified person who can order services, then the orders shall be countersigned by another clinician who has reviewed the client's ordered services.
4. Family/caregivers may not act as the case manager on the client's care plan. If the family/caregiver is the only qualified person who can complete the home health plan of care or act as the case manager, the care plan shall be countersigned by another clinician who has reviewed the care plan.
5. A nursing visit during which the nurse does not perform the task, but observes the client or family/caregiver performing the task to verify that the task is being performed correctly is allowable only when documentation evidences that the client or family/ caregiver is not



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- completing the procedure or task correctly and is likely to (or hasis) cause a poor outcome for the client.
6. Initial nursing assessment visits provided solely to open the client's plan of care for physical, occupational, or speech therapy (i.e., when the client has no identified nursing needs) are not covered.
 7. Initial nursing assessment visits provided solely to open the client's plan of care for certified nursing assistant service (i.e., when the client has no identified nursing needs) are not covered.
 8. Nursing visits provided solely for the purpose of teaching the client and/or family/caregiver shall not be reimbursed.
 9. Nursing visits for pre-pouring medications when the client's pharmacy and/or family/caregiver can complete the task is not covered.
 10. Nursing visits provided solely for psychiatric counseling is not reimbursable by fee-for-service Medicaid. Behavioral health services, including psychiatric counseling, are under the purview of the Medicaid Contracted Behavioral Health Organizations.
 11. Home health services provided at places other than the eligible places of service defined in the policy (such as, but not limited to: the workplace, school, child day care, adult day care) are not covered except when the services are prior authorized as extraordinary home health services.
 12. Personal care and/or homemaker services are not reimbursable as home health services except in the limited capacity as defined in this policy.~~that are the responsibility of an Assisted Living Residence or other group residence or treatment center as specified in the resident agreement.~~
 - ~~Certified nursing assistant visits are not covered when the certified nursing assistant is providing only unskilled personal care and/or homemaking services, except home health services approved as extraordinary home health or waiver services.~~
 13. Home health visits or services requested for the purpose of behavior management, emotional distress or psychiatric/psychological management are not reimbursable by Medicaid.
 14. Items and services which generally enhance the personal comfort of the eligible person but are not necessary in the diagnosis of, do not contribute meaningfully to the treatment of an illness or injury, or the functioning of a malformed body member.
 15. Protective oversight outside of the usual care tasks to monitor a client for potential need to intervene in the care of the client is not reimbursed.
 16. Intermittent home health services that are provided in a shift as opposed to task related visits except when the services are prior authorized for medical necessity as extraordinary home health services or an expanded HCBS waiver benefit are not reimbursable.
 17. Medications (over the counter and prescribed) and biologicals.
 18. Personal comfort items.
 19. Services rendered without a specific physician's signed order.
 20. Meals delivered to the home.



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21. Nutritionist services.
22. Physician's services.
23. Social worker services.
24. ~~Skilled care~~, homemaker services or unskilled services billed during a skilled a-certified nursing assistant ~~services~~ visit when the client or family/caregiver can perform the ~~homemaker or unskilled services~~ or tasks independently.
 - ~~24.1.1. Homemaker and unskilled services provided by client or family/caregiver.~~
 - ~~• Homemaker services provided in areas of the client's residence that are provided for the benefit of someone other than the client.~~
 - ~~24.1.2. Homemaker services are provided for the benefit of other persons living in the home.~~
25. Two staff (any combination of RN, LPN, CNA, PT, OT or SLP) from the same or a different agency completing the same task for a single client during in the same day is not reimbursable, ~~except. The only exception to this is~~ when two staff are required to safely for transfers or to complete the service or task and there is no other person available to assist. Documentation shall include why adaptive equipment could not be used and/or why or two ~~staff~~ were staff were required to perform the service or task.



Definitions

<u>Term</u>	<u>Definition</u>
Activities of Daily Living (ADL)	Everyday routines generally involving functional mobility and personal care, such as bathing, dressing, toileting, and meal preparation. An inability to perform these renders one dependent on others, resulting in a self-care deficit.
Alternative Care Facility (ACF)	An alternative care facility is an assisted living residence that is enrolled as a Medicaid provider.
<u>Acuity Assessment</u>	<u>Tool used by the Department's Designated Review Entity for utilization review of home health services.</u>
<u>Acute home health</u>	<u>Skilled care services provided by a Class A Home Health agency for clients in the 1st 60 calendar days (acute phase) of receiving home health care. After 10 calendar days elapse, a client may receive an additional 60 calendar days of acute home health only if they meet the requirements for acute home health care.</u>
Assessment	Assessment is the systematic and continuous collection, validation and evaluation of data to monitor client response to treatment. An assessment can vary from in-depth comprehensive exam, such as one that would be completed at admission, or targeted assessments once a client has been in services for a length of time. Targeted assessments are focused on the key components of the client's response and outcome of interventions from the care team.
Assisted Living Residence	An assisted living residence as defined in 6 CCR 1011-1 Chapter VII.
Attending Physician	A client's primary care physician, personal physician or medical home or, for clients in a hospital or nursing facility, the physician responsible for writing discharge orders until such time as the client is discharged.



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<u>Term</u>	<u>Definition</u>
Billing Provider	<p>This billing provider for home health service is home health agency who submits bills for treatment rendered by home health staff and contractors. The HHA must be an active Medicaid provider in good standing with both the Department and the Colorado Department of Public Health and Environment.</p>
Case Management Agencies	<p>Colorado Medicaid contracted case management agencies are Single Entry Point (SEP) agencies, Community Centered Boards (CCBs) and other case management agencies as designated by the state (which include the state contracted fiscal agent and utilization management entity.</p> <p>These case management entities are responsible for all contracted case management tasks as assigned by the Department including utilization review.</p>
Community Centered Boards (CCBs)	<p>CCBs are private non-profit organizations designated in statute as the single entry point into the long-term service and support system for persons with developmental disabilities or children with an autism diagnosis. CCBs are responsible for a service region of one to ten counties. A list of CCBs is available at: http://www.cdhs.state.co.us/ddd/CCB_Main.htm</p> <p>CCB clients include those clients enrolled in the following Home and Community Based Services (HCBS) waivers:</p> <ol style="list-style-type: none">1. The Supported Living Services (SLS) Waiver;2. The Waiver for Persons with Developmental Disabilities (DD);3. The Children's Extensive Supports (CES) Waiver; and4. The Children with Autism (CWA) Waiver.
Department	<p>Department means the state agency designated as the single state Medicaid agency for Colorado, or any divisions or sub-units within that agency.</p>



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<u>Term</u>	<u>Definition</u>
Designated Review Entity	Designated Review Entity means an agency that has been contracted by the Department to review the medical necessity and appropriateness of the requested home health authorization request. A Designated Review Entity may be a SEP, CCB, Medicaid's Fiscal agent or other entity determined by the Department.
EPSDT	Early Periodic Screening, Diagnosis, and Treatment. The Medicaid EPSDT program authorized under Title XIX of the Social Security Act was designed to provide early and periodic screening and diagnosis of Medicaid recipients ages 20 and younger to ascertain physical and mental conditions, and provide treatment to correct or ameliorate conditions found. Colorado Medicaid rules and regulations specific to EPSDT can be found in the Colorado Code of Regulations (CCR), Section 8.280 (10 CCR 2505-10 8.280).
Exacerbation	Exacerbation means a sudden or progressive worsening of a client's chronic illness, injury or disability <u>disease</u> (or its symptoms).
Family/caregiver	For the purposes of the document, family/caregiver is defined as <u>the person who is responsible for the general well-being of the client. This may include</u> a client's parent, guardian, foster parent, family member (whether relation is by kinship or biological means), spouse and/or significant other <u>common law spouse</u> .
Home health agency	<u>An agency that is licensed as a Class A agency in Colorado and who is certified to provide services to Medicare and Medicaid eligible clients. Agencies must hold an active and current Medicare provider ID and a Medicaid provider ID in order to provide services to Medicaid clients.</u> In Colorado, a Medicare and Medicaid certified home care agency.



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<u>Term</u>	<u>Definition</u>
Homemaker services	Homemaker services means general household activities provided in the home of an eligible client in order to maintain a healthy and safe home environment for a client, when the person ordinarily responsible for these activities is absent or unable to manage these tasks. <u>May also be referred to as instrumental activities of daily living (IADL).</u>
Home Health Services	Home health services include services and care that can only be performed safely and correctly by a trained and/or licensed/certified nurse (<u>RN or LPN</u>), therapist (<u>PT, OT or SLP</u>) and certified nursing assistant (<u>CNA</u>).
<u>Homebound</u>	<u>Due to the client's injury, illness or disability, they are only able to leaves their residence to receive medical care (includes adult day care) that cannot be provided in their residence and/or the client only leaves their residence infrequently and for short periods of time for non-medical purposes.</u> <u>A client does NOT need to be homebound to receive Medicaid Home Health Services.</u>
<u>Instrumental Activities of Daily Living (IADL)</u>	<u>Necessary household tasks that must be performed to maintain a household. These tasks are considered to be unskilled homemaking tasks and include grocery shopping, laundry, housekeeping, etc. May also be referred to as Homemaking tasks.</u>
Intermittent	Visits must have a distinct start and stop time and be task oriented <u>task oriented with the goal of meeting a client's specific needs.</u> in nature.
Long-Term Care Certification	The determination that a client is eligible for Medicaid long-term care waived services based on an assessment of a client's level of care needs with an emphasis at the keeping the client in the community and avoiding nursing facility placement.



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<u>Term</u>	<u>Definition</u>
Managed Care Organizations (MCOs)	<p>Managed care organizations: The managed care groups of doctors, clinics, hospitals, pharmacies and other providers who work together to take care of their members' health care needs. Managed care organizations operate in limited areas of the state.</p> <p>-Information about Colorado Medicaid's MCOs is available at: http://www.colorado.gov/cs/Satellite?c=Page&cid=1212398230939&pagename=HCPF%2FHCPFLayout.</p>
Medically Necessity	<p>Medical necessity is defined in 10 CCR 2505-10, Sec. 8.076.1.8 Program Integrity – Definitions.</p> <p>Medical necessity means a Medical Assistance program good or service that will, or is reasonably expected to prevent, diagnose, cure, correct, reduce, or ameliorate the pain and suffering, or the physical, mental, cognitive, or developmental effects of an illness, injury, or disability. It may also include a course of treatment that includes mere observation or no treatment at all. The good or service must be:</p> <ol style="list-style-type: none">1. Provided in accordance with generally accepted standards of medical practice in the United States;2. Clinically appropriate in terms of type, frequency, extent, site, and duration;3. Not primarily for the economic benefit of the provider or for the convenience of the client, caretaker, or provider; and4. Performed in a cost effective and most appropriate setting required by the client's condition.



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Term	Definition
Medically Necessity EPSDT	<p>Medical necessity is defined by EPSDT 8.280.1: A covered service shall be deemed medical necessity or medically necessary if, in a manner consistent with accepted standards of medical practice, it:</p> <ol style="list-style-type: none">1. Is found to be an equally effective treatment among other less conservative or more costly treatment options, and2. Meets at least one of the following criteria:<ol style="list-style-type: none">2.1. a.—The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability, or secondary disability.2.2. b.—The service will, or is reasonably expected to cure, correct, reduce or ameliorate the physical, mental cognitive or developmental effects of an illness, injury or disability.2.3. c.—The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury or disability.2.4. d.—The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living. <p>Medical necessity may also be a course of treatment that includes mere observation or no treatment at all.</p>
Ordering Provider	<p>For the purposes of the home health policy, an ordering physician is a medical doctor, osteopathic physician, podiatrist or hospitalist who is currently licensed and in good standing with Medicare and Medicaid.</p>
Partially Approve	<p>A PAR is partially approved when a portion of the requested PDN services are found to be (1) medically unnecessary and/or are not appropriate to the client's needs; (2) are found to in compliance with applicable Medicaid rules and policies.</p> <p>If a reviewing entity partially approves a PAR, the PDN provider is permitted to resubmit the PAR revision with any additional information that further support the request.</p>



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Term	Definition
<u>Pended PAR</u>	<u>A prior authorization request may be pended by the Department's designated review entity because additional information is required to complete the review or the PAR submitted by the agency is incomplete or incorrect.</u>
<u>Personal Care Provider (PCP)</u>	<u>A personal care provider provides general and minimal assistance with activities of daily living, when the person ordinarily responsible for these activities is absent or unable to manage these tasks. A PCP shall not provide tasks that are considered skilled CNA services.</u>
Plan of Care	A plan of care means a coordinated plan developed by the HHA as ordered by the attending physician for provision of services to a client at his or her residence, and periodically reviewed and signed by the physician in accordance with Medicare requirements.
Protective Oversight	Due to the level of a client's disability, illness, injury, behavioral needs, emotional status and/or medical condition, some clients may be considered unsafe to be left alone and require frequent or continuous oversight by another party, which is not a benefit if Medicaid home health.
Residence	A client's residence is wherever he or she makes his or her home. This may be his or her own house, an apartment, a relative's home or other place rented or purchased for the purpose of housing a client for a specified time. A residence does not include nursing facilities or other institutions as defined by CMS and the State of Colorado.
<u>Skilled Certified Nursing Assistant Services</u>	<u>Providing activities of daily living that client is unable to perform independently and is provided to facilitate the client's home health plan of care. CNAs services are performed under all applicable state and federal laws, and professional standards.</u>



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<u>Term</u>	<u>Definition</u>
Skilled Nursing Services	Skilled nursing services means nursing services that are provided by a registered nurse under applicable state and federal laws, and professional standards, or nursing services provided by a licensed practical nurse under the direction of a registered nurse, to the extent allowed under applicable state and federal laws.
Single Entry Point Agency	<p>Single Entry Point Agency means the organization selected to provide case management functions for persons with long-term care needs, other than persons with developmental disabilities, within a Single Entry Point District.</p> <p>SEP agencies serve clients in need of long-term care services by county of residence. To find the SEP agency in your area, click your county to be linked to the list below.</p> <p>http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1205189474220</p> <p>SEP agencies for persons with developmental disabilities are Community Centered Boards.</p>



References

1905(a)(7) of the Social Security Act (P.L. 74-271)

42 CFR Part 484 – Home Health Services

State Operations Manual. Appendix B - Guidance to Surveyors: Home Health Agencies.

Sections 26-4-202(1) f, C.R.S. (1994 Supp.) and 26-4-302(1) m, C.R.S. (1994 Supp.).

CRS 25.5-5-102(1)(f) – Home Health

10 CCR 2505-10 8.520 – Home Health Services

Colorado Nurse Practice Act (CRS 12-38-1010)

Colorado Physical Therapy Practice Act (CRS 12-41-101)

Colorado Occupational Therapy Practice Act (CRS 12-40.5-101)

Colorado Nurse Aide Practice Act (CRS 12-38.1)

American Academy of Pediatrics – Ages and Stages (2011)

[Colorado Department of Public Health and Environment – Chapter 26](#)