Colorado Medicaid Pediatric Home Assessment Tool
CNA Services and RN-LPN Services

Client Name:	**Birth Date:**	**Medicaid Number:**
Client Address:		**Gender:** □ **M** □ **F**
Provider Name, Address and Telephone Number:		**Provider ID:**
Discipline of Person Completing Assessment: □ **RN** □ **CM** □ **SLP** □ **PT** □ **OT** □ **MD** □ **Other**		**Date Assessment Completed:**
Name/Signature of Person Completing Assessment:		

Current Payment Sources for Care: (Mark all that apply)

(Information about private insurances is for information purposes only)

a. □ Medicaid (traditional fee-for-service)

b. □ Medicaid (HMO/managed care)

c. □ Title programs (e.g., Title III, V, or XX)

d. □ Other government (e.g., TriCare, VA, etc.)

e. □ Private insurance

f. □ Private HMO/managed care

CLINICAL RECORD ITEMS

Request Is For:

a. □ CNA Services

b. □ RN-LPN Services

This Assessment is Currently Being Completed for the Following Reason:

a. □ New PAR

b. □ Continuation of CARE or Reassessment for Recertification

c. □ Revision of Continuation of CARE

PLEASE FAX COMPLETED FORM TO COLORADOPAR at 1-866-492-3176.
CALL COLORADOPAR at 1-888-454-7686 WITH ANY QUESTIONS.

PATIENT HISTORY AND DIAGNOSES
List each ICD-9-CM code at the level of highest specificity for only those conditions (No E-codes or V-codes):

Principal and Secondary ICD-9-CM Codes with Descriptions

a. _____ **d.** _____

b. _____ **e.** _____

c. _____ **f.** _____

Medications:

Attach completed 485 – Home Health Certification and Plan of Care.

Home Equipment Currently in Use:
(Oxygen, CPAP, Suction, Wheelchair, Walker, Bath Chair, Stander, Feeding Equipment, Hospital Bed, Splints, or Other):

a. _____ **d.** _____ **g.** _____

b. _____ **e.** _____ **h**. _____

c. _____ **f.** _____ **i.** _____

ASSESSMENT QUESTIONS

1. **From which of the following Inpatient Facilities was the client discharged during the past year?** (Mark one):

   a. □ N/A - Client was not discharged from an inpatient facility in the past year

   b. □ 2 - Short-stay acute hospital

   c. □ 2 - Inpatient rehabilitation hospital or unit

   d. □ 2 - Psychiatric hospital or unit

2. **Inpatient Discharge Date** (most recent) _____ /____ /_____
   (Mark one): Month / day / year

   a. □ 0 - Patient had no hospital discharge in the past year or the care needs did not change as a result of hospitalization

   b. □ 2 - Care needs increased as a result of recent hospitalization

3. **Risk for Hospitalization:** Which of the following signs or symptoms characterize this client as at risk for hospitalization? (Mark all that apply):

   a. □ 0 - No increased risk for hospitalization

   b. □ 2 - Recent decline in mental, emotional, physical, or behavioral status

   c. □ 2 - Multiple hospitalizations in the past 12 months (2 or more inpatient admissions)

   d. □ 2 - Increased risk due to chronic fragile state

4. **Overall Status:** Which description best fits the client's overall status? (Mark one):

   a. □ 0 - The client is stable with no heightened risk(s) for serious complications and death (Beyond those typical of the client's age)

   b. □ 1 - The client is temporarily facing high health risk(s) but is likely to return to being stable without heightened risk(s) for serious complications and death (Beyond those typical of the patient's age)

   c. □ 2 - The client is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death

LIVING ARRANGEMENT SCORING

Client Living Situation: Which of the following best describes the patient's residential circumstance and availability of assistance?

5. **Number of Competent Adults in the Home** (Mark one):

   a. □ 1 - More than two **b.** □ 2 - Two **c.** □ 3 - One

6. **Number of Adults Who Work Outside the Home** (Mark one):

   a. □ 0 - None or all adults stay at home

   b. □ 1 - All except one

   c. □ 3 - All

7. **Number of Children 0-10 Years Living in the Home (Other than Client)** (Mark one):

   a. □ 0 - Zero **b.** □ 2 - Two **c.** □ 3 - Four

   d. □ 1 - One **e.** □ 3 - Three **f.** □ 4 - Greater than four

8. **Physically or Mentally Disabled Children/Adults Living in the home (Other than Client)** (Mark one):

   a. □ 0 - Zero **b.** □ 4 - Two **c.** □ 8 - Four

   d. □ 2 - One **e**. □ 6 - Three **f.** □ 10 - Greater than four

INTEGUMENTARY STATUS
Pressure Ulcer Assessment:
Was this client assessed for Risk of Developing Pressure Ulcers? (Mark one):

a. □ No assessment conducted

b. □ Yes, based on an evaluation of clinical factors, e.g., mobility, incontinence, nutrition, etc. (Without use of standardized tool)

c. □ Yes, using a standardized tool (Braden, Norton, other)

9. Does this client have a Risk of Developing Pressure Ulcers? (Mark one):

a. □ 0 - No

b. □ 2 - Yes

10. Wounds/Dressings (Include G-tube & J-tube in stomas) (Mark one):

a. □ 1 - Has wounds or stomas requiring daily dressing changes and monitoring

b. □ 2 - Has wounds or stomas requiring BID or TID dressing changes

c. □ 3 - Has wounds or stomas requiring QID or more dressing changes per day

d. □ 3 - Has a wound, stoma, or ostomy that requires a dressing change that takes longer than 30 minutes due to complexity, pain, or behavior management

RESPIRATORY STATUS

11. Airway Status (Mark one):

a. □ 0 - Normal

b. □ 2 - Positional, or occasional stridor due to airway abnormalities without tracheostomy

RESPIRATORY TREATMENTS USED AT HOME

a. □ 0 - None of the items below

12. Chest Percussive Therapy (Mark one):

a. □ 2 - Regular Chest Percussive Therapy, Vest treatments, cough assist (Any of the listed treatments performed more often than BID)

13. Oxygen Therapy (Mark one):

a. □ 2 - Oxygen intermittently

b. □ 3 - Oxygen continuous

14. Monitors Used at Home (Mark one)**:**

a. □ 2 - Intermittent Pulse Ox or Cardiac and Apnea Monitor (at night or when ill, etc.)

b. □ 4 - Continuous Pulse Ox, Cardiac and Apnea Monitor, or home telemetry device

ELIMINATION STATUS

15. Urinary Incontinence (Mark one):

a. □ 0 - No incontinence or catheter

b. □ 0 - Timed-voiding defers incontinence

c. □ 0 - Incontinence is age appropriate (client is less than 3-4 yrs old)

d. □ 1 - Client is incontinent at night only, or only occasionally, not age appropriate

e. □ 3 - Incontinence during the day and night, not age appropriate

16. Bowel Incontinence Frequency (Mark one):

a. □ 0 - Very rarely or never has bowel incontinence

b. □ 0 - Bowel incontinence is age appropriate (client is less than 3-4 yrs old)

c. □ 1 - Several times a week, not age appropriate

d. □ 2 - On a daily basis, not age appropriate

e. □ 3 - More often than once daily, not age appropriate

f. □ 1 - Client is usually continent with the use of a bowel program

17. Ostomy for Bowel Elimination (Mark one)**:** Does this client have an ostomy for bowel elimination?

a. □ 0 - Client does not have an ostomy for bowel elimination.

b. □ 2 - Client does have ostomy for bowel elimination.

DIAGNOSIS OF MUSCULOSKELETAL/NEUROLOGIC DYSFUNCTION:

18. Client has Diagnosis of Flaccid Paralysis (Paraplegia, Quadriplegia, Spinal Muscle Atrophy) (Mark one):

a. □ 0 - No

b. □ 5 - Yes

NEURO/EMOTIONAL/BEHAVIORAL STATUS

19. Cognitive Functioning (Mark one):
Client's current (day of assessment) level of alertness, orientation, comprehension, concentration, and immediate memory for simple commands

a. □ 0 - Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently.

b. □ 0 - Alertness and attention are age appropriate for client

c. □ 0 - Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions, not age appropriate

d. □ 1 - Requires assistance and some direction in specific situations (e.g., on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility, not age appropriate

e. □ 2 - Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time, not age appropriate

f. □ 3 - Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium, not age appropriate

GROWTH AND DEVELOPMENT FOR AGE:

20. Gross Motor Skills (Best estimate of assessor/most recent evaluation done) (Mark one):

a. □ 0 - Child is > 7 years in development

b. □ 1 - Child is at 5-7 years

c. □ 2 - Child is at 3-5 years

d. □ 3 - Child is at 1-3 years

e. □ 4 - Child is at 0-12 months

21. Social/Cognitive/Language Skills (Best estimate of assessor/most recent evaluation done) (Mark one):

a. □ 0 - Child is > 7 years in development

b. □ 1 - Child is at 5-7 years

c. □ 2 - Child is at 3-5 years

d. □ 3 - Child is at 1-3 years

e. □ 4 - Child is at 0-12 months

SENSORY STATUS

22. Vision (with corrective lenses if the client usually wears them) (Mark one):

a. □ 0 - Normal vision: sees adequately in most situations; can see medication labels, newsprint

b. □ 0 - Vision is difficult to assess or does not affect care due to client's age.

c. □ 1 - Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length

d. □ 2 - Severely impaired: cannot locate objects without hearing or touching them or patient nonresponsive

23. Ability to Hear (with hearing aid or hearing appliance if normally used) (Mark one):

a. □ 0 - Adequate: hears normal conversation without difficulty

b. □ 0 - Hearing is difficult to assess or does not affect care due to client's age

c. □ 1 - Mildly to Moderately Impaired: difficulty hearing in some environments or speaker may need to increase volume or speak distinctly

d. □ 2 - Severely Impaired: absence of useful hearing, or unresponsive

24. Understanding of Verbal Content in Client's Own Language
(With hearing aid or device if used) (Mark one):

a. □ 0 - Understands: clear comprehension without cues or repetitions

b. □ 0 - Understanding is difficult to assess and does not affect care due to client's age

c. □ 1 - Usually understands most conversations, but misses some part/intent of message. Requires some cues to understand. May require additional time to process.

d. □ 2 - Sometimes Understands: understands only basic conversations or simple, direct phrases. Frequently requires cues to understand

e. □ 2 - Rarely/Never Understands, or is unresponsive to speech

25. Use of Augmentative Device (Mark one):

a. □ 0 – Client does not use an augmentative speech device

b. □ 1 - Client is able to express basic needs and wants with the help of an augmentative device

c. □ 1 - Client is able to express complex ideas with the help of augmentative device

d. □ 2 - Client requires help in setting up augmentative devices in order to use them

26. Speech and Oral (Verbal) Expression of Language (In Client's Own Language) (Mark up to two):

a. □ 0 - Expresses complex ideas, feelings, and needs clearly, completely, and easily in all situations with no observable impairment

b. □ 0 - Speech is age appropriate

c. □ 1 - Minimal difficulty in expressing ideas and needs (may take extra time; makes occasional errors in word choice, grammar or speech intelligibility; needs minimal prompting or assistance), not age appropriate

d. □ 1 - Expresses simple ideas or needs with moderate difficulty (needs prompting or assistance, errors in word choice, organization or speech intelligibility). Speaks in phrases or short sentences, not age appropriate

e. □ 2 - Has severe difficulty expressing basic ideas or needs and requires maximal assistance or guessing by listener. Speech limited to single words or short phrases, not age appropriate

f. □ 3 - Unable to express basic need even with maximal prompting or assistance, or client is unresponsive, not age appropriate

ACTIVITIES OF DAILY LIVING

27. Grooming (Mark one)**:**
Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth care, and fingernail care)

a. □ 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods

b. □ 0 - Grooming ability is age appropriate

c. □ 1 - Client must be verbally cued/Grooming utensils must be placed within reach before able to complete grooming activities, not appropriate for age

d. □ 2 - Client requires minimum assistance to complete grooming, not age appropriate

e. □ 3 - Client requires moderate assistance to groom self, not age appropriate

f. □ 4 - Client depends entirely upon someone else for grooming needs, not age appropriate

28. Positioning (Mark one)

a. □ 0 - Client is able to shift weight and reposition without assistance

b. □ 1 - Client requires cueing or minimal assistance to reposition

c. □ 2 - Client requires total assistance with repositioning

29. Current Ability to Dress Safely (Mark one)**:**
Including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps (With or without dressing aids).

a. □ 0 - Able to get clothes out of closets and drawers, put them on and remove them without assistance

b. □ 0 - Dressing ability is age appropriate (i.e. needs help if less than 5-6yrs)

c. □ 1 - Client must be verbally cued/able to dress without assistance if clothing is laid out or handed to the patient, not age appropriate

d. □ 2 - Client requires minimum assistance to finish dressing, not age appropriate

e. □ 3 - Client require moderate assistance to put on clothing, not age appropriate

f. □ 4 - Client depends entirely upon another person to dress, not age appropriate

30. Bathing (Mark one)**:**
Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

a. □ 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower

b. □ 0 - Bathing ability is age appropriate (Infants expected to be totally dependent)

c. □ 1 - Client must be verbally cued to bathe in shower or tub or with set-up assistance, not age appropriate

d. □ 2 - Client requires minimum or moderate assistance to complete bathing, not age appropriate

e. □ 4 - Client depends entirely upon another person to be bathed, not age appropriate

f. □ 4 - Although bathing ability is age appropriate, client requires 2 adults during bathing for safety

31. Toilet Transferring (Mark one)**:**
Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode. If use of adaptive equipment requires assistance, please check the amount of assistance required.

a. □ 0 - Able to get to and from the toilet and transfer independently with or without a device.

b. □ 0 - Client is incontinent and does not do toilet transfers

c. □ 1 - Client requires cueing to complete toilet transfer

d. □ 2 - Client requires minimum assistance to complete toilet transfer

e. □ 3 - Client requires moderate assistance to complete toilet transfer

f. □ 4 - Client is totally dependent in toileting transfers

32. Toileting Hygiene (Mark one)**:**
Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

a. □ 0 - Able to manage toileting hygiene and clothing management without assistance

b. □ 0 - Toileting hygiene is age appropriate (client is less than 5 years old)

c. □ 1 - Client requires cueing to complete toilet hygiene, not age appropriate

d. □ 2 - Client requires minimum assistance to complete hygiene, not age appropriate

e. □ 3 - Client requires moderate assistance to complete hygiene, not age appropriate

f. □ 4 - Client depends entirely upon another person to maintain toileting hygiene, not age appropriate

33. Transferring (Mark one)**:**
Current ability to move safely from bed to chair

a. □ 0 - Able to independently transfer

b. □ 0 - Ability to transfer is age appropriate (Infants are dependent)

c. □ 1 - Able to transfer with minimal assistance

d. □ 2 - Able to transfer with moderate assistance

e. □ 3 - Bedfast, unable to participate in transfers (This includes requiring single lift, two person lift, or mechanical lift)

34. Ambulation/Locomotion (Mark one)**:**
Current ability to walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.

a. □ 0 - Able to independently walk/operate wheelchair on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no assistance or assistive device)

b. □ 0 - Ability to ambulate is age appropriate

c. □ 1 - Able to ambulate/operate wheelchair with minimal assist

d. □ 2 - Able to ambulate/operate wheelchair with moderate assist

e. □ 3 - Dependent on others for locomotion/wheelchair operation, not age appropriate

35. Exercise (Mark one)**:**

a. □ 0 - Client is able to exercise or is sufficiently active without assistance

b. □ 2 - Client requires assistance with an OT, PT or MD ordered exercise plan including exercise, passive or active ROM, use of standers, gait trainers, or other similar equipment meant to improve development, muscle tone, or stretching

FEEDING

36. Oral Feeding or Eating (If client's nutrition is completely by the enteral feeding route, please mark **only** option **c** for 3 points. Other clients, mark up to two boxes): Current ability to feed self meals and snacks safely. (Note: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.)

a. □ 0 - Able to independently feed self

b. □ 2 - Able to feed self independently but requires:
1. Meal set-up; OR
2. Intermittent assistance or supervision from another person; OR
3. A liquid, pureed or ground meat diet

c. □ 3 - Unable to feed self and must be assisted or supervised throughout the meal/snack

d. □ 0 - Meals are usually completed in less than 30 minutes, not including preparation

e. □ 1 - Meals usually take more than 30 minutes to complete due to physical or behavioral limitations

37. Enteral GT/JT feeding (Mark up to two boxes)**:**

a. □ 0 - No enteral feeds

b. □ 1 - Enteral feeds QID or less

c. □ 2 - Enteral feeds 4-6 x per day

d. □ 3 - Enteral feeds 7 or more times per day

e. □ 3 - Enteral feeds continuously with or without short breaks

f. □ 1 - Enteral feeds at night only (continuous at night)

g. □ 1 - Enteral feeds via funnel or syringe

h. □ 2 - Enteral feeds via pump over 30 min or less

i. □ 3 - Enteral feeds via pump runs longer than 30 min per feed

Please proceed to page 12 if the request for the client is for or includes RN-LPN Services.

***** Complete these additional questions for clients who need RN/LPN Services *****

ADMINSTRATION of INTRAVENOUS THERAPY

38. Therapies the Client Receives at Home (Mark up to two):

a. □ 0 - None of the following

b. □ 2 - Intravenous or infusion therapy (excludes TPN)

c. □ 3 - Parenteral nutrition (TPN or lipids)

39. Intravascular Catheter Present on Client (Mark one):

a. □ 0 - None

b. □ 3 – Regular intravenous

c. □ 4 - PICC

d. □ 4 – Central

40. Intravenous Medications (Mark all that apply):

a. □ 0 - None

b. □ 3 – Scheduled IV Medications (Other than IV Pain Medications)

c. □ 3 – PRN IV Pain Medications

41. Flushing Intravascular Catheter (Mark one):

a. □ 0 - None

b. □ 2 - Daily

c. □ 3 - More than once a day

PERITONEAL DIALYSIS

42. Peritoneal dialysis done at home (Mark one):

a. □ 0 - No

b. □ 5 - Yes

ELIMINATION STATUS

43. Catheter Status (Mark one):

a. □ 0 - Client has no urinary catheter

b. □ 4 - Client requires a urinary catheter (external, indwelling, intermittent, suprapubic)

RESPIRATORY STATUS

44. Airway Status (Mark one):

a. □ 0 - Client has no tracheostomy

b. □ 4 - Tracheostomy

45. Airway/Tracheostomy Care (Mark one):

a. □ 0 - No Suctioning Required

b. □ 1 - Occasional (1-6 times a day) Suctioning required

c. □ 2 - Intermittent (6-10 times a day) Suctioning required

d. □ 3 - Frequent or Hourly Suctioning required

RESPIRATORY TREATMENTS USED AT HOME

46. Nebulizers (Mark one):

a. □ 0 - Client does not use nebulizers

b. □ 1 - PRN or BID nebulizers, CPT, or cough assist

c. □ 2 - Regular nebulizer/inhaler treatments (more than BID)

47. BiPAP/CPAP (Mark one):

a. □ 0 - Client does not use BiPAP/CPAP

b. □ 3 - Intermittent BiPAP/CPAP

c. □ 5 - Continuous BiPAP/CPAP

48. Ventilator (Mark one):

a. □ 0 - Client does not use ventilator

b. □ 5 - Ventilator intermittent or only while sleeping

c. □ 7 - Continuous Ventilator

NEUROLOGIC STATUS

49. Seizures (Mark one)**:**

a. □ 0 - The client does not have seizures or spasms

b. □ 1 - Has a history of seizures but none in the last year

c. □ 3 - Has had generalized tonic-clonic, or drop seizures in the last year, requiring visual supervision most of the time

d. □ 2 - Has had partial seizures that alter mental status in the last year

e. □ 1 - Has had simple seizures that do not alter mental status (facial or other twitching) in the last year

f. □ 2 - Has non-epileptic “spasms” interfering with completing tasks or requiring intervention in some form

Colorado Medicaid Pediatric Home Assessment Tool Scale
CNA Services

Total Point Amount Possible = 125

Total the points for questions 1 – 37 in the tool to obtain the CNA Services Score.

Point Range	Amount of Care Daily
0 – 19	0 Hours*
20 – 38	Up to 2 Hours*
39 – 57	Up to 4 Hours*
58 - 76	Up to 6 Hours*
77 - 95	Up to 8 Hours*
96 - 114	Up to 10 Hours*
115 or Greater	Up to 12 Hours*

* If Client's needs exceed amount of care permitted, additional information will be needed to justify additional care time.

Colorado Medicaid Pediatric Home Assessment Tool Scale
RN/LPN Services

Total Point Amount Possible = 176

Total the points for questions 1- 49 in the tool to obtain the RN/LPN Services Score.

Point Range	Amount of Care Daily
0 – 50	0 Hours
51 - 80	1 Visit Weekly
81 - 110	3 Visits Weekly
111 - 140	1 – 2 Visits Daily
141 or Greater	3 – 4 Visits Daily