



Home Health Certified Nurse Aide (CNA) Services

Certified Nurse Aide (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 a Home Health visit when all of the below are true:

1. They are ordered by the Attending Physician;
2. The tasks are not the usual and customary responsibilities of the legally responsible Family Member/Caregiver and there is not available or appropriate volunteer;
3. The client and/or Family Member/Caregiver is not able to complete tasks;
4. They are provided during the client’s Home Health skilled visit;
5. The tasks are secondary and contiguous to skilled Personal Care and do not require additional Home Health reimbursement to complete the tasks; and
6. The tasks are not duplicated by waiver services, the client’s residential agreement (such as an ALF, IRSS, GRSS, other Medicaid reimbursed Residence, or adult day care setting).

Skilled care is provided by a CNA 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 benefit coverage standard. Activities of Daily Living are considered to be unskilled or Personal Care when the task can be safely and adequately provided by persons without the technical skills of a health care provider. Skilled CNA services shall not be reimbursed for tasks or services that are the contracted responsibilities of an ALF, IRSS, GRSS or other Medicaid reimbursed Residence.

SKILLED CERTIFIED NURSE AIDE SERVICES

AMBULATION

Included in Task	Walking/moving from place to place with or without assistive device.
Usual Frequency of Task *	As ordered by the qualified physician on the Home Health Plan of Care; ambulation shall not be the sole purpose for the CNA visit.
Factors that Make Task Skilled	When the client is unable to assist or direct care or when hands 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 in the client’s record.



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Factors that Make Task Unskilled	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.
Special Considerations	Should not be a standalone reason for a visit. Documentation shall illustrate the need/on-going need for this skilled task.

BATHING/SHOWERING

Included in Task	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 after 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.
Usual Frequency of Task *	Up to one time a day; must be ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	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 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 in the client's record.
Factors that Make Task Unskilled	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.
Special Considerations	Additional baths may be warranted for treatment and must be documented by doctor order and Plan of Care. A second person may be staffed when required to safely bathe the client. Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be



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BATHING/SHOWERING

	utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client’s condition that has increased the client’s ability to perform this task.
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BLADDER CARE

Included in Task	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 his/her pre-urination state.
Usual Frequency of Task *	As ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	Client is unable to assist or direct care, broken skin or recently healed skin breakdown (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 in the client’s record.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.

BOWEL CARE

Included in Task	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.
Usual Frequency of Task *	As ordered by the qualified physician on the Home Health

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BOWEL CARE

	Plan of Care.
Factors that Make Task Skilled	Unable to assist or direct care, broken skin or recently healed skin break 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 in the client’s record.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.

BOWEL PROGRAM

Included in Task	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 ileostomy, 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.
Usual Frequency of Task *	As ordered by the qualified physician and only as detailed on the Home Health Plan of Care.
Factors that Make Task Skilled	Clients must have a relatively stable or predictable bowel program/condition and CNA must be deemed 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 Home Health Agency’s policy & procedure

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	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 in the client's record.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.

CATHETER CARE

Included in Task	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.
Usual Frequency of Task *	Up to two times a day as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	Emptying catheter collection bags (indwelling or external) is considered skilled care only when there is a need to record and report the client's urinary output to the client's nurse. If the indwelling catheter tubing needs to be opened for any reason and the client is unable to do so independently. There must be a documented decline in condition and/or on-going need in the client's record.
Factors that Make Task Unskilled	A Personal Care Provider may empty urinary collection devices, such as catheter bags as well as provide pericare for client with indwelling catheters.
Special Considerations	Catheter care shall not be the sole purpose of the CNA visit. Documentation shall illustrate the need/on-going need for this skilled task.



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DRESSING

Included in Task	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.
Usual Frequency of Task *	Up to 2 times daily as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	Dressing is considered a skilled task when the CNA must assist with the 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.
Factors that Make Task Unskilled	Dressing is considered unskilled when the client only needs 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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client's condition that has increased the client's ability to perform this task.

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EXERCISE/RANGE OF MOTION (ROM)

Included in Task	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.
Usual Frequency of Task *	Only as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	Services must be provided by a CNA 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 documented decline in condition and/or on-going need documented in the client’s record.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.



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FEEDING

Included in Task	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 placing food in client's mouth. Gastric tube (g-tube) formula preparation, verifying placement and patency of tube, administering tube feeding and flushing tube following feeding if the CNA is deemed competent.
Usual Frequency of Task *	Up to 3 times daily (snacks are not included) as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	<p>Syringe feeding and tube feeding may be performed by a CNA who has been deemed competent to administer feedings via tube or syringe (Home Health agencies may also choose to delegate this task to the CNA). Oral feeding is skilled only when the client is unable to communicate verbally, non-verbally or through other means, the client is unable to be positioned upright, the client is on a modified texture diet or when the client has a physiological or neurogenic chewing and/or swallowing problem, when there is the presence of a structural issue (such as cleft palate) or other documented swallowing issues. A client with a history of aspirating food or on mechanical ventilations may create a skilled need for feeding assistance. There must be a documented decline in condition and/or on-going need documented in the client's record.</p> <p>CNA may provide oral suctioning.</p>
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.

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HYGIENE – HAIR CARE/GROOMING

Included in Task	Hair care includes shampooing, conditioning, drying, styling and combing. Does not include perming, hair coloring, or other or extensive styling such as, but not limited to, updos, placement of box braids or other elaborate braiding or placing hair extensions.
Usual Frequency of Task *	Up to twice daily as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	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.
Factors that Make Task Unskilled	Personal Care providers may assist clients with the maintenance and appearance of his/her 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 must be a documented decline in condition and/or on-going need documented in the client’s record.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client’s condition that has increased the client’s ability to perform this task.



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HYGIENE – MOUTH CARE

Included in Task	Mouth care includes brushing teeth, flossing, use of mouthwash, denture care or swabbing (toothette). This task may include oral suctioning.
Usual Frequency of Task *	Up to three times daily as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	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 has decreased oral sensitivity or hypersensitivity or when the 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. CNA may provide oral suctioning.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client’s condition that has increased the client’s ability to perform this task.



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HYGIENE – NAIL CARE

Included in Task	Nail care includes soaking, filing and nail trimming.
Usual Frequency of Task *	Up to 1 time weekly as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	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.
Factors that Make Task Unskilled	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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client’s condition that has increased the client’s ability to perform this task.

HYGIENE – SHAVING

Included in Task	Shaving of face, legs and underarms with manual or electric razor.
Usual Frequency of Task *	Up to 1 time daily as ordered by the qualified physician on the Home Health Plan of Care; task may be completed with bathing/showering.
Factors that Make Task Skilled	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

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HYGIENE – SHAVING

	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.
Factors that Make Task Unskilled	A Personal Care Provider may assist a client with shaving only with an electric or a safety razor.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client’s condition that has increased the client’s ability to perform this task.

MEAL PREPERATION

Included in Task	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.
Usual Frequency of Task *	Up to 3 times daily as ordered by the qualified physician on the Home Health Plan of Care.
Factors that Make Task Skilled	Diets that require nurse oversight to administer correctly and meals that must have a modified consistency (thickened 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.
Factors that Make Task Unskilled	Meal preparation is an unskilled task except as defined above. Diets that do not require nurse oversight include (but are not limited to) diabetic diet, low salt diet, low/high carbohydrate diet, low/high protein diet, gluten free diet, “heart smart “diet, low/high fat diet, low/high cholesterol diet, low/high calorie, vegetarian, low/high fiber diet, low/high nutrient diet (e.g. calcium, vitamin K, potassium) or allergen modified diet.



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Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task.
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MEDICATION REMINDERS

Included in Task	Remind client that it is time for his/her medications, hand pre-filled medication box to client, hand labeled medication bottle to client or open prefilled box or labeled medication bottle for client.
Usual Frequency of Task *	<p>This is a Personal Care Provider (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.</p> <p>If a CNA has completed the DORA approved training and has been awarded CNA-MED certification upon completion of that training, the CNA-MED may work within the limits of that certification as ordered by the qualified physician on the Home Health Plan of Care.</p>
Factors that Make Task Skilled	<p>None; unless the CNA meets the DORA approved CNA-MED certification which is always a skilled task.</p> <p>CNA may ask client if he or she has taken his/her medications. CNA may replace oxygen tubing and may set oxygen to ordered flow rate.</p>
Factors that Make Task Unskilled	<p>A Personal Care Provider may assist a client with medication only when the medications have been pre-selected by the client, his/her Family Member/Caregiver, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such 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</p>



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MEDICATION REMINDERS

	client is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications.
Special Considerations	CNAs may not administer medications without obtaining the CNA-MED certification from the DORA approved course. If the CNA has obtained this certification, he or she may perform pre-pouring and medication administration within the scope of that CNA-MED certification. Documentation shall illustrate the need/on-going need for this skilled task.

POSITIONING

Included in Task	The task includes moving the client from his/her 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.
Usual Frequency of Task *	As ordered by the qualified physician on the Home Health Plan of Care; positioning and padding shall not be the sole purpose for the CNA visit.
Factors that Make Task Skilled	The client is unable to communicate verbally, non-verbally or through other means 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. There must be a documented decline in condition and/or on-going need documented in the client’s record.

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POSITIONING

	This excludes positioning that is completed in conjunction with other activities of daily living. Documented decline in condition and on-going need must be documented.
Factors that Make Task Unskilled	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 other means, 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.
Special Considerations	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. Documentation shall illustrate the need/on-going need for this skilled task.

SKIN CARE

Included in Task	Applying lotion or other skin care product and only when it is not completed in conjunction with bathing or toileting (bladder and bowel). May be included with positioning.
Usual Frequency of Task *	Excluding skin care completed in conjunction with bathing and toileting as ordered on the Plan of Care.
Factors that Make Task Skilled	Client requires additional skin care 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.
Factors that Make Task Unskilled	Skin care is unskilled when a client's skin is unbroken, and when any chronic skin problems are not active. The skin care



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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.
Special Considerations	Documentation shall illustrate the need/on-going need for this skilled task. Hand over hand assistance may be utilized for short term (up to 90 days) training of the client in Activities of Daily Living when there has been a change in the client's condition that has increased the client's ability to perform this task.

TRANSFERS

Included in Task	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 care, bowel care or other CNA task.
Usual Frequency of Task *	As ordered by the Home Health Plan of Care; transferring shall not be the sole purpose for the CNA visit.
Factors that Make Task Skilled	Transfers are considered skilled when a client is unable to communicate verbally, non-verbally or through other means 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.

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TRANSFERS

	<p>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.</p>
<p>Factors that Make Task Unskilled</p>	<p>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 Personal Care Provider as long as the worker has been properly trained in its use.</p> <p>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.</p>
<p>Special Considerations</p>	<p>The CNA practice act prohibits a CNA from providing interventions or services for psychological, emotional or behavioral support. Documentation shall illustrate the need/on-going need for this skilled task. A second person may be used when required to safely transfer the client.</p>



VITAL SIGNS MONITORING

Included in Task	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.
Usual Frequency of Task *	As ordered by the qualified physician on the Home Health Plan of Care or as directed by the Home Health nurse.
Factors that Make Task Skilled	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.
Factors that Make Task Unskilled	N/A
Special Considerations	Shall be delegated by the client's nurse. Vital signs monitoring shall not be the sole purpose of the CNA visit.

* Usual frequency of task defines the number of times a typical person is likely to complete the task. However, some clients will need these tasks performed more or less frequently than is defined in the task. Agencies should be prepared to provide additional documentation when clients require a task to be completed more frequently.

LIMITATIONS

1. In accordance with the Colorado Nurse Aide practice act, a CNA only shall provide services that have been ordered on the Plan of Care.
 - 1.1. Home health aides cannot do a visit for the purpose of behavior modification. Home health aide visits are to assist with activities of daily living. Clients with certain disabilities that have behavioral manifestations may require the home health aide to follow behavioral plans and to refrain from behaviors that will escalate or upset the client. In these situations the guardian, case manager, behavioral professional or mental health professional should be able to provide clear direction to the agency about how the disability affects the provision of care. The aide is not there to do behavioral intervention but the manifestations of the disability that affect behavior may require additional time to complete tasks, may require some tasks to be done more frequently and may require that the aide incorporate common sense techniques into their care routine.



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- 1.2. Physical behavioral interventions such as restraint must not be on the home health plan of care. The home health aide is not a behavioral professional and should not be expected to act as such. If the client has a behavior plan created by a behavior or mental health professional the home health aide should follow this plan within their scope and training to the same extent that a family member or paraprofessional in the school would be expected to follow the plan.
- 1.3. Examples of appropriate "behavioral" intervention for a home health aide might include remembering to alert a client to a transition in tasks in a manner specified by family or behavioral professional, using non clinical calming techniques when client is visibly agitated, distracting client who is escalating or obsessing, taking advice from family or mental health professional and avoiding actions that are known to escalate client (such as disrupting routine, unnecessary rushing, etc).
- 1.4. The client's need for Behavioral Interventions or emotional or behavioral support does not negate the need for CNA skilled care services.
2. When an agency allows a CNA to perform skilled tasks that require competency and/or delegation, the agency shall have policies regarding its 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.
3. All clients have Personal Care needs. CNA services shall only be ordered when the task is outside of the usual responsibilities of the client's Family Member/Caregiver.
4. Cuing or hand over hand assistance to complete Activities of Daily Living is not considered a skilled task, however, the agency may provide up to 90 days of care to teach a client Activities of Daily Living when the client is able to learn to perform the tasks independently. Cuing or hand over hand care that exceeds 90 days or is provided when the client has not had a change in his or her ability to complete self care techniques is not covered. If continued cuing or hand over hand assistance is required after 90 days, this task should be transferred to a personal care provider or other competent individual who can continue the task.
5. Personal Care needs or skilled CNA services that are the contracted responsibility of an ALF, GRSS or IRSS are not reimbursable as a separate Medicaid Home Health service.
6. Family members/caregivers may be employed as a client's CNA, but may only provide services that are identified in this benefit coverage standard as skilled CNA services and that exceed the usual responsibilities of the Family Member/Caregiver.
7. 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 Services and the Colorado Department of Labor and Employment.
8. When 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.



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9. CNA visits shall not be approved for nor shall extended units be billed for the sole purpose of completing unskilled Personal Care, homemaking tasks or instrumental activities of daily living.
10. 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 sole benefit of other persons living in the home.
11. Protective Oversight is an integral part 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.
12. Visits solely for the purpose of massage are not covered.