

Dear Stakeholders:

The Division is proposing amendments to accommodate waiver services for children with life limiting illness. The changes are highlighted in yellow below. Any questions or written comments regarding this amendment should be provided by June 4, 2014 and directed to Laurie Schoder at laurie.schoder@state.co.us.

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Health Facilities Regulation Division**

3 **STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

4 **CHAPTER XXVI - HOME CARE AGENCIES**

5 **6 CCR 1011-1 Chap 26**

6 * * * * *

7 **Section 3. DEFINITIONS**

8 * * * * *

9 3.15 "LIFE-LIMITING ILLNESS" MEANS A MEDICAL CONDITION THAT, IN THE OPINION OF THE MEDICAL SPECIALIST
10 INVOLVED, HAS A PROGNOSIS OF DEATH THAT IS HIGHLY PROBABLE BEFORE A CHILD REACHES ADULTHOOD AT
11 AGE 19.

12 3.15-6 "Nurse aide" means a nurse aide certified by the Colorado Department of Regulatory Agencies or a
13 nurse aide who has completed the requisite training and is within four (4) months of achieving
14 certification.

15 3.167 "Parent home care agency" means the agency that develops and maintains administrative control of
16 branch offices.

17 3.178 "Personal care services" means assistance with activities of daily living, including but not limited to
18 bathing, dressing, eating, transferring, walking or mobility, toileting, and continence care. It also includes
19 housekeeping, personal laundry, medication reminders, and companionship services furnished to a
20 home care consumer in the home care consumer's temporary or permanent home or place of
21 residence, and those normal daily routines that the home care consumer could perform for himself or
22 herself were he or she physically capable, which are intended to enable that individual to remain safely
23 and comfortably in the home care consumer's temporary or permanent home or place of residence.

24 3.189 "Plan of correction" means a written plan prepared by the HCA and submitted to the department for
25 approval that specifies the measures the HCA shall take to correct all cited deficiencies.

26 3.4920 "Primary agency" means the agency responsible for the consumer's direct care coordination when a
27 secondary or subcontracted agency is also providing care and services.

28 3.201 "Qualified Early Intervention Service Provider" has the same meaning set forth in section 27-10.5-702,
29 C.R.S.

30 3.22 "RESPITE CARE" MEANS SERVICES PROVIDED TO A CONSUMER WHO IS UNABLE TO CARE FOR HIMSELF OR
31 HERSELF ON A SHORT TERM BASIS BECAUSE OF THE ABSENCE OR NEED FOR RELIEF OF THOSE PERSONS
32 NORMALLY PROVIDING CARE.

33 3.243 "Service Agency" means an individual or any publicly or privately operated programs, organization, or
34 business providing services or supports for persons with developmental disabilities.

1 3.224 "Service note" means a written notation that is signed, with date and time, by an employee of the home
2 care agency furnishing the non-medical services.

3 3.235 "Skilled home health services" means health and medical services furnished in the consumer's
4 temporary or permanent place of residence that include wound care services; use of medical supplies
5 including drugs and biologicals prescribed by a physician; in-home infusion services; nursing services;
6 or certified nurse aide services that require the supervision of a licensed or certified health care
7 professional acting within the scope of his or her license or certificate; occupational therapy; physical
8 therapy; respiratory care services; dietetics and nutrition counseling services; medication administration;
9 medical social services; and speech-language pathology services. "Skilled home health services" does
10 not include the delivery of either durable medical equipment or medical supplies.

11 3.246 "Subdivision" means a component of a multi-function health agency, such as the home care department
12 of a hospital or the nursing division of a health department, which independently meets the licensure
13 requirements for HCAs. A subdivision that has branch offices is considered a parent agency.

14 3.257 "Summary report" means the compilation of the pertinent factors of a home care consumer's clinical
15 notes that is submitted to the consumer's physician by the skilled home health care agency.

16 3.268 "Supervision" means authoritative procedural guidance by a qualified person for the accomplishment of
17 a function or activity.

18 * * * * *

19 **Section 7. SKILLED CARE**

20 * * * * *

21 7.9 Initial and comprehensive assessments

22 (A) Initial assessment visit

23 (1) A registered nurse shall conduct an initial assessment visit to determine the immediate
24 care and support needs of the consumer. The initial assessment visit shall be held
25 either within 48 hours of referral, or within 48 hours of the consumer's return home, or
26 on the ~~attending provider~~ ordered start-of-care date.

27 (2) When an alternate professional healthcare service is the only service ordered, the initial
28 assessment visit may be made by the appropriate ~~skilled~~ healthcare professional.

29 (B) Comprehensive assessment of consumers

30 * * * * *

31 (6) ~~WHEN NURSING SERVICES ARE PROVIDED,~~ ~~‡~~ The comprehensive assessment shall include
32 a review of all medications the consumer is currently using in order to identify any
33 potential adverse effects and drug reactions, including ineffective drug therapy,
34 significant side effects, significant drug interactions, duplicate drug therapy and
35 noncompliance with drug therapy.

36 (a) The HCA shall report any concerns to the attending physician, and the director
37 of nursing and these reports shall be acted upon.

38 (7) ~~FOR CONSUMERS RECEIVING INTERMITTENT RESPITE AND WAIVER SERVICES THAT ARE NOT~~
39 ~~PROVIDED WITHIN A CONTINUOUS 60 DAY PERIOD, A COMPREHENSIVE ASSESSMENT SHALL BE~~

1 ACCOMPLISHED BEFORE REINITIATING SERVICES RATHER THAN THE MINIMUM TIME FRAMES SET
2 FORTH BELOW.

3 The comprehensive assessment shall be updated and revised as frequently as the
4 consumer's condition warrants due to a major decline or improvement in the
5 consumer's health status. At a minimum, it shall be updated and revised:

- 6 (a) Every 60 days beginning with the start-of-care date; and
- 7 (b) Within 48 hours of the consumer's return to the home from a hospital admission
8 of 24 hours or more for any reason other than diagnostic tests or, for non-
9 certified agencies, as ordered by the physician or intermediate care provider.

10 * * * * *

11 7.10 Plan of care

- 12 (A) Care follows a written plan of care established and periodically reviewed by a doctor of
13 medicine, osteopathy, or podiatric medicine. Care plans established by a nurse practitioner, or
14 physician assistant OR OTHER THERAPISTS WITHIN THEIR SCOPE OF PRACTICE may be accepted by
15 an HCA that is not federally certified as a home care agency. For PACE participants, the
16 interdisciplinary team shall establish, follow and periodically review the plan of care.

17 * * * * *

- 18 (C) The total plan of care shall be reviewed by the attending physician or attending intermediate
19 care provider and HCA personnel as often as the severity of the consumer's condition requires,
20 but at least once every 60 days or more frequently when there is a significant change in
21 condition.

- 22 (1) FOR CONSUMERS RECEIVING INTERMITTENT RESPITE AND WAIVER SERVICES THAT ARE NOT
23 PROVIDED WITHIN A CONTINUOUS 60 DAY PERIOD, THE TIME FRAME FOR REVIEW BEGIN UPON
24 THE RE-INITIATION OF CARE.

25 * * * * *

26 7.12 Coordination

- 27 (A) Care coordination shall be demonstrated for each consumer at least every 30 60 days for cases
28 where there is more than one agency sharing the provision of the same home health services.
29 The minutes of these case conferences shall reflect discussion and input by all the disciplines
30 providing care to the consumer.
- 31 (B) The HCA shall be responsible for the coordination of consumer services both with internal staff
32 and known external services providing care and services to the same consumer.
- 33 (C) All personnel furnishing services maintain liaison to ensure that their efforts are coordinated
34 effectively and support the objectives outlined in the plan of care and as delineated through
35 outside home care services.
- 36 (D) The clinical record, care coordination notes or minutes of case conferences establish that
37 effective interchange, reporting and coordination of consumer care do occur.
- 38 (E) A written summary report for each consumer shall be documented and sent to the attending
39 primary care provider, AS APPROPRIATE, at least every 60 days.

1 7.13 Extended care

2 Extended care is defined as a total of six (6) or more hours of home health services provided in a 24-
3 hour period by a licensed agency that provides skilled health services **ON A CONTINUOUS BASIS.**

4 * * * * *