HOME HEALTH SERVICES

Brief Coverage Statement

Home Health Services are a benefit for Colorado Medicaid clients. 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 consist of Skilled Nursing (provided by a Registered Nurse or Licensed Practical Nurse), Certified Nurse Aide (CNA) services (may also be referred to as a Certified Nursing Assistant or Home Health Aide), Physical Therapy (PT), Occupational Therapy (OT) and Speech/Language Pathology (SLP) services (or Speech Therapy). Service(s) must be reasonable and necessary for the treatment of the illness, injury or disability, which means that the services must be consistent with the unique nature and severity of the client's illness, injury or disability, his or her particular medical needs, and accepted standards of medical and nursing practice, without regard to whether the illness, injury or disability is acute, chronic, terminal, or expected to last a long time.

This benefit coverage standard only applies to the State Plan Home Health benefit and will not address services available through other State Plan benefits or any services available through Home and Community Based Services (HCBS) waiver programs.

Services Addressed in Other Benefit Coverage Standards

- Private Duty Nursing

Eligible Providers

PRESCRIBING PROVIDER

- Physician
- Podiatrist

RENDERING AND BILLING PROVIDER

Qualified staff who are not excluded from participation in federally funded health care programs by the US Department of Health and Human Services (HHS)/Office of Inspector General (OIG) and may be employed by or under contract to the HHA for which the HHA may bill for his/her services:

1. Registered Nurses (RN) and Licensed Practical Nurses (LPN), who have a current, active license in accordance with the Colorado Nurse Practice Act (C.S.R. §12-38);
2. Physical Therapists (PT) who have a current, active license in accordance with the Colorado Physical Therapy Practice Act (C.S.R. § 12-41);
2.1. Physical Therapist Assistants (PTA) who have a current, active certification in accordance with the Colorado Physical Therapy Practice Act (C.S.R § 12-41) provide Physical Therapy to Home Health clients under the general supervision of a licensed Physical Therapist as defined per Rule 202 of the Colorado Department of Regulatory Agencies State Physical Therapy Board.

3. Occupational Therapists (OT) who have a current, active registration in accordance with the Colorado Occupational Therapy Practice Act (C.S.R. § 12-40.5);

3.1. Occupational Therapy Assistants (OTA) can render Home Health therapy but must practice under the supervision of a registered Occupational Therapist.

4. Speech/Language Pathologists (SLP) who have a current, active certification from the American Speech-Language-Hearing Association (ASHA); and/or

5. Certified Nurse Aides who have a current, active license in accordance with the Colorado Nurse Aide Practice Act (C.S.R. § 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 C.F.R., 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. 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 Service

Home Health Services are provided in a client's place of Residence, which is defined as:

1. A client’s place of Residence includes the client’s house, apartment, any type of assisted living facility (ALF) including an Alternative Care Facility (ACF) or other physical structure that is used to house a client for s specified time;

2. An Individual Residential Service and Supports (IRSS) setting, including Host Homes, apartments or homes where three or fewer clients reside, 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 benefit coverage standard. 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;
3.1. If a client is receiving Home Health Services outside of Colorado, the agency shall continue to following all Home Health rules and regulations for the state of Colorado.
4. Services may be provided in common living areas of a client’s Residence, such as a dining room in an Assisted Living Facility.

**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 or amelioration 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 Member/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 benefit coverage standard;
4. For Long-Term Home Health Services, the client meets the Long-Term Care Certification requirements as defined in this benefit coverage standard, 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 client’s medical condition;
6. The services are outside of the usual tasks that would customarily be provided by a client’s legally responsible Family Member/Caregiver.
7. Group Residential Services & Supports (GRSS) group home residents may receive Medicaid Acute Home Health Services. LTHH services may be provided in GRSS settings when the GRSS provider agency reimburses the Long-Term Home Health Agency directly for the LTHH services.
8. Acute Home Health may be provided to clients who receive Health Maintenance tasks through In-Home Supports and Services (IHSS) and Consumer Directed Attendant Supports and Services (CDASS).
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 benefit coverage standard;
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 or its 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 or its Designated Review Entity unless the client’s status has changed significantly and/or a new Prior Authorization Request (PAR) is needed unless requested. The initial admission Assessment and/or continuation of care Assessments shall be completed by a Registered Nurse (or by a Physical Therapist, Occupational 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. 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 Care using the current federal coding guidelines.
3.1. The primary diagnosis for which Home Health care is needed shall be listed first and all diagnoses codes shall be accurate and relevant to the client’s Home Health needs;
3.2. Encounter codes or “V” codes shall be utilized whenever possible;
3.3. Surgical procedures shall be added when they are relevant to the Home Health plan of care;
4. 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 including the availability of natural supports and the client’ living situation;
5. A complete list of all medications including but not limited to prescription medications, herbal supplements and over-the-counter remedies along with the dose, the frequency and the route the medication is taken;
6. A complete list of the client’s allergies including but not limited to dietary, medication and environmental allergens;
7. A list of all of the non-routine durable medical equipment & supplies that are used by the client;
8. A list of any precautions or safety measures that are in place for the client as well as the functional limitations and/or activities permitted by the client’s qualified physician;
9. A notation regarding the client’s doctor ordered dietary (nutritional) requirements and restrictions including but not limited to any special considerations, dietary restrictions or nutritional supplements;
10. A comprehensive list of the amount, frequency and expected duration of the visits for each discipline ordered including the specific duties, treatments and tasks to be performed by each discipline during each visit;
10.1. Only services and treatments that will be provided by the home health provider shall be included on the plan of care.
10.2. Treatment plans for Physical Therapy, Occupational Therapy and Speech Therapy may be completed on a form designed specifically for therapy plan of cares;
10.3. If PRN (pro re nata) or as needed visits may be required, the orders must include situations and circumstances that would trigger the use of the PRN visit.
11. Current clinical summary or updates of the client and the client’s health status including mental status and a brief statement regarding the homebound status of the client;
12. The client’s prognosis, goals, rehabilitation potential and the client specific discharge plan;
12.1. If the client’s illness, injury or disability is not expected to improve and/or discharge is not anticipated the agency is not required to document a discharge plan. However, the client’s medical record shall include the reason that no discharge plan is present; and
13. The Attending Physician’s approval shall be evidenced by signing and dating the care plan. If an electronic signature is used, the agency must document that an electronic signature was used and shall keep a copy of the physician’s physical signature on file;
14. The request shall include a brief statement regarding the client’s support network including the availability of the client’s Family Member/caregiver and if applicable, shall include information on why the client’s Family Member/Caregiver is not able and/or not willing to provide the care the client requires; and

15. Any other relevant information related to the client’s need for Home Health care, such as, the need of 2 Home Health staff members to manage the client’s care safely.

A new Plan of Care must be completed every 60 calendar days while the client is receiving Home Health Services. The Plan of Care must include evidence of review by the physician every 60 days.

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 for Medicaid clients;

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, when possible, in the clinical summary or update;

5. An emergency plan including the safety measures that will be implemented to protect against injury;

6. A specific order from the client’s qualified physician for all PRN visits utilized;

7. Clear documentation of the skilled services and non-skilled service that will be provided to the client with documentation clearly reflecting the client or his/her Family Member/Caregiver agrees with the care plan;

8. Accurate and clear clinical notes or visit summaries from each discipline for each visit that include the client’s response to treatments/services that were completed during the visit and that have been signed and dated by the person who provided the service. If an electronic signature is used, the agency must document that an electronic signature was used and shall keep a copy of the physical signature on file;

9. Evidence of Care Coordination with the client’s other providers including but not limited to specialty providers, wound care clinics, other skilled agencies, personal care agencies or assisted living facility and when applicable the Regional Care Collaborative Organization, Case Management Agency or other Department designated entity.

10. When the client is receiving services (skilled or unskilled) services from another agency, other services including, but not limited to the Medicaid HCBS waiver programs, or from other payers, there must be evidence of Care Coordination between the other services as well as an explanation of how the requested Home Health Services do not overlap with these other services.
10.1. The agency is not required to but may maintain a calendar of when the various known providers of nursing and Personal Care services are providing services to the client (date and time with duration) in order to demonstrate there is no overlap in coverage;

11. A plan for how the agency will cover the client (Family Member/Caregiver or other agency staff) in the event that agency staff is not able to deliver the Home Health care ordered by the qualified physician due to inclement weather or other unforeseen incident;

12. 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.

12.1. 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;

13. 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;

14. Documentation evidencing Care Coordination with other providers known to the agency; and

15. The expected health outcomes, which may include functional outcomes.

Covered Services and Limitations

Home Health Services covered by Medicaid are limited to Skilled Nursing services, Certified Nurse Aide services, Occupational Therapy services, Physical Therapy services, and speech/language pathology services. Home Health Services are divided into three service types:

- Acute Home Health Services;
- Long-Term 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 clients 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. 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 or postpartum recovery,
9. An acute incident related to a chronic disease, such as diabetes or COPD. Specific information on what causes the incident to become acute shall be documented in the record.

A client may receive additional periods of Acute Home Health Services under the following circumstances:
1. At least 10 days have elapsed since the client’s discharge from an Acute Home Health episode: and
2. A LTHH client has a change in condition that necessitates Acute Home Health care services; or
3. New onset of a chronic condition; or
4. Treatment needed for a new acute condition or episode.

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 CNA care may be needed.
   1.1. Nursing visits for the sole purpose of assessing a client for recertification of Home Health service shall not be reimbursed when the only services the client receives are CNA services.
2. The visit is to instruct the client or his/her Family Member/Caregiver to allow the client or his/her Family Member/Caregiver to independently provide safe and effective care to the client that would normally be provided by a skilled Home Health provider.
   2.1. If the client or unpaid Family Member/Caregiver is unable or unwilling to learn to perform the skill being taught, teaching visits are no longer covered.
3. The visit is to supervise the client or his/her Family Member/Caregiver to ensure that they are competent in providing the needed task.
3.1. Once the client or the client's unpaid Family Member/Caregiver is able to demonstrate understanding or to perform care, teaching visits are no longer covered.

LIMITATIONS
1. A new period of Acute Home Health shall 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 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. If a client’s acute condition resolves prior to 60 calendar days from the Acute Home Health admission, the client shall be discharged from Acute Home Health or transitioned to Long-Term Home Health.
4. If the Acute Home Health client is hospitalized for planned or unplanned services for 10 or more calendar days, the Home Health Agency may close the client’s Acute Home Health episode, so that acute care can resume when the client is discharged back to his/her Residence.
5. The frequency and duration of Acute Home Health care visits shall be provided in a manner that is consistent with current accepted professional standards and that meets the client’s skilled care needs.
6. The frequency and duration of Acute Home Health Services is based on each client’s individual needs.
7. 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 require ongoing Home Health Services beyond the Acute Home Health period. This includes 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 meet his/her treatment goals or to be safely discharged from Home Health Services;
2. On the first day of Home Health Services for clients with well documented chronic needs when the client does not require an Acute Home Health care transition period; or
3. Continuation of an on-going Long-Term Home Health Plan of Care.

All Long-Term Home Health Services require a PAR and must be reviewed for Medical Necessity.
LIMITATIONS

1. Clients ages 20 and younger may obtain Long-Term Home Health Physical Therapy, Occupational Therapy and Speech Therapy services when medical necessary and therapy services will be more effective if provided in the home setting or there is some other reason that outpatient therapy would create a hardship for the client.

2. Clients ages 21 and older who continue to require therapy after the initial Acute Home Health period may obtain Long-Term Therapy Services in an outpatient setting.

3. LTHH services may be provided in GRSS Group Home settings, when the GRSS provider agency reimburses the LTHH agency directly for these LTHH services. LTHH service provision in GRSS Group Homes is not reimbursable through the State Plan.

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT HOME HEALTH SERVICES

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid regulation 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 the physical, mental cognitive or developmental effects of an illness, injury or disability. 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 10 C.C.R. 2505-10, § 8.280, and must be appropriate to the needs of the client. CNA skilled services must be outside of the usual responsibilities of the Family Member/Caregiver.

LIMITATIONS

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

TELEHEALTH SERVICES (LTHH)

Home Health telehealth services are the remote monitoring of clinical data through technologic equipment in order to detect minute changes in the client’s clinical 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 medical 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 or more of the qualifying diagnosis or conditions in order to be eligible for telehealth monitoring:
   1.1. Congestive Heart Failure;
   1.2. Chronic obstructive pulmonary disease;
   1.3. Asthma;
   1.4. Diabetes;
   1.5. Pneumonia; or
   1.6. Other diagnosis or condition deemed eligible by the Department or its designee
2. The client shall require ongoing and frequent monitoring, a minimum of 3 times weekly, to manage his or her chronic diagnosis, as defined and ordered by a qualified physician;
3. The client must demonstrate a need for ongoing monitoring as evidenced by:
   3.1. Required medical intervention (including emergency room visits and hospitalizations) two or more times in the last twelve months for conditions related to the qualifying diagnosis;
   3.2. An acute exacerbation of a qualifying diagnosis that requires telehealth monitoring;
   3.3. New onset of a qualifying disease that requires ongoing monitoring to manage the client in his or her Residence;
   3.4. Client has demonstrated history of poor management or compliance of their qualified diagnosis.
4. The client and/or caregiver must be willing and able to comply with the telehealth monitoring as ordered by the qualified physician.

LIMITATIONS
1. Clients who are unable to comply with the ordered telehealth monitoring must be disenrolled from the services.
2. Services billed prior to obtaining approval to enroll a client into telehealth services by the Department or its designated review.
3. Services provided to clients who do not 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. 1\textsuperscript{st} medication box fill (medication pre-pouring) of the week;
3. 1st visit of the day; the remaining visits shall utilize brief nursing units as appropriate;
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. Visits for foot care;
10. Nasopharyngeal, tracheostomy aspiration or suctioning, ventilator care;
11. 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 or willing 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 or recertify the case for CNA services, physical, occupational, and/or Speech Therapy.
2. Skilled nurses are expected to assess and teach the client during standard Home Health Skilled Nursing visits. Long-Term Home Health nursing visits for 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 CNA supervision are not reimbursed by Medicaid.
5. Family members/caregivers may be employed by the HHA to provide nursing services to a client, but may only provide services that exceed the usual responsibilities of the Family Member/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 Services and the Colorado Department of Labor and Employment.
7. PRN or as needed nursing visits may be requested as standard nursing visits or brief nursing visits and shall include a physician’s order as to the specific criteria or circumstances that would warrant an as needed visit along with the specific number of as needed visits that are requested for the certification period.
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 (excluding the first regular nursing visit of the day) includes, but is not limited to:

1. All clients seen contiguously by the same Home Health Agency nurse who reside in the same location (Two or more clients in one home, two or more clients who reside in the same apartment complex, same Assisted Living Facilities, etc) when appropriate (excluding the 1st visit of the day);
2. Intramuscular, intradermal and subcutaneous injections (including insulin) when required multiple times daily, excluding the first visit of the day;
3. Additional visits beyond the first visit of the day where simple Wound care dressings are the sole reason for the visit;
4. Additional visits beyond the 1st visit of the day where catheter irrigation is the sole reason for the visit;
5. Additional visits beyond the first visit of the day where external catheterization and/or care is the sole purpose for the visit;
6. Bolus Levin or G-tube feedings of 1 can of prepared formula excluding the first visit of the day ONLY when there is no able or willing caregiver and it is the sole purpose of the visit;
7. Medication box refills or changes following the 1st medication pre-pouring of the week;
8. Other non-complex nursing tasks as deemed appropriate by the Department or its Designated Review Entity when all of the documented clinical findings support a brief visit as being appropriate; and/or
9. A combination of uncomplicated tasks when deemed appropriate by the Department or its Designated Review Entity when all of the documented clinical findings support a brief visit as being appropriate.

The need for on-going Assessment of the client does not necessitate the billing of 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 standard nursing visits on the PAR form and on the Plan of Care documentation for the Department or its Designated Review Entity.

LIMITATIONS

1. PRN or as needed nursing visits may be requested as standard nursing visits or brief nursing visits and shall include specific criteria or circumstances that would warrant an as needed visit along with the specific number of as needed visits that are requested for the certification period.
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 Member/ 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;

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

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>Walking/moving from place to place with or without assistive device.</th>
</tr>
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<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>As ordered by the qualified physician on the Home Health Plan of Care; ambulation shall not be the sole purpose for the CNA visit.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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 documented in the client’s record.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>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.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>Should not be a standalone reason for a visit. Documentation shall illustrate the need/on-going need for this skilled task.</td>
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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 |

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Incorporation Date: January 1, 2013
# BATHING/SHOWERING

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<tr>
<th>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.</th>
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<tr>
<td>**Usual Frequency of Task ***</td>
</tr>
<tr>
<td><strong>Factors that Make Task Skilled</strong></td>
</tr>
<tr>
<td><strong>Factors that Make Task Unskilled</strong></td>
</tr>
<tr>
<td><strong>Special Considerations</strong></td>
</tr>
</tbody>
</table>

## BLADDER CARE

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>**Usual Frequency of Task ***</td>
<td>As ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
</tbody>
</table>
## BLADDER 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 documented 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 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 documented 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 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. |
| 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. |
## CATHETER CARE

<table>
<thead>
<tr>
<th>Factors that Make Task Skilled</th>
<th>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 documented in the client’s record.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>A Personal Care Provider may empty urinary collection devices, such as catheter bags as well as provide pericare for client with indwelling catheters.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>Catheter care shall not be the sole purpose of the CNA visit. Documentation shall illustrate the need/on-going need for this skilled task.</td>
</tr>
</tbody>
</table>

## DRESSING

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>Up to 2 times daily as ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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.</td>
</tr>
</tbody>
</table>
DRESSING

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 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.

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.
## EXERCISE/RANGE OF MOTION (ROM)

| 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. |

## 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. |
## FEEDING

| Factors that Make Task Skilled | 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. CNA may provide oral suctioning. |
| 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. |
## HYGIENE – HAIR CARE/GROOMING

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>Up to twice daily as ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>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.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>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.</td>
</tr>
</tbody>
</table>
## HYGIENE – MOUTH CARE

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>Mouth care includes brushing teeth, flossing, use of mouthwash, denture care or swabbing (toothette). This task may include oral suctioning.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>Up to three times daily as ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>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.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>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.</td>
</tr>
</tbody>
</table>
## HYGIENE – NAIL CARE

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>Nail care includes soaking, filing and nail trimming.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>Up to 1 time weekly as ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>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.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>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.</td>
</tr>
</tbody>
</table>
## HYGIENE – SHAVING

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>Shaving of face, legs and underarms with manual or electric razor.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Usual Frequency of Task</strong> *</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Factors that Make Task Skilled</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Factors that Make Task Unskilled</strong></td>
<td>A Personal Care Provider may assist a client with shaving only with an electric or a safety razor.</td>
</tr>
<tr>
<td><strong>Special Considerations</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
**MEAL PREPARATION**

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>Up to 3 times daily as ordered by the qualified physician on the Home Health Plan of Care.</td>
</tr>
<tr>
<td>Factors that Make Task</td>
<td>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.</td>
</tr>
<tr>
<td>Skilled</td>
<td></td>
</tr>
<tr>
<td>Factors that Make Task</td>
<td>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.</td>
</tr>
<tr>
<td>Unskilled</td>
<td></td>
</tr>
<tr>
<td>Special Considerations</td>
<td>Documentation shall illustrate the need/on-going need for this skilled task.</td>
</tr>
</tbody>
</table>

**MEDICATION REMINDERS**

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>Factors that Make Task</td>
<td>None; unless the CNA meets the DORA approved CNA-</td>
</tr>
</tbody>
</table>

Issue Date: October 22, 2012
Review Date: December 31, 2015
Incorporation Date: January 1, 2013
### MEDICATION REMINDERS

| Skilled                                                                 | MED certification which is always a skilled task.  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CNA may ask client if he or she has taken his/her medications. CNA may replace oxygen tubing and may set</td>
</tr>
<tr>
<td></td>
<td>oxygen to ordered flow rate.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>A Personal Care Provider may assist a client with medication only when the medications have been pre-selected by the</td>
</tr>
<tr>
<td></td>
<td>client, his/her Family Member/Caregiver, a nurse, or a pharmacist, and are stored in containers other than the</td>
</tr>
<tr>
<td></td>
<td>prescription bottles, such as prefilled medication minders. Medication minder containers shall be clearly</td>
</tr>
<tr>
<td></td>
<td>marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken;</td>
</tr>
<tr>
<td></td>
<td>verbal prompting to take medications; handing the appropriately marked medication minder container to the</td>
</tr>
<tr>
<td></td>
<td>client; and, opening the appropriately marked medication minder container for the client if the client is</td>
</tr>
<tr>
<td></td>
<td>physically unable to open the container. These limitations apply to all prescription and all over-the-counter</td>
</tr>
<tr>
<td></td>
<td>medications.</td>
</tr>
<tr>
<td>Special Considerations</td>
<td>CNAs may not administer medications without obtaining the CNA-MED certification from the DORA approved course.</td>
</tr>
<tr>
<td></td>
<td>If the CNA has obtained this certification, he or she may perform pre-pouring and medication administration</td>
</tr>
<tr>
<td></td>
<td>within the scope of that CNA-MED certification. Documentation shall illustrate the need/on-going need for this</td>
</tr>
<tr>
<td></td>
<td>skilled task.</td>
</tr>
</tbody>
</table>
# POSITIONING

<table>
<thead>
<tr>
<th>Included in Task</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usual Frequency of Task *</td>
<td>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.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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. 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.</td>
</tr>
<tr>
<td>Factors that Make Task Unskilled</td>
<td>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.</td>
</tr>
</tbody>
</table>
### POSITIONING

| 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

<p>| 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 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. |</p>
<table>
<thead>
<tr>
<th>TRANSFERS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Included in Task</td>
<td>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.</td>
</tr>
<tr>
<td>Usual Frequency of Task *</td>
<td>As ordered by the Home Health Plan of Care; transferring shall not be the sole purpose for the CNA visit.</td>
</tr>
<tr>
<td>Factors that Make Task Skilled</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
## TRANSFERS

| Factors that Make Task Unskilled | 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. |
| Special Considerations | 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. |

### Special Considerations

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.

## 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. |
VITAL SIGNS MONITORING

<table>
<thead>
<tr>
<th>Factors that Make Task Skilled</th>
<th>Factors that Make Task Unskilled</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>N/A</td>
<td>Shall only be preformed when delegated by the client’s nurse. Vital signs monitoring shall not be the sole purpose of the CNA visit.</td>
</tr>
</tbody>
</table>

* 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 shall only provide services that have been ordered on the Home Health 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.
   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 advise 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.

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.

CERTIFIED NURSE AIDE SUPERVISION

Certified Nurse Aide Services must be supervised by a Registered Nurse, by the Physical Therapist, or when appropriate, the Speech Therapist or Occupational Therapist depending on the specific Home Health Services the client is receiving.

1. If the client receiving CNA services is also receiving Skilled Nursing care or Physical Therapy or Occupational Therapy, the supervising Registered Nurse or Therapist must make supervisory visits to the client's home no less frequently than every 14 days. The CNA does not have to be present for every supervisory visit. However, the Registered Nurse, or the Therapist must make on-site supervisory visits to observe the CNA in the client's home at least every 60 days.

2. If the client is only receiving CNA services, the supervising Registered Nurse, or the Physical Therapist must make on-site supervisory visits to observe the CNA in 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 20 years of age or younger 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 for teaching the client, the client’s family or caregiver and other members of the Home Health care team to perform the exercises 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

Physical Therapists help clients restore bodily functions, prevent permanent disability, and relieve pain after an onset or exacerbation of a client’s injury, illness or disability. Physical Therapists are responsible for completing client Assessments related to various physical skills and functional abilities, including: neuromuscular coordination and control, balance and ambulation. The Physical Therapist is required to develop and implement a treatment plans that outlines the treatment required to meet the anticipated goals of Physical Therapy.

Physical Therapy includes any evaluations and treatments that are allowed under state law and are available to all Acute Home Health clients and pediatric Long-Term Home Health clients.
Therapy plans and Assessments shall state the specific therapy services requested, the specific procedures and modalities to be used, along with the amount, duration, frequency and specific goals of therapy service provision.

LIMITATIONS

1. Physical Therapy is no longer needed for acute care needs when treatment becomes focused on maintenance and no further functional progress is apparent or expected to occur.
2. Physical Therapy is not a benefit for adult Long-Term Home Health clients. Clients 20 years of age or younger may receive Long-Term Home Health therapy services when services are medically necessary.
3. Clients ages 21 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 20 years of age or younger may obtain therapy services for maintenance care in Acute Home Health and in Long-Term Home Health.
5. 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 tasks 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 and to pediatric Long-Term Home Health clients.

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 adult Long-Term Home Health clients. Clients 20 years of age or younger may receive Long-Term Home Health therapy services when services are medically necessary.
3. Clients ages 21 and older who continue to require therapy after the Acute Home Health period may obtain Long-Term Therapy Services in an outpatient setting.
3.1. Clients shall not be moved to Acute Home Health for the sole purpose of continuing therapy services from a previous Acute Home Health care episode.

4. Clients 20 years of age or younger may continue to obtain therapy services for maintenance care in Acute Home Health and in Long-Term Home Health.

SPEECH THERAPY

Speech/Language Pathologists work with clients who have speech, language, voice, fluency, or swallowing disorders. Speech Therapy services include any evaluations and treatments that are allowed under the American Speech-Language-Hearing Association (ASHA) authorized scope of practice statement for Speech/Language Pathologists.

The Speech Therapy Plan of Care and Assessment shall state the specific therapy services requested, the specific procedures and modalities to be used, as well as the amount, duration, frequency and specific goals of therapy services.

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 adult Long-Term Home Health clients. Clients 20 years of age or younger may receive Long-Term Home Health therapy services when services are medically necessary.

3. Clients ages 21 and older who continue to require therapy after the Acute Home Health period may obtain Long-Term Therapy Services in an outpatient setting.

3.1. Clients shall not be moved to Acute Home Health for the sole purpose of continuing therapy services from a previous Acute Home Health care episode.

4. Treatment of speech and language delays is only covered when they are associated with a chronic medical condition, neurological disorder, acute illness, injury, or congenital issue.

5. Clients 20 years of age or younger may continue to obtain therapy services for maintenance care in Acute Home Health and in Long-Term Home Health.

Supplies

Reimbursement for routine supplies is included in the reimbursement for nursing, CNA, Physical Therapy, Occupational Therapy, and Speech Therapy services. Routine supplies are supplies that are customarily used during the course of 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. Common dressing supplies and skin care items;
2. Swabs, alcohol preps, and skin prep pads;
3. Tape removal pads;
4. Cotton balls;
5. Adhesive and paper tape;
6. Non-sterile applicators;
7. Gauze pads, “4x4’s”;
8. Infection Control Protection;
9. Non-sterile gloves;
10. Aprons;
11. Masks;
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. Client Monitoring Equipment, such as, but not limited to,
   14.1. Thermometers;
   14.2. Tongue depressors;
   14.3. Blood pressure cuffs;
   14.4. Stethoscopes;
   14.5. Pulse Oximeters;
   14.6. Scales;
   14.7. Tape Measure;
14.8. Telehealth Monitoring Equipment

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 a 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 gauze pads (4x4’s) for major or multiple dressings;
3. Dressing supplies specific to the client’s needs;
4. Equipment listed above that is client specific due to infection or Medical Necessity.

LIMITATIONS

1. HHA may not require a client to purchase or provide supplies that are necessary to carry out the client’s care plan. However a client may opt to provide their own supplies.

Prior Authorization Requirements

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 the requirement to only bill for Medicaid approved services to Medicare or other third party insurance prior to billing Medicaid. Exceptions to this include Early Intervention Services documented on a child’s Individualized Family Service Plan (IFSP) and services that are not a skilled Medicare benefit (CNA services only, OT services only, Med-box pre-pouring and routine 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. For clients 21 years of age or older, PT, OT and SLP shall only be provided in the Acute Home Health episode. Clients 20 years of age or younger may receive PT, OT and SLP in the acute and Long-Term Home Health periods.

3. If a client receiving Long-Term home services experiences an acute care event that necessitates moving the client to an Acute Home Health episode, the agency should notify the Department or its designated review agency that the client is moving from Long-Term Home Health to Acute Home Health Services.

4. Should a client 21 years of age or older require continuing therapy after the 60th day of an Acute Home Health episode, the agency shall not continue Acute Home Health Services after the 60th day nor shall the agency hold treatment for 10-days so that the client can be admitted to Acute Home Health Services so that therapy can continue.

5. If the client’s acute care needs resolve prior to 60 calendar days, the HHA may discharge the client or may transition him/her to Long-Term Home Health Services at the time the acute care needs resolve.

5.1. If an Acute Home Health client experiences a change in status (e.g. an inpatient admission), that totals 9 calendar days or less, the HHA shall resume the client’s care under the current Acute Home Health Plan of Care.
5.2. If an Acute Home Health client experiences a change in status (e.g. an inpatient admission), that totals 10 calendar days or more, the HHA may start a new Acute Home Health episode when the client returns to the HHA.

LONG-TERM HOME HEALTH
1. All Long-Term Home Health Services must be prior authorized by the Department or its Designated Review Entity.
2. Long-Term Home Health PARs may be submitted for up to a full year of anticipated treatment unless the client is not expected to need a full year of treatment, when the client’s eligibility does not, is not expected to span the entire year or as otherwise specified by the Department or its Designate Review Entity.
3. When a client receiving Acute Home Health Services needs continued Home Health Services after the 60th calendar day, the HHA shall complete a Prior Authorization Request for the additional Home Health Services as LTHH services.
4. Long-Term Home Health Prior Authorization Requests should utilize standard and brief nursing visits as appropriate and defined in the coverage standard to provide the client’s care.
5. Prior Authorization Requests shall be submitted to the Department or its Designated Review Entity in the manner required by the Department or its designee, and with the required documentation.
   5.1. PAR requests that do not include all of the required elements will not be processed until all documents are received.
   5.2. It is the HHA’s responsibility to provide sufficient documentation to support the necessity for the requested services.
   5.3. PARs that are submitted more 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 or its Designated Review Entity;
6. The PAR shall be submitted with the Plan of Care on a HCFA-485 or a form that is identical in format and shall be accurate with all required fields completed as defined by Centers for Medicare and Medicaid Services.
7. If applicable, include written instructions from the Therapist or other medical professional to support the current need when range of motion or other therapeutic exercise is the only skilled service performed during a CNA visit.
8. If the task is the usual and customary responsibility of the Family Member/Caregiver, documentation must include why the task requires a higher level of skill and/or why the Family Member/Caregiver is unable to meet needs of the client.
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 include documentation supporting the need for two people at the visit and/or the reason adaptive equipment cannot be used instead.

11. Include any other information determined necessary by the agency and/or the Department or its designee to make a decision on the medial 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 and dated by the physician per CMS Conditions of Participation).

13. For clients who reside in an Assisted Living Facility, 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.
   13.1. 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.

**Non-Covered Services and General Limitations**

Medicaid does not reimburse for the following services under the Medicaid Home Health Services benefit:

1. Any service that is not ordered by the client’s qualified physician or services rendered without a specific physician’s signed order and dated.

2. Any services that are not found to be medically necessary or that are not appropriate for the client’s needs.

3. Home Health Services provided in hospitals, nursing facilities, or Intermediate Care Facility for People with Intellectual Disabilities (ICF/ID).

4. Home Health Services provided on public school grounds to students who have an Individualized Education Plan or IEP are not reimbursed because it is a duplication of services.

5. Service provide by agency staff that are excluded from participation in federally funded health care programs by HHS/OIG.

6. Home Health plans of care and/or other services ordered by the client’s Family Member/Caregiver. If the Family Member/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.

7. The Family Member/Caregiver shall not act as the case manager on the client’s care plan nor shall they act as the qualified physician or order the Home Health Plan of Care.
   7.1. If the Family Member/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.
8. A nursing visit during which the nurse does not perform the task, but observes the client or Family Member/Caregiver performing the task to verify that the task is being performed correctly is allowable only when documentation evidences that the client or Family Member/Caregiver is not completing the procedure or task correctly and has or is likely to cause a poor outcome for the client.

9. Initial nursing Assessment visits provided solely to open the client’s Plan of Care for CNA, PT, OT or SLP (i.e., when the client has no identified nursing needs).

10. Nursing or Therapy visits provided solely to supervise a CNA.

11. Long-Term Home Health nursing visits provided for the purpose of teaching the client and/or Family Member/Caregiver when there is no other skilled task provided.

12. Nursing visits for pre-pouring medications when the client’s pharmacy and/or Family Member/Caregiver can complete the task.

13. Nursing visits provided for psychiatric counseling. Psychiatric care and counseling are under the purview of the Medicaid Contracted Behavioral Health Organizations.

14. Home Health Services provided at places other than an eligible place of service as defined in this benefit coverage standard except when the services are prior authorized for pediatric Home Health Services.

15. Long-Term Home Health Nursing or CNA Services provided when a client is receiving CDASS or IHSS services for health maintenance services.

16. Acute Home Health or Long-Term Home Health Nursing or Therapy visits billed contiguously.

17. Personal Care and/or Homemaker Services except in the limited capacity as defined in this benefit coverage standard.

18. Acute Home Health or Long-Term Home services for the purpose of behavior management or psychiatric/psychological management.

19. Items and services which enhance the personal comfort but are not necessary in the diagnosis of, do not contribute meaningfully to the treatment of an illness, injury or disability, or the functioning of a missing or malformed body part.

20. Home Health visits, services or additional treatment time for Protective Oversight.

21. CNA Visits that are provided in a long shift as opposed to task related visits except when the services are prior authorized for Medical Necessity for EPSDT.

22. Medications (over the counter and prescribed) and Biologicals.

23. Meals delivered to the home.

24. Nutritionist services.

25. Physician’s services.

26. Social worker services.

27. Skilled care, Homemaker Services or unskilled services provided and/or billed during a skilled CNA visit when the client or Family Member/Caregiver is willing and able to perform the services or tasks independently.
28. 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 the same visit, except when two staff are required to safely complete the service or task and there is no other person available to assist.

29. 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, the provider bulletins and early intervention services.
### Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Activities of Daily Living (ADL)</td>
<td>Everyday self care tasks and routines such as bathing, dressing, toileting, and hygiene. An inability to perform these activities renders one dependent on others.</td>
</tr>
<tr>
<td>Alternative Care Facility (ACF)</td>
<td>Assisted Living Residence licensed by the Colorado Department of Public Health and Environment, and certified by the Department to provide Assisted Living Care Services and Protective Oversight to Medicaid clients.</td>
</tr>
<tr>
<td>Acute Home Health</td>
<td>Skilled care services provided by a class A Home Health Agency for clients in the 1st 60 calendar days (acute phase) of the incident that warrants 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 a new Acute Home Health care episode.</td>
</tr>
<tr>
<td>Assessment</td>
<td>The systematic and continuous collection, validation and evaluation of data to monitor client status and response to treatment. An Assessment can vary from in-depth comprehensive exam, such as one that would be completed at admission, or targeted Assessments that focus on key components of the client’s response and outcome of interventions from the care team.</td>
</tr>
<tr>
<td>Assisted Living Residence</td>
<td>An Assisted Living Residence as defined in 6 C.C.R. 1011-1 Chapter VII.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Attending Physician</td>
<td>A client’s primary care physician, personal physician, 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. This may include an alternate physician who is authorized by the Attending Physician to care for the client in the Attending Physician’s absence.</td>
</tr>
<tr>
<td>Behavioral Intervention</td>
<td>Techniques, therapies and methods used to modify or minimize aggressive behavior (verbal/physical), combative behavior, destructive behavior, disassociation, disruptive behavior, perseveration, pica, repetitious behavior, resistive behavior, self injurious behavior, sensory integration, sexually inappropriate or fecal smearing. Excludes infrequent verbal redirection or additional time to transition or complete task or other interventions outlined on the plan of care.</td>
</tr>
<tr>
<td>Billing Provider</td>
<td>The 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.</td>
</tr>
<tr>
<td>Biologics</td>
<td>Product made from cells or living organisms that are used for the prevention or treatment of disease.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Care Coordination</td>
<td>The deliberate organization of client care activities between two or more participants (including the client) involved in a client’s care to facilitate the appropriate delivery of health care and other health care support services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required client care activities, and is often managed by the exchange of information among participants responsible for different aspects of care with the understanding that this information is or will be incorporated into the current or future medical care of the client.</td>
</tr>
<tr>
<td>Department</td>
<td>The Colorado Department of Health Care Policy and Financing which is designated as the single State Medicaid agency for Colorado, or any divisions or sub-units within that agency.</td>
</tr>
<tr>
<td>Designated Review Entity</td>
<td>An agency that has been contracted by the Department to review for the Medical Necessity and appropriateness of the requested Home Health prior authorization request.</td>
</tr>
<tr>
<td>Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)</td>
<td>Program authorized under Title XIX of the Social Security Act which was designed to provide early and periodic screening and diagnosis of Medicaid clients 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 Code of Colorado Regulations 10 C.C.R. 2505-10 § 8.280.</td>
</tr>
<tr>
<td>Exacerbation</td>
<td>A sudden or progressive worsening of a client’s chronic illness, injury or disability (or its symptoms).</td>
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Issue Date:          October 22, 2012  
Review Date:         December 31, 2015  
Incorporation Date:  January 1, 2013
<table>
<thead>
<tr>
<th>Term</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Family Member/Caregiver</td>
<td>The person who is legally responsible for the well-being of the client or the client’s parent, guardian, foster parent, spouse (including common law spouse), or other family member (as defined by the client).</td>
</tr>
<tr>
<td>Home Health Agency (HHA)</td>
<td>An agency that is licensed as a class A Home Care agency in Colorado that is certified to provide services to Medicare and Medicaid eligible clients. Agencies must hold an active and current Medicare provider ID and a current and active Medicaid provider ID in order to provide services to Medicaid clients.</td>
</tr>
<tr>
<td>Homemaker Services</td>
<td>General household activities provided in the Residence 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. May also be referred to as Instrumental Activities of Daily Living (IADL).</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Services and care that due to the inherent complexity of the service they can only be performed safely and correctly by a trained and licensed/certified nurse (RN or LPN), Therapist (PT, OT or SLP) and CNA.</td>
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<tr>
<td>Term</td>
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<tr>
<td>Homebound</td>
<td>Due to the client’s injury, illness or disability, the client is only able to leave his/her Residence infrequently and for relatively short periods of time for non-medical purposes (less than 16 hours per month on average) and in most instances absences from his/her Residence are to receive medical treatment that cannot be provided in the home (including adult day care). Clients may also be considered Homebound if leaving the home is medically contraindicated. A client does NOT need to be Homebound to receive Medicaid Home Health Services.</td>
</tr>
<tr>
<td>Instrumental Activities of Daily Living (IADL)</td>
<td>Necessary household tasks that are 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.</td>
</tr>
<tr>
<td>Intermittent Visit</td>
<td>A visit that has a distinct start time and stop time and is task oriented with the goal of meeting a client’s specific needs for that visit.</td>
</tr>
<tr>
<td>Long-Term Care Certification</td>
<td>The determination that a client is eligible for Medicaid Long-Term care waivered services or nursing facility level of care.</td>
</tr>
<tr>
<td>Medical Necessity EPSDT</td>
<td>Medical Necessity is defined for EPSDT in 10 C.C.R. 2505-10, § 8.280.</td>
</tr>
<tr>
<td>Medical Necessity</td>
<td>Medical Necessity is defined in 10 C.C.R. 2505-10, § 8.076.1.8 Program Integrity – Definitions.</td>
</tr>
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<tr>
<td>Medically Fragile</td>
<td>Medically Fragile individuals are those who have medically intensive needs. His/her chronic health-related dependence continually or with unpredictable periodicity, necessitates a 24-hour a day skilled health care provider or specially trained Family Member/Caregiver, as well as the ready availability of skilled health care supervision. If the technology, support and services being received by the individual are interrupted or denied, he or she may without immediate health care intervention, experience irreversible damage or death. “Medically Fragile” also includes individuals who are at risk for medical vulnerability. The individual’s chronic health-related dependence does not require 24-hour supervision by a skilled health care provider, but he/she does experience unpredictable life threatening occurrences. Without appropriate monitoring and the availability of licensed, certified or registered providers his/her condition could deteriorate and the intensity of his/her medical needs increase.</td>
</tr>
<tr>
<td>Natural Supports</td>
<td>Supportive relationships that are fostered and developed between individuals that may be available to help individuals in times of need. Examples of Natural Supports include family, friends, and other loved ones, landlords, employers, neighbors, or any other person who plays a positive, but non-professional, role in someone’s care.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Ordering Provider</td>
<td>A client’s primary care physician, personal physician or other specialist who is currently licensed and in good standing with Medicare and Medicaid and is responsible for writing orders and overseeing the client’s Home Health Plan of Care. This may include an alternate physician who is authorized by the Ordering Provider to care for the client when in the Ordering Provider’s absence.</td>
</tr>
<tr>
<td>Partial Approval</td>
<td>A portion of the requested Home Health Services are found to be (1) medically unnecessary and/or are not appropriate to the client's needs; (2) are found to not be in compliance with applicable Medicaid rules and policies. If the Designated Review Entity partially approves a PAR, the provider is may submit a PAR revision request with any additional information that further supports the requested services.</td>
</tr>
<tr>
<td>Pended Prior Authorization Request</td>
<td>A Prior Authorization Request may be pended by the Department or its Designated Review Entity because all of the required information was not provided in the PAR request or additional information is required by the Designated Review Entity to complete the review.</td>
</tr>
<tr>
<td>Precautions</td>
<td>Safety measures taken prior to an incident in order to minimize injury to a client who has been determined as a risk for injury due to his/her health history. Specific Precautions may include (but are not limited to): seizure Precautions, fall Precautions, choking Precautions.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Personal Care Provider (PCP)</td>
<td>A Personal Care Provider shall be employed by a certified Personal Care/Homemaker or Home Health Agency and have completed agency training or have verified experience in the provision of unskilled Activities of Daily Living for clients who need hands on or cuing to complete these tasks due to illness, injury or disability. A PCP shall not provide tasks that are considered skilled CNA services. May also be referred to as Personal Care workers (PCW).</td>
</tr>
<tr>
<td>Plan of Care (POC)</td>
<td>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. Also referred to as the 485 or the HCFA 485.</td>
</tr>
<tr>
<td>Protective Oversight</td>
<td>Maintaining an awareness of the general whereabouts and well-being of a client. Also includes monitoring the client’s activity so that a Personal Care provider/caregiver has the ability to intervene and supervise the safety, nutrition, medication, and other care needs of the client.</td>
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<tr>
<td>Residence</td>
<td>The physical structure that the client uses for 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.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Skilled Certified Nurse Aide Services (CNA)</td>
<td>Providing Activities of Daily Living that a client is unable to perform independently and is provided to facilitate the client’s Home Health Plan of Care. The CNA must have a current, active Colorado license and services are performed under all applicable state and federal laws, and professional standards. May also be referred to as Home Health Aide, Certified Nursing Assistant or nurse Aide.</td>
</tr>
<tr>
<td>Skilled Nursing Services</td>
<td>Services that are provided by a Registered Nurse who has a current active Colorado license or a license in a compact state and who practices 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.</td>
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<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Wound</td>
<td>An injury to living tissue caused by a cut, blow, or other impact, typically one in which the skin is cut or broken. Wound staging is not limited to pressure ulcers.</td>
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<td>Stage I: the skin surface is typically darker than the surrounding skin; the area is unbroken and the Wound is superficial.</td>
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<td>Stage II: the skin may or may not be broken, but the Wound is no longer superficial. There may be some drainage.</td>
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<td>Stage III: this Wound extends through all of the layers of the skin and may extend to Fat tissue. There may be dead tissue and drainage.</td>
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<td></td>
<td>Stage IV: Wound extends through the skin and involves underlying muscle, tendons and bone. Dead tissue and drainage are almost always present and there is a high risk for infection.</td>
</tr>
</tbody>
</table>
References

1905(a)(7) of the Social Security Act (P.L. 74-271)
42 C.F.R. 484 – Home Health Services
C.R.S. 25.5-5-102(1)(f) – Home Health
10 C.C.R. 2505-10 § 8.520 – Home Health Services
Colorado Nurse Practice Act (C.S.R. § 12-38-101)
Colorado Physical Therapy Practice Act (C.S.R. § 12-41-101)
Colorado Occupational Therapy Practice Act (C.S.R. § 12-40.5-101)
Colorado Nurse Aide Practice Act (C.S.R. § 12-38.1)
Iowa State University – Ages and Stages PM 1530A-I (05/2001)
Colorado Department of Public Health and Environment – 6 C.C.R. 1011-1 Standards for Hospitals and Health facilities Chapter XXVI Home Care Agencies