

Medicaid Home Health

Revised Pediatric Assessment Tool

December 2013

Our Mission:

Improving health care access
and outcomes for the **people**
we serve while demonstrating sound
stewardship of financial **resources**



Agenda

- Regulations for Timely Prior Authorization Requests
 - PAR Information for submission via CareWebQI
- Revised Pediatric Assessment Tool Content & Scoring
- Step-Down and Decreases in Home Health services
- Personal Care Services



Rules and Regulations

PARs must be:

- Submitted within 10 business days from anticipated start date of care
 - For late submissions, specify in Box 8 of CareWebQI

PARs may be:

- Requested for up to 1 year
 - PARs may be requested for less time if appropriate
- Revised at anytime



Rules and Regulations

- PAT should only be used to assess client's skilled Home Health needs
 - If a client is unable to complete task due to their age, task is considered non-medical
- Department uses Iowa Ages & Stages as its standard for growth & developmental milestones
 - Walking, Potty Training, Bathing, etc.



General PAR Requirements

- Must be completed by a clinician for nursing and/or certified nurse aide services
 - When possible include the client and/or their family in care planning
 - Colorado PAR Program uses Milliman© criteria for physical therapy, occupational therapy, and speech therapy
- Enter total PAT score into CareWebQI Box 8



General PAR Requirements

- Submit PAR for Long Term Home Health (LTHH) requests, re-certification, and revisions
- PARs are approved by the Colorado PAR Program with a daily PAR amount
 - Agencies may total that daily amount into a weekly total and provide the services on a variable basis dependent on client needs
 - EX: The PAR is approved for 4 hours a day/28 hours a week, the agency may flex those hours as 5 hours 4 days a week and 4 hours 2 days a week (total 28)



General PAR Requirements

- The plan of care and/or doctor's orders must be included with every PAR and should identify:
 - Services,
 - Hours per day, or
 - Circumstances that affect the care needs (i.e., sick days, PRN [as needed] visits)
- Avoid vague care plans
 - Ex: CNA services 3-8 hours a day or up to 3 visits daily



General PAR Requirements

- Instead provide detailed documentation:
 - Ex: When client is too sick to attend school or on school holidays, CNA visits 2 times a day for 4 hours per visit and on school days and when client is away from the home, CNA visits 2 times a day for 1.5 hours per visit
 - If tasks take longer to complete tasks on certain days but not others, explain in the plan of care why this is the case
 - Document when 2 providers are required to transfer, etc. and explain why
 - If client has seizures: include type, frequency, duration, medications used, etc.



General PAR Requirements

- Certified Nurse Assistant (CNA), whether a non-relative CNA or a family member CNA, must be able to provide services required by client
 - If CNA is unable to perform job duties, agency must send a CNA who can perform expected services
 - Exception: When more than 1 CNA is required for safe transfers, etc. due to client size/weight
 - Reminder: Home Health services **SHALL NOT** be provided on public school grounds



General PAR Requirements

- The plan of care must be included with the PAR Request
 - Send plan of care that is in effect for the PAR **submission date**
- When requesting additional services outside of those identified in PAT:
 - Enter information into Box 8 in CareWebQI
 - Provide additional clinical information demonstrating medical necessity
 - Remember: provider request for services does not automatically indicate medical necessity



General PAR Submission

- **Additional clinical documentation may include (but is not limited to):**
 - Provider Treatment Plans
 - Therapy Notes (Including Physical Therapy, Occupational Therapy, Speech Therapy)
 - Primary Doctor Notes
 - Consultations or Notes from Specialists
 - Notes from recent/related procedures or interventions
 - Documentation from the child's DME provider(s)



General PAR Submission

- **Additional clinical documentation may include (but is not limited to):**
 - Documents regarding Developmental Delay treatment and needs (Part C Documents)
 - Documentation and reports from child's behavioral/psychological provider
 - Other information that supports the need for skilled care
 - Any document from other public health agencies regarding the child's situation



General PAR Submission

- When completing assessment, answer questions based on an ***average day*** for the client, not the worst day ever experienced by the client
- All CNA and nursing services scoring are listed as “up to” a defined amount of services:
 - If the tool identifies that the client may receive “up to _____” hours, please request the number of hours the client needs
 - Request what is required and not just what is available



What has Changed?

- Questions removed:
 - Recent inpatient stays
 - Living arrangements
 - Growth & development
- All questions have been streamlined to match the Home Health Benefit Coverage Standard (BCS)
- The new tool has 2 modifier sections that assess problems that complicate skilled care



What has Changed?

- For CNA-only services, complete the modifier questions and skilled CNA task questions
- For Nursing-only services, complete the RN-LPN Services section of the tool only
- Defined Scoring Options:
 - Modifiers: Minimal, Moderate, Severe
 - Skilled Services: Minimal, Moderate, Maximum, Total
- Scoring as it relates to the entire tool
 - ❖ Scoring is not final until 12/20/2013

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What Remains the Same?

- Tool Layout
- PAT must be completed for all pediatric LTHH requests (new request, recertification, revisions)
- Demographics section, client diagnosis and Durable Medical Equipment (DME) list
- Assessment must be entered into CareWebQI
 - Tools will need to be scanned until the tool is ready for entry into CareWebQI

Revised PAT Components

- Demographics
- Diagnosis
 - Use current federal coding guidelines at the level of highest specificity for only those conditions
 - Use V-Codes when appropriate
- Durable Medical Equipment
 - Be sure to include all equipment used in the delivery of care



Revised PAT Components

- Modifiers Section A
 - Identified as the 4 modifiers that most impact the delivery of Care
 - Clinical notes must illustrate how the modifiers impact the client's care
- Modifiers Section B
 - Remaining Modifiers
- Skilled CNA Services Questions
- RN-LPN Services Questions



Modifiers Scoring

- **Minimum Effect**

- Client's ability to function is impacted $< 25\%$ of the time or on a monthly basis (or less)

- **Moderate Effect**

- Client's ability to function is impacted 50-74% of the time or on a weekly basis

- **Severe Effect**

- Client's ability to function is impacted $>75\%$ of the time or on a daily basis



Modifier Section A

- Addresses the impact on care based on the client's capacity to express thoughts, feelings, and needs through their own means of communication as appropriate to their age

1. Communication - Expressive:

- 0 – Client's ability to express thoughts, feelings, and needs does not impact the ability to function
- 1 – Minimum effect on client's ability to function
- 2 – Moderate effect on client's ability to function
- 3 – Severe effect on client's ability to function health and have ongoing high risk(s) of serious complications and death

Modifier Section A

- Addresses the impact of care based on the client's ability to understand communication in their own language
 - When the client uses assistive devices to communicate, be sure to include them on the DME list
2. **Communication – Receptive:**
- a. 0 – Client's understanding of verbal or non-verbal communication does not impact the ability to function
 - b. 1 – Minimum effect on client's ability to function
 - c. 2 – Moderate effect on client's ability to function
 - d. 3 – Severe effect on client's ability to function



Modifier Section A

- Assesses the client's tendency to hinder the care being provided
 - If the client is unable to assist with care (i.e. paralysis), this does not mean the client is not cooperating with care
3. **Levels of Cooperation:** The client's ability to cooperate or participate safely with daily activities. This includes identifying risks, acting in safe manner, and/or the display of aggression towards self or others.
- a. 0 – Client's level of cooperation does not affect the ability to function
 - b. 1 – Minimum effect on client's ability to function
 - c. 2 – Moderate effect on client's ability to function
 - d. 3 – Severe effect on client's ability to function



Modifier Section A

- Assesses the physical ability of the client to perform/assist with tasks on demand
 - May include muscle weakness, paralysis, amputated or absent limbs, contractures, spasticity, deformities and/or other motor conditions
4. **Neuromuscular Status:** Factors that impact the ability of the client to perform tasks on demand; this may include muscle weakness, paralysis, involuntary movements, amputated limbs and/or loss of limbs, contractures, spasticity, and/or other motor conditions.
- a. 0 – Client’s neuromuscular factors do not affect ability to function
 - b. 1 – Minimum effect on client’s ability to function
 - c. 2 – Moderate effect on client’s ability to function
 - d. 3 – Severe effect on client’s to ability function



Modifier A Scoring

Modifier A Point Range	Amount of Care Daily
1 – 5	30 Minutes
6 – 9	60 Minutes
≥ 10	90 Minutes



Modifier Section B

- Client has documented airway patency issues impacting daily care
- This may include airway status complications due positional or anatomical/ structural anomalies

1. Airway Status:

- a. 0 – Client has stable airway or airway status does not affect ability to function
- b. 1 – Minimum effect on client’s ability to function
- c. 2 – Moderate effect on client’s ability to function
- d. 3 – Severe effect on client’s ability to function

Modifier Section B

- Addresses the impact on the ability to complete tasks or factors that may complicate care due to the client's auditory status
 - May include hypersensitivity, loss of hearing acuity, etc.
2. **Hearing:**
- a. 0 – The client's auditory status does not affect ability to function
 - b. 1 – Minimum effect on client's ability to function
 - c. 2 – Moderate effect on client's ability to function
 - d. 3 – Severe effect on client's ability to function



Modifier Section B

- Addresses the impact of chronic or frequent pain as it relates to skilled care
 - Regardless of pain level or the ability of the client to express pain, if it impacts the care, include it on the PAT
3. Pain:
- a. 0 – Client does not have chronic pain or the client’s pain does not impact ability to function
 - b. 1 – Minimum effect on client’s ability to function
 - c. 2 – Moderate effect on client’s ability to function
 - d. 3 – Severe effect on client’s ability to function



Modifier Section B

- Addresses the impact of regular documented seizures that directly impact daily care
 - Answer question based on average impact
 - List ALL seizure meds on the plan of care
4. Seizures:
- a. 0 – Client does not have seizures or seizures do not impact client’s ability to function
 - b. 1 – Minimum effect on client’s ability to function
 - c. 2 – Moderate effect on client’s ability to function
 - d. 3 – Severe effect on client’s ability to function



Modifier Section B

- Use the Braden tool to assess the risk of skin breakdown, which assesses:
 - Sensory Perception
 - Moisture
 - Activity
 - Mobility
 - Nutrition
 - Friction & Shear

5. **Skin:** What is the client's risk of developing pressure ulcers?

Client's Braden Score: _____

- a. 0 – No Risk (Total score 19-23) or Braden score not obtained
- b. 1 – Mild Risk (Total score 15-18)
- c. 2 – Moderate Risk (Total score 13-14)
- d. 3 – High Risk (Total score 10-12)
- e. 4 – Severe Risk (Total score < 9)



Modifier Section B

- Addresses the impact of the client's vision on performing tasks or interfering with care
- If the client's vision is corrected by glasses, contacts, etc., then answer question based on usual visual status

6. Vision:

- 0 – The client's visual status does not affect ability to function
- 1 – Minimum effect on client's ability to function
- 2 – Moderate effect on client's ability to function
- 3 – Severe effect on client's ability to function

Modifier Section B

- Use client's average weight
 - If a client requires 2 CNAs to safely manage/move the client, include that request in Box 8 of CareWebQI
7. **Weight:** Client's most current weight in pounds: _____
- a. 0 – Client weighs less than 50 pounds
 - b. 1 – Client weighs 51-99 pounds
 - c. 2 – Client weighs 100-149 pounds
 - d. 3 – Client weighs >150 pounds

Modifier B Scoring

Modifier B Point Range	Amount of Care Daily
1 – 5	30 Minutes
6 – 9	60 Minutes
≥ 10	90 Minutes



CNA Skilled Task Scoring

- **Minimal Assistance**
 - Client requires assistance 25% of time
- **Moderate Assistance**
 - Client requires assistance 25-49% of time
- **Maximum Assistance**
 - client requires assistance 50-74% of time
- **Total Assistance**
 - Client requires assistance >75% of time

CNA Skilled Services

Factors that Make Task Skilled: The presence of open wound(s), stoma(s), broken skin and/or active chronic skin disorder(s); client is unable to maintain balance or to bear weight reliably due to fragility of illness, injury or disability, history of falls, temporary lack of mobility due to surgery or other exacerbation of illness, injury or disability.

Factors that Make Task Non-Medical: Bathing is considered non-medical when a client needs assistance with bathing, when the skin is unbroken and/or the client is independent with assistive devices.

CNA Skilled Services

- Placing a client on fall precautions or need for Stand-by assistance does not necessarily make task skilled
 - Recent history of falls, may make this a skilled task
1. **Bathing:** Excludes grooming (washing face, washing hands, and shampooing hair).
 - a. 0 – Client is able to bathe self in tub/shower independently including getting in and out of tub/shower, client can be verbally cued to bathe in tub/shower with set-up, current ability is age appropriate, or task is personal care
 - b. 3 – Client requires minimal to moderate assistance to complete bathing
 - c. 5 – Client requires maximum to total assistance to complete bathing

CNA Skilled Services

- Include any of these items, orthotics, etc. on the DME list
 - Skilled only when the items are ordered by the MD and the client is unable to apply the items, (when age appropriate)
2. **Braces, Splints, and/or Pressure Stockings:**
- a. 0 – Client either does not have physician ordered application of braces, splints, or anti-embolic stockings, does not require assistance with application, or current ability is age appropriate
 - b. 2 – Client requires physician ordered application and/or removal of braces, splints, or anti-embolic stockings daily
 - c. 4 - Client requires physician ordered application and/or removal of braces, splints, or anti-embolic stockings greater than once per day

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CNA Skilled Services

- This task address skilled need for assistance with regular clothing items
 - Does not include whether the client the is able to select appropriate clothing (I.e. Weather appropriate clothes)
3. Dressing:
- a. 0 – Client is able to dress without assistance, current ability is age appropriate, or task is personal care
 - b. 1 – Client requires minimal to moderate assistance to dress
 - c. 3 – Client requires maximum to total assistance to dress

CNA Skilled Services

- Addresses oral intake only
 - Placing a client on choking precautions does not make the task skilled
 - Stuffing, pocketing of food, PICA, etc. does not require skilled interventions
4. **Eating or Oral Feedings:**
- a. 0 – Client is able to independently chew and swallow without difficulties, the client does not eat by mouth, current ability is age appropriate, or the task is personal care
 - b. 3 – Client requires minimal to moderate assistance during meals
 - c. 6 – Client requires maximum to total assistance during meals



CNA Skilled Services

- CNA must be competent and task must be delegated
 - Answer this question based on total time required for the feeding (daily)
 - Feedings that include meds cannot be administered by CNA
5. **Enteral G-tube/J-tube feedings: (CNA must have RN delegation to perform task)** Total time includes pump set up/discontinuation and/or administering bolus feeds.
- a. 0 – Client does not require enteral feeds or task is not delegated to CNA
 - b. 2 – Tasks can be completed in less than 1 hour per day
 - c. 4 – Tasks can be completed in greater than 1 hour per day

CNA Skilled Services

- Answer this question only if the CNA has received the CNA-MED certification from DORA and medications will be managed by the CNA
- 6. **Medication:**
 - a. 0 – CNA does not have MED Authority
 - b. 2– Client requires a CNA with a DORA approved MED Authority to administer medications (and will be providing meds)



CNA Skilled Services

- Fall precautions do not make this skilled
- Transfer/positioning into the assistive device are accounted for in questions #23 & #24
- ❖ Not a standalone task

7. Mobility/Ambulation:

- a. 0 – Client is able to independently walk/use assistance devices on even and uneven surfaces, negotiate stairs with or w/out railings, has the ability to balance and bear weight, current ability is age appropriate, or the task is personal care
- b. 4 – Client is able to ambulate/operate wheelchair or assistance devices with minimal to moderate assistance
- c. 8 – Client is able to ambulate/operate wheelchair or assistance devices with maximum to total assistance

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CNA Skilled Services

- Most meal-prep is considered a personal care task
 - Only diets that require a modified consistency (other than age appropriate needs, such as pureed food for toddlers) are skilled
8. **Modified meal preparation: (CNA must have RN oversight to perform task)**
- a. 0 – Client does not require meals with a modified consistency or task is not medical
 - b. 2 – Client requires meals with a modified consistency or requires RN oversight to administer the oral feeding

CNA Skilled Services

- Grooming is now based on the number of skilled grooming tasks the client requires in day
 - Do not include personal care grooming tasks (even if done in conjunction with skilled grooming)
9. **Grooming:** Includes hair care, mouth care, nail care and shaving.
- a. 0 – Client is able to perform grooming tasks independently, current ability is age appropriate, or task is personal care
 - b. 1 – Client requires assistance to complete 1 grooming task
 - c. 2 – Client requires assistance to complete 2 grooming tasks
 - d. 3 – Client requires assistance to complete 3 grooming tasks
 - e. 4 – Client is completely dependent on and requires total assistance for all grooming tasks

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CNA Skilled Services

- May include over the counter items (such as diaper creams), and skin care to broken skin
 - Items obtained from a pharmacy can only be provided by a CNA-MED
- 10. **Skin care: (Includes application of a physician ordered product. CNA must have RN delegation to perform task)**
 - a. 0 – Client does not have a G-tube, J-tube, stoma, or broken skin requiring a physician ordered product or task is not delegated to a CNA
 - b. 2 – Client has a G-tube, J-tube, stoma, or broken skin requiring a physician ordered product at least daily

CNA Skilled Services

- Simple skin care, lotions, G-Tube or J-Tube Care that does not exceed the CNA scope
 - CNA may apply dry bandage and apply over the counter (non-prescribed products) to stable, established sites
- 11. **Skin Care: (Includes application of over-the-counter products or routine G-tube/J-tube care. Does not include application of a physician ordered product. This task does NOT need to be delegated to a CNA)**
 - a. 0– Client does not have a G-tube, J-tube, stoma, splints and/or braces, or broken skin
 - b. 1– Client has a G-tube, J-tube, broken skin, splints and/or braces, or stomas requiring care or simple dressing changes on a daily basis

CNA Skilled Services

- Only includes plans written & ordered by the client's MD or PT (and under some cases the OT)
 - Includes: passive or active ROM, & exercise plans to increase or maintain a client's ability/strength

12. Range of Motion (ROM)/Exercise:

Includes an PT or MD ordered exercise plan including exercise, passive or active ROM, use of standers, gait trainers or other similar equipment meant to improve development, muscle tone, or stretching.

- a. 0 – Client is able to exercise or is sufficiently active without assistance, requires a reminder to perform an ordered exercise program, or task is personal care
- b. 4 – Combined daily program consists of less than 2 hours per day
- c. 6 – Combined daily program consist of greater than 2 or more hours per day



CNA Skilled Services

- Task may be completed by a CNA when the client has a stable and established program that does not require adjustment based on assessment or outcomes
- 13. Chest Percussive Therapy, HFCWO (High Frequency Chest Wall Oscillation) vest or cough assist:**
- a. 0 – Client does not receive CPT, vest treatments, or cough assistance or tasks have not been delegated to a CNA
 - b. 2 – CPT, vest treatments, or cough assist is ordered and performed 1 to 2 times per day
 - c. 4 – CPT, vest treatments, or cough assist is ordered and performed 3 or more times per day

CNA Skilled Services

- Client must have set protocol or detailed instructions for oxygen use
 - CNA may not place oxygen based on their assessment or PRN established parameters
 - ❖ Not a standalone task
- 14. Oxygen Therapy:** Client needs assistance to replace oxygen tubing or nasal cannula and set oxygen at ordered flow rate; this includes PRN use of oxygen.
- a. 0 – No
 - b. 2 – Yes

CNA Skilled Services

- A CNA may perform oral suctioning of a client when they are competent in performing the task for a specific client
 - Does not require delegation
15. Client needs oral (also referred to dental suctioning) to remove superficial oral secretions:
- a. 0 – Client does not receive oral suctioning or the client is able to remove secretions independently
 - b. 2 – Client requires infrequent or as need (PRN) oral suctioning to remove oral secretions (less than daily)
 - c. 4 – Client requires frequent oral suctioning to remove oral secretions (daily)



CNA Skilled Services

- Answer this question based on what is typical for the client, not worst case scenario

16. Bowel Frequency:

- a. 0 – On average, client has a bowel movement twice per a day or less
- b. 1 – On average, client has a bowel movement 3 to 4 times per day
- c. 2 – On average, client has a bowel movement 5 or more times per day



CNA Skilled Services

- Task includes everything that is required to return the client to their “pre-task” status (Even if some of those tasks are personal care in nature)
- Include any assistive equipment on the DME list

17. Bowel Hygiene:

- a. 0 – Client is able to manage bowel hygiene safely, current ability is age appropriate, or task is personal care
- b. 2 – Client requires minimal to moderate assistance for bowel hygiene
- c. 4 – Client is completely dependent on and requires total assistance for bowel hygiene; may include changing diapers and perineal care associated with diaper changes



CNA Skilled Services

- CNA may empty ostomy bags and report findings to the doctor
- Additional ostomy care should only be performed for clients with stable ostomies
- ❖ Not a standalone task

18. Bowel Elimination - Ostomy:

- a. 0 – Client does not have an ostomy for bowel elimination
- b. 3 – Client has an ostomy for bowel elimination



CNA Skilled Services

- CNA must be deemed competent Bowel program in the client's specific program
 - The program may include OTC suppositories and enemas

19. Bowel Program:

- a. 0 – No bowel program, client receives an oral stool softener or laxative, or physician ordered bowel program consists of the use of digital stimulation, or over the counter suppositories ordered on an as needed basis
- b. 1 – Physician ordered bowel program consists of the use of digital stimulation, or over the counter suppositories ordered at least on a weekly basis
- c. 4 – Physician ordered bowel program consists of the use of digital stimulation, or over the counter suppositories ordered more frequent than weekly

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CNA Skilled Services

- Catheter care is only skilled when the “closed” system must be opened and/or when the CNA is required to report output or appearance of the client’s urine output
- ❖ Not a standalone task

20. Catheter Care:

- 0 – No catheter care required
- 2 – Catheter may be emptied without a need to record output and indwelling catheter tubing needs to be disconnected/reconnected
- 3 – Catheter may be emptied and/or indwelling catheter tubing needs to be disconnected/reconnected, and catheter output must be recorded and reported to RN per physicians orders

CNA Skilled Services

- Although is not a skilled CNA skilled task, it can contribute to the frequency and difficulty of completing hygiene when the client needs maximum to total assistance to manage menses

21. Menses:

- a. 0 – Client is male
- b. 0 – Client’s menstrual cycle has not started or is controlled/halted due to medical or pharmaceutical intervention
- c. 0 – Client is independent or requires minimal to moderate assistance with needs
- d. 1 – Client requires maximum to total assistance with needs

CNA Skilled Services

- Task includes everything that is required to return the client to their “pre-task” status (Even if some tasks are personal care)
 - Include diapers or equipment on the DME list
- 22. Urinary Hygiene:** Includes diaper changes and perineal care associated with diaper changes.
- a. 0 – Client is able to manage urinary hygiene safely, has a catheter, current ability is age appropriate, or task is personal care
 - b. 1 - Client requires minimal to moderate assistance to complete urinary hygiene
 - c. 3 - Client requires maximum to total assistance to complete urinary hygiene

CNA Skilled Services

- This task excludes positioning as it is provided during other tasks
- Only skilled when they client is unable to position themselves independently
- ❖ Not a standalone task

23. Positioning:

- a. 0 – Client is able to shift weight and reposition without assistance, current ability is age appropriate, or task is personal care
- b. 2 – Client requires minimal to moderate assistance for repositioning
- c. 4 – Client requires maximum to total assistance for repositioning

CNA Skilled Services

- Answer based on a typical day
- If 2 CNAs are required, enter this in Box 8
- CNA must be competent to use any DME required for transfers
- ❖ Not a standalone task

24. Transfers:

- a. 0 – Client is able to transfer independently, current ability is age appropriate, or task is personal care
- b. 4 – Client is able to transfer with minimal to moderate assistance and/or requires stand by assistance
- c. 8 – Client is able to transfer with maximum to total assistance, this may include 1-2 adults and/or a mechanical lift



CNA Skilled Services

- CNA may obtain blood glucose and/or pulse oximetry information, but may not intervene on the findings and must report the findings to the nurse of physician as ordered (but no less frequently than daily)
- 25. Vital signs, nurse ordered:**
- a. 0– Care plan does not include blood glucose and/or pulse oximetry or CNA does not perform tasks
 - b. 2– Care plan includes blood glucose and/or pulse oximetry performed by a CNA that is reported to the client’s nurse or physician as ordered on the plan of care

CNA Skilled Services

- Only applicable, if vital signs are required on the plan of care for each visit
- CNAs may only obtain vital signs as ordered or when the RN requests that the CNA obtain vital signs

26. Vital signs, physician ordered:

- a. 0– Vital Signs not included in care plan
- b. 1– Care plan includes temperature, pulse, and respiratory rate with parameters for nurse and/or physician notification



CNA Skilled Services

- If a client requires cueing or hand over hand assistance, and the client is able to make gains in their ability to complete the task independently (or is able to maintain the ability), consider OT services that coincide with the task to develop/maintain these skills
- Precautions, precautionary measures and protective oversight are personal care and do not make a task skilled



Skilled CNA Services Scoring

Point Range	Amount of Care Daily
0 – 4	Up to 0 Hour
5 – 19	Up to 1 Hour
20 – 25	Up to 2 Hours
26 – 30	Up to 3 Hours
31 – 35	Up to 4 Hours
36 – 40	Up to 5 Hours
41 – 45	Up to 6 Hours
46 – 50	Up to 7 Hours
51 – 55	Up to 8 Hours
≥ 56	9 Hours



Skilled CNA Services Scoring

- Add the total from Modifiers A + Modifiers B + Skilled CNA Services = Daily CNA hours
- Requests that exceed the PAT maximum require automatic MD review

Section		Total	Amount
Modifier A Time:	+		
Modifier B Time:	+		
CNA Task Time:	+		
Total Time:	=		



RN-LPN Services Scoring

- **Nursing visits are not time-based**
- **Nursing scoring based on the required frequency of doctor-ordered nursing interventions**
 - Based on the score the agency will request up to the allowed number of visits
- **Agencies are expected to request standard and uncomplicated (repeat) visits as appropriate**



RN-LPN Services

1. **Intravenous Medications: (This includes flushing of the catheter)**
 - a. 0 – None
 - b. 1 – IV Medications infused as needed (PRN) (including Pain Medications)
 - c. 2 – IV Medications infused monthly (including Pain Medications)
 - d. 3 – IV Medications infused more often than once a month (including Pain Medications)
 - e. 4 – IV Medications infused weekly (including Pain Medications)
 - f. 6 – IV Medications infused up to daily (including Pain Medications)
 - g. 7 – IV Medications infused multiple times daily (including Pain Medications)



RN-LPN Services

2. Intravascular Catheter Dressing Changes (may include clean or sterile dressings):

- a. 0 – Client does not have IV access, or IV dressing changes are not performed by Home Health
- b. 3 – IV dressing is changed by the Home Health nurse less often than weekly
- c. 4 – IV dressing is changed by the Home Health nurse weekly
- d. 5 – IV dressing is changed by the Home Health nurse every 3 days



RN-LPN Services

3. **Client has medications that must be administered by a nurse (other than respiratory or IV medications):**
- a. 0 – No, client or his/her caregiver is independent with medication administration
 - b. 1 – Client needs assistance with medication administration occasionally when the client's caregiver is not available
 - c. 2 – Client needs assistance with medication administration on a monthly basis
 - d. 4 – Client needs assistance with medication administration on a weekly basis
 - e. 6 – Client needs assistance with medication administration on a daily basis
 - f. 7 – Client needs assistance with medication administration multiple times daily



RN-LPN Services

4. Pre-filled Medication Planner:

- a. 0 – No, client does not require/use a medication planner or the client, his/her caregiver or a pharmacy sets up a medication planner
 - b. 2 – Client relies on Home Health nurse to fill a medication planner which is done on a monthly basis
 - c. 3 – Client relies on Home Health nurse to fill a medication planner which is done on a bi-weekly basis
 - d. 4 – Client relies on Home Health nurse to fill a medication planner which is done on a weekly basis
-
- Only when the client's pharmacy or the client or their family is unable to pre-pour medicines

RN-LPN Services

5. Catheter Status:

- a. 0 – Client has no urinary catheter or does not require nursing assistance with the catheter
- b. 1 – Client requires intermittent straight catheterization on an as needed basis
- c. 2 – Client has an indwelling or suprapubic urinary catheter that must be changed at least monthly
- d. 3 – Client has an indwelling or suprapubic urinary catheter that must be changed more often than monthly
- e. 6 – Client requires intermittent straight catheterization on a daily basis
- f. 7 – Client requires intermittent straight catheterization multiple times a day



RN-LPN Services

6. Catheter/Bladder Irrigation:

- a. 0 – Client does not need catheter/bladder irrigation or does not require nursing assistance with irrigation
- b. 1 – Client requires a urinary catheter/bladder irrigation on an as needed basis (as ordered by the MD)
- c. 2 – Client requires a urinary catheter/bladder irrigation on a monthly basis
- d. 3 – Client requires a urinary catheter/bladder irrigation more than once a month
- e. 4 – Client requires a urinary catheter/bladder irrigation once a week



RN-LPN Services

7. Peritoneal dialysis managed by the nurse:

- a. 0 – Client does not require Peritoneal Dialysis or does not require nursing assistance with Peritoneal Dialysis
- b. 1 – Client requires nursing assistance with Peritoneal Dialysis less on an as needed basis
- c. 2 – Client requires nursing assistance with Peritoneal Dialysis at least monthly
- d. 3 – Client requires nursing assistance with Peritoneal Dialysis more often than monthly
- e. 6 – Client requires nursing assistance with Peritoneal Dialysis daily
- f. 7 – Client requires nursing assistance with Peritoneal Dialysis more often than once a day

- Do not include if peritoneal dialysis is not managed by the Home Health nurse

RN-LPN Services

8. Bowel Program performed by RN:

- a. 0 – No bowel program, task is delegated to a CNA or no nursing intervention required
 - b. 1 – Bowel Program is provided by the nurse on an as needed basis
 - c. 4 – Bowel Program is provided by the nurse at least on a weekly basis
 - d. 5 – Bowel Program is provided by the nurse more than one day a week
 - e. 6 – Bowel Program is provided by the nurse every day
-
- Only answer if the bowel care is not delegated to a CNA or the bowel care cannot be completed by a CNA



RN-LPN Services

9. Enteral G-Tube/J-Tube performed by RN:

- a. 0 – No enteral feeds, feedings are delegated to the CNA or client does not need nursing assistance with feeding
- b. 2 – Client needs nursing assistance with feeding at least once a month
- c. 3 – Client needs nursing assistance with feeding more often than monthly
- d. 4 – Client needs nursing assistance with feeding at least weekly
- e. 6 – Client needs nursing assistance with feeding daily
- f. 7 – Client needs nursing assistance with feeding multiple times daily

- Only answer if the G-Tube/J-Tube feeding is not delegated to a CNA

RN-LPN Services

10. Failure to Thrive with Nursing Interventions:

- a. 0 – Client is not diagnosed with Failure to Thrive or client does not require nursing assistance for feeding issues
- b. 1 – Client needs nursing assistance/interventions related to Failure to Thrive PRN as ordered by a physician
- c. 2 – Client needs nursing assistance/interventions related to Failure to Thrive at least once a month
- d. 3 – Client needs nursing assistance/interventions related to Failure to Thrive more often than monthly
- e. 4 – Client needs nursing assistance/interventions related to Failure to Thrive at least weekly
- f. 6 – Client needs nursing assistance/interventions related to Failure to Thrive daily
- g. 7 – Client needs nursing assistance/interventions related to Failure to Thrive multiple times daily



RN-LPN Services

11. Airway/Tracheostomy Care: (includes tracheal, nasal and/or oral pharyngeal suctioning)

- a. 0 – No Suctioning Required or nursing assistance is not required for suctioning
- b. 1 – Client needs airway management or suctioning on an as needed basis
- c. 2 – Client needs airway management or suctioning on a monthly basis
- d. 3 – Client needs nursing assistance with feeding more often than monthly
- e. 4 – Client needs nursing assistance with respiratory care at least weekly
- f. 6 – Client needs nursing assistance with respiratory care daily
- g. 7 – Client needs nursing assistance with respiratory care multiple times daily



RN-LPN Services

12. Nebulizers administered by RN:

- a. 0 – Client does not use nebulizers or does not required skilled assistance with meds
- b. 1 – Nebulizer treatment by the nurse PRN based on assessment
- c. 4 – Regular nebulizer treatments by the nurse weekly
- d. 5 – Regular nebulizer treatments by the nurse less often than daily
- e. 6 – Regular nebulizer treatments by the nurse on a daily basis
- f. 7 – Regular nebulizer treatments by the nurse multiple times a day



RN-LPN Services

13. Chest Physiotherapy (CPT), HFCWO (High Frequency Chest Wall Oscillation) vest or Cough Assist administered by RN:

- a. 0 – The client does not receive CPT, vest treatments or cough assistance or the client does not require nursing assistance
- b. 1 – CPT, vest treatments, or cough assist is ordered as needed basis
- c. 2 – CPT, vest treatments, or cough assist is ordered or performed at least monthly
- d. 3 – CPT, vest treatments, or cough assist is ordered or performed more than 1 month
- e. 4 – CPT, vest treatments, or cough assist is ordered or performed at least weekly
- f. 5 – CPT, vest treatments, or cough assist is ordered or performed more than once a week
- g. 6 – CPT, vest treatments, or cough assist is ordered or performed at least daily
- h. 7 – CPT, vest treatments, or cough assist is ordered or performed more than once a day



RN-LPN Services

14. BiPAP/CPAP administered by RN:

- a. 0 – Client does not use BiPAP/CPAP or does not required skilled assistance
- b. 1 – BiPAP/CPAP is ordered on an as needed basis
- c. 2 – BiPAP/CPAP is ordered or performed at least monthly
- d. 3 – BiPAP/CPAP is ordered or performed more than 1 month
- e. 4 – BiPAP/CPAP is ordered or performed at least weekly
- f. 5 – BiPAP/CPAP is ordered or performed more than once a week
- g. 6 – BiPAP/CPAP is ordered or performed at least daily
- h. 7 – BiPAP/CPAP is ordered or performed more than once a day



RN-LPN Services

15. Ventilator:

- a. 0 – Client does not use ventilator or does not required skilled intervention
- b. 1 – Ventilator Care is ordered on an as needed basis
- c. 2 – Ventilator Care is ordered or performed at least monthly
- d. 3 – Ventilator Care is ordered or performed more than 1 month
- e. 4 – Ventilator Care is ordered or performed at least weekly
- f. 5 – Ventilator Care is ordered or performed more than once a week
- g. 6 – Ventilator Care is ordered or performed at least daily
- h. 7 – Ventilator Care is ordered or performed more than once a day

RN-LPN Services

16. Wounds/Dressings:

- a. 0 – Client does not have any wounds
- b. 1 – Has wounds requiring dressing changes on an as needed basis
- c. 5 – Has wounds requiring dressing changes less often than daily
- d. 6 – Has wounds requiring daily dressing changes
- e. 7 – Has wounds requiring dressing changes more than once a day

RN-LPN Services

17. Foot Care performed by RN:

- a. 0 – No foot care is ordered or nursing assistance is not needed
 - b. 1 – Foot Care is provided by the nurse is performed on an as needed basis
 - c. 2 – Foot Care is provided by the nurse is performed at least on a monthly basis
 - d. 3 – Foot Care is provided by the nurse is performed at least on a twice a month
 - e. 4 – Foot Care is provided by the nurse is performed on a weekly basis
-
- Foot care must be ordered by a podiatrist and is only applicable for clients with impaired circulation

RN-LPN Services

18. Routine Blood Draws:

- a. 0 – Client does not have any regular blood draws scheduled or labs are not collected at the client’s home
 - b. 1 – Client requires scheduled/ routine blood draws on an as needed basis
 - c. 2 – Client requires scheduled/ routine blood draws as ordered up to 1 time a month
 - d. 4 – Client requires scheduled/ routine blood draws more than once a month
 - e. 6 – Client requires scheduled/ routine blood draws daily
 - f. 7 – Client requires scheduled/ routine blood draws more than once a day
- Includes intravascular blood draws and testing completed in the home (such as PT/INR)

RN-LPN Services

19. Telehealth Services:

- a. 0 – Client does not receive telehealth monitoring
 - b. 1 – Client receives telehealth monitoring with interventions provided as needed
 - c. 4 – Client receives telehealth monitoring with regular interventions required
-
- Telehealth services must be requested on the Telehealth Enrollment form

RN-LPN Services Scoring

- **Scoring Based on the Nursing Services and Frequency of Interventions**

Point Range	Amount of Care Daily
0	0 Nursing Visits
1	PRN Visits Based on Care Needs
2	Up to 1 Visit Monthly + 1 PRN/Month
3	Up to 2 Visits Monthly + 1 PRN/Month
4	Up to 1 Visit Weekly + 1 PRN/Month
5	Up to 3 Visits Weekly + 1 PRN/Month
6	Up to 1 Visits Daily
7	Up to 4 Visits Daily



Nursing

- If a client requires continuous interventions or nursing monitoring, consider Private Duty Nursing Services
 - Intermittent nursing is task-based visits and should not exceed 2.5 hours in length for the completion of all tasks
- Class A agencies may provide Private Duty Nursing services when they have the policies and staffing in place to do so



Step-Down Process

- Revised PAT will use the Step-Down Process for 1st PAR post-implementation
 - Clients who receive a 30% or greater decrease from current level of services will be eligible for the Step-Down Process
- Step-Down Process:
 - Will be identical to initial PAT roll-out
 - Is optional



Post Decision Process

- If the Home Health Agency disagrees with the medical necessity determination made by Colorado PAR Program:
 - 2 processes available for the client's ordering physician in an effort to overturn the initial decision:
 - Peer to Peer
 - Reconsideration
 - The Agency and the client may assist the physician in the process
 - Client and Home Health Agency cannot participate in these processes



Post Decision Process

If Client disagrees with medical necessity determination made by ColoradoPAR:

- Can file appeal with Office of Administrative Courts
 - Client must submit appeal request within **30 calendar days** of PAR determination date
 - If PAR letter not received, client can obtain PAR ID from provider or Medicaid and send in appeal without letter
- Agency may participate in Appeal Hearing



Post Decision Process

- Client's services may be continued at their previous level until a Final Decision is entered on the appeal
 - The client must request that services continue
 - The PAR will not be updated until a final decision is made
 - If the agency runs out of units while the decision is pending, contact the Department and additional units can be added, if necessary
 - If the decrease is upheld, all funds paid in excess of the approved amount will be subject to take-back



Personal Care Services

- HH services must be skilled in nature (Refer to the HH BCS for guidance)
 - CNA is expected to return the client to the pre-task status (even if some tasks are personal care)
 - The Department is creating a Personal Care (PC) Services BCS that will only be available to the EPSDT pediatric population
 - An exception process will be available for clients who require personal care services due to a decrease in the skilled HH PAR until the benefit is available (PC Benefit is estimated to be available by 04/01/2014)



Problems?

CareWebQI?

The Colorado PAR Program

888-454-7686

www.Coloradopar.com

Process, Policy, Regulations?

Health Care Policy and Financing

303-866-3447

HomeHealth@state.co.us

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Thank you!

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