



Pediatric Assessment Tool Client Frequently Asked Questions

Below are questions that the Department has received regarding the Medicaid Home Health Benefit. As we receive additional questions from clients, questions of common interest with their responses will be added to this document. We have developed a dedicated phone line and a secure email for client questions. Please send your questions to HomeHealth@state.co.us or call 303-866-3447.

What is the Home Health Benefit in Medicaid and what does it cover?

The Home Health benefit for Colorado Medicaid clients includes services provided by a licensed and certified Home Health Agency (HHA) for clients who need Acute or Long Term Home Health Services. 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).

The need for these services must be documented appropriately by the Home Health Agency to be paid as a Medicaid Home Health benefit.

NOTE: A separate "Frequently Asked Questions" document for Home Health Agencies has been developed by the Department to help providers document their services appropriately. Please click the link on the Home Health webpage "FAQ for Home Health Agencies" to view.

What is the Pediatric Assessment Tool and why was it developed?

The pediatric assessment tool was developed in response to stakeholder feedback that objective criteria were needed to assess pediatric home health service needs.

The tool was crafted with input from a team of developmental pediatricians, and tailored to capture pediatric-specific service needs. It determines which service needs meet "medical necessity."

The Department worked with clients, families, home health agencies & other stakeholders to develop this tool for determination of medical necessity to meet federal requirements.

What's the difference between "medically necessary services" and "unskilled services"?

Medically necessary Home Health services are skilled services that require a Certified Nursing Assistant (CNA) certification or nurse. The medical service provided is to treat a medical condition, not for personal supports.

Unskilled services are not medical services to treat a medical condition; rather, they help support the individual in other ways. They can be provided by non-medical personnel.

Unskilled services include services such as protective oversight and precautionary measures taken to prevent harm or injury, and providing assistance with tasks that client is able to do with minimal to no assistance.

What if I don't agree with hours/visits in the Pediatric Assessment Tool?

If you disagree with the Pediatric Assessment Tool score and associated services, work with your Home Health provider to request the amount of services they feel the client's condition warrants and submit all supporting documents at the time the Prior Authorization Request is submitted.

What is a Prior Authorization Request (PAR) and why is it needed?

A Prior Authorization request, or PAR, is the process by which your Home Health agency receives validation that the requested services are medically necessary, appropriate for a particular client, and that the category of service is covered. PARs are required to ensure that Medicaid is in compliance with Federal & State regulations which require States to reimburse only for services that are Medicaid Benefits and that are medically necessary.

What is “Medically Necessary?”

Services must be:

- for the purpose of evaluating, diagnosing or treating an illness, injury, disability, disease or its symptoms;
- clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and
- not primarily for the economic benefit or convenience of the client, client's family, physician, or other provider

What happens when my hours are decreased?

If a PAR is decreased by less than 30%, the new service level will start on the day the new PAR goes into effect.

If the client's hours are decreased by 30% or more, the Colorado PAR Program will work with the Home Health Agency to create a step-down plan that will allow client's to gradually decrease services over a three-month period.

Any reduction of Home Health services may be appealed by the client or their authorized representative (family member, caregivers, etc) through the Office of Administrative Courts.

How does the step-down plan work?

1. If the results of the assessment tool show a decrease in the level of service of 30% or more (compared to the old PAR amount), the authorized services will decrease in a “step-down” process gradually over three months.
 - The “phase-down” or “step-down” process will help avoid a large or sudden decrease in your services right away.
2. For the first month of the new PAR period, authorized services will be decreased by 1/3 of the difference between the old amount and the new amount.
3. For the second month of the new PAR period, authorized services will be decreased by 2/3 of the difference between the old amount and the new amount.
4. For the third month of the new PAR and each month after that (until a new PAR is needed), the authorized services will be based on the new PAR amount.
 - For example, if your old PAR was for 9 hours of CNA services per day and your new PAR is for 6 hours of CNA services per day, you will get 8 hours of CNA services for the first month of the new PAR and 7 hours of CNA services for the second month of the new PAR. You will get 6 hours of CNA services for the third month and each month after that until a new PAR is needed.



If a client reports that they did not receive a letter for the reduction or denial of services, and they want to appeal the change, what should the client do?

1. The client does not need to wait for the letter from Medicaid to request an appeal. They can appeal the change by writing a brief letter to the Office of Administrative Courts (address below) stating their request for an appeal. The appeal letter must provide:
 - Client's name
 - Client's Medicaid ID number
 - Medicaid Home Health PAR number
 - Description of the services they believe they should receive and why the services are needed.
2. The Home Health PAR number can be obtained by the home health agency from the provider web portal. The client/family can obtain this information by calling the Medicaid Home Health Hotline to obtain the PAR information at: 303-866-3447.
3. To file the appeal, the appeal letter may be sent via regular mail or dropped off in person to:
Office of Administrative Courts
633th Street, Suite 1300
Denver, CO 80202
4. Or, the appeal request may be faxed to the Office of Administrative Courts at 303-866-5909.

For more information you can call us directly at 303-866-3447 or send an email to HomeHealth@state.co.us.

