

This guide can be used to review the level of care needs for a member as part of the assessment process. Check off if the member meets the Criteria for Health Maintenance Level of Care or Special Considerations. If any item is checked ensure you have the documentation needed to support this request.

Please note, all information must be properly documented within the assessment narrative. Scoring requirements for the ULTC 100.2 assessment shall not be affected by the recommendations for documentation in this guide.

Basic documentation needed for reviews:

- ULTC 100.2 - any changes made should be dated CDASS Task Worksheet or IHSS Care Plan Calculator
 IHSS Agency Plan of Care (IHSS only) LTHH/PDN Plan of Care and Schedule (IHSS only)

Task, Criteria for HMA Level of Care, Special Considerations	Documentation Needed to Support
<p><u>SKIN CARE</u></p> <p>Rule Criteria <u>8.552.3.D.3.a & 8.510.3.B.3.a</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Skin is broken <input type="checkbox"/> A chronic skin condition is active and could potentially cause infection <input type="checkbox"/> Unable to apply prescription creams, lotions, or sprays independently <input type="checkbox"/> Wound care or dressing changes <input type="checkbox"/> Foot care for diabetics when directed by Licensed Medical Professional <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Diagnosis (Dx) of Paralysis <input type="checkbox"/> Inability to reposition independently 	<p>► Criteria met needs to be documented within the Bathing and/or IADLS Hygiene Section of assessment and should include as needed to substantiate the level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Detail of wounds, areas affected, treatment required, level of intervention needed by caregiver ● Description of skin condition regarding if it is chronic or ongoing and any History of (Hx) of chronic wounds/skin conditions. ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate <p>► Verification of Medical Prescription (Rx) for creams, lotions, or sprays/Medication List</p>
<p><u>TRANSFERS</u></p> <p>Rule Criteria <u>8.552.3.D.3.i & 8.510.3.B.3.g</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable to perform transfers due to lack of strength and ability to stand, maintain balance or bear weight reliably <input type="checkbox"/> Has not been deemed independent with adaptive equipment or assistive devices by a licensed medical professional <input type="checkbox"/> Use of a mechanical lift is needed <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dx of Paralysis <input type="checkbox"/> Dx of Advanced Dementia <input type="checkbox"/> Inability to cooperate or assist with transfer due to behavioral, cognitive, or physical limitation <input type="checkbox"/> Client is not able to communicate verbally, non-verbally, or through other means <input type="checkbox"/> Need for two-person assist required for safety with or without mechanical assistance 	<p>► Criteria met needs to be documented within the Transfer Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Specific equipment used or observed, level of assistance needed with equipment ● Details of physical, cognitive, communication, and/or behavioral limitations (this may be documented with the Supervision Behavior Section) ● Describe the details regarding the amount of hands-on assistance or stand by assistance the caregiver needs to provide ● Hx of falls as it pertains to transfers including frequency and how recent ● Level of safety awareness observed ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms

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<p><u>DRESSING</u></p> <p>Rule Criteria <u>8.552.3.D.3.f & 8.510.3.B.3.d</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Performed in conjunction with health maintenance level transfers <input type="checkbox"/> Application of prescribed anti-embolic or pressure stockings required <input type="checkbox"/> Application of prescribed orthopedic devices such as splints, braces, or artificial limbs required <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tubes that must be managed such as tracheostomy tubes, gastrostomy tubes, or management of oxygen <input type="checkbox"/> Contractures or orthotics that make range of motion difficult 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the Dressing Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> • Type of device/splints, brace • How tasks are completed in conjunction with HMA skin care and/or transfers • Details of how tubes, oxygen, contractures, and/or orthotics need to be managed during the task • <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate ▶ Verification of prescribed orthopedic devices, stockings
<p><u>BATHING</u></p> <p>Rule Criteria <u>8.552.3.D.3.n & 8.510.3.B.3.l</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Performed in conjunction with health maintenance level transfers <input type="checkbox"/> Performed in conjunction with health maintenance level dressing <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dx of Paralysis <input type="checkbox"/> Combative behavior during bathing <input type="checkbox"/> Presence of stoma <input type="checkbox"/> Inability to communicate verbally, non-verbally, or through other means that water is too hot/cold <input type="checkbox"/> Other medical care needs and equipment (such as tracheostomy or gastrostomy tubes) that must be managed during bathing 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the Bathing Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> • Pertinent Dx's • Description of what task looks like, including elements such as the ability to transfer, stability on their feet, previous fall injuries that support the need for hands-on support, information about any special care needs such as tracheostomy, gastrostomy tubes, other wounds, or special skin care needs • Details of behaviors that affect bathing (this may be documented with the Supervision Behavior Section) • <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate
<p><u>HAIR CARE (IHSS ONLY)</u></p> <p>Rule Criteria <u>8.552.3.D.3.b</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level bathing <input type="checkbox"/> Performed in conjunction with health maintenance level dressing <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Application of a prescribed shampoo/conditioner which has been dispensed by a pharmacy <input type="checkbox"/> Open wound(s) or neck stoma(s) 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the Bathing and/or IADLS Hygiene Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> • Presence of stoma or wound and how it interferes with hair care • <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate ▶ Verification of Rx for prescribed shampoo/conditioner/Medication List

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<p><u>MOUTH CARE</u></p> <p>Rule Criteria <u>8.552.3.D.3.d & 8.510.3.B.3.c</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Injury or disease of the face, mouth, head, or neck <input type="checkbox"/> Presence of communicable disease <input type="checkbox"/> Oral suctioning is required <input type="checkbox"/> Decreased oral sensitivity or hypersensitivity <input type="checkbox"/> At risk for choking and aspiration 	<p>► Criteria met needs to be documented within the IADLS Hygiene Section of assessment (CCB CMs are not required to complete IADL section, information may be found in the Bathing and/or Supervision Section) and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Description of wounds that affect mouth care ● Details of equipment used (i.e. oral suctioning) ● How HMA skin care is needed with mouth care ● Level of intervention needed by caregiver ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms
<p><u>NAIL CARE</u></p> <p>Rule Criteria <u>8.552.3.D.3.c & 8.510.3.B.3.b</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Presence of medical conditions that involves peripheral circulatory problems or loss of sensation <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dx of Diabetes, ALS, MS, or Hx of stroke 	<p>► Criteria met needs to be documented within the IADLS Hygiene Section of assessment (CCB CMs are not required to complete IADL section, information may be found in the Bathing and/or Supervision Section) and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Details of limitation r/t loss of sensation and/or peripheral circulatory problems ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate
<p><u>SHAVING (IHSS ONLY)</u></p> <p>Rule Criteria <u>8.552.3.D.3.e</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Presence of medical conditions that involves peripheral circulatory problems or loss of sensation <input type="checkbox"/> Has an illness or takes medications that are associated with a high risk for bleeding <input type="checkbox"/> Broken skin at/near shaving site or a chronic active skin condition <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hx of stroke <input type="checkbox"/> Dx of bleeding disorder 	<p>► Criteria met needs to be documented within the IADLS Hygiene Section of assessment (CCB CMs are not required to complete IADL section, information may be found in the Bathing and/or Supervision Section) and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Why the client is at high risk for bleeding ● Description of wounds or active skin conditions ● Details of limitation r/t loss of sensation and/or peripheral circulatory problems

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<p><u>FEEDING</u></p> <p>Rule Criteria <u>8.552.3.D.3.g & 8.510.3.B.3.e</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Performed in conjunction with health maintenance level dressing <input type="checkbox"/> Oral suctioning is needed on a stand-by or intermittent basis <input type="checkbox"/> Prescribed modified texture diet <input type="checkbox"/> Has a physiological or neurogenic chewing or swallowing problem <input type="checkbox"/> Syringe feeding or feeding using adaptive utensils is required <input type="checkbox"/> Oral feeding when the client is unable to communicate verbally, non-verbally, or through other means <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Oral feeding for an individual with Dx of CP, Advanced Dementia, dysphagia, neurological disorder, seizures, or severe cognitive impairment 	<p>► Criteria met needs to be documented within the Eating Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● What equipment is used ● When a gastrostomy tube is present, always include the schedule ● Description of the choking risk concern including any recent Heimlich procedures, finger sweeps needed. ● Type of modified texture diet ● How HMA level of skin care or dressing is done in conjunction ● Behaviors exhibited during eating that pose a significant risk for choking or harm (this may be documented with the Supervision Behavior Section) ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms <p>► Verification of Rx for prescribed modified texture diet/Medication List</p> <p>► OT/feeding therapy notes will help substantiate need <u>but are not required</u></p>
<p><u>BOWEL CARE</u></p> <p>Rule Criteria <u>8.552.3.D.3.j & 8.510.3.B.3.h</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Performed in conjunction with health maintenance level transfers <input type="checkbox"/> Administration of a bowel program including but not limited to digital stimulation, enemas, or suppositories <input type="checkbox"/> Care of a colostomy or ileostomy that includes emptying and changing the ostomy bag and application of prescribed skin care products at the site of the ostomy 	<p>► Criteria met needs to be documented within the Toileting Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Description of bowel program including frequency, level of intervention, and equipment used ● Need for suppositories with frequency, presence of ostomy ● Ambulatory status as it pertains to toileting ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms
<p><u>BLADDER CARE</u></p> <p>Rule Criteria <u>8.552.3.D.3.k & 8.510.3.B.3.i</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Performed in conjunction with health maintenance level transfers <input type="checkbox"/> Care of external, indwelling, and suprapubic catheters <input type="checkbox"/> Changing from a leg to a bed bag and cleaning of tubing and bags as well as perineal care 	<p>► Criteria met needs to be documented within the Toileting Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Description of bladder care need including frequency, level of intervention, and equipment used ● Need for recording/reporting urinary output ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms

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<p><u>MOBILITY</u></p> <p>Rule Criteria <u>8.552.3.D.3.q & 8.510.3.B.3.o</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level transfers <input type="checkbox"/> Hands-on assistance is required for safe ambulation and the client is unable to maintain balance or to bear weight reliably <input type="checkbox"/> Not been deemed independent with adaptive equipment or assistive devices ordered by a Licensed Medical Professional <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dx of Paralysis <input type="checkbox"/> Dx of Advanced Dementia 	<p>► Criteria met needs to be documented within the Mobility Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Details of ambulation effort ● Devices used and level of independence with use, frequency of use ● Any and all physical, cognitive, and/or behavioral limitations that affect mobility task (this may be documented with the Supervision Behavior/Memory Section) ● Hx of falls including frequency and how recent ● Level of safety awareness observed ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms
<p><u>POSITIONING</u></p> <p>Rule Criteria <u>8.552.3.D.3.r & 8.510.3.B.3.p</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Performed in conjunction with health maintenance level skin care <input type="checkbox"/> Unable to assist or direct care, or complete task independently <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dx of Paralysis <input type="checkbox"/> Dx of Advanced Dementia or severe cognitive impairment <input type="checkbox"/> Open wounds 	<p>► Criteria met needs to be documented within the Mobility and/or Transfers Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Level and frequency of caregiver intervention ● If completed with HMA Skin Care in relation to immobility and pressure points ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, and abilities are outside of developmental norms
<p><u>MEDICATION ASSISTANCE</u></p> <p>Rule Criteria <u>8.552.3.D.3.o & 8.510.3.B.3.m</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Physical setup, handling of medications, and assisting with the administration of medications which includes putting the medication in the client's hand when the client can self-direct in the taking of medications <p><i>Special Considerations</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> IHSS only - completion of task cannot require clinical judgment or assessment skills 	<p>► Criteria met needs to be documented within the IADLs Medication Management Section of assessment (CCB CMs are not required to complete IADL section, this information may be found in the Bathing and/or Supervision Section) and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's ● Cognitive and/or physical limitations resulting in a need for hands-on assistance with medication ● <i>FOR CHILDREN</i> - Explanation of how interventions are beyond what is age-appropriate, medications via Gastrostomy tube, crushed medication/thickened liquids related to choking issues. Must be beyond normal parental responsibilities, managing oral medications or inhalers is considered routine for most parents.
<p><u>MEDICAL MANAGEMENT</u></p> <p>Rule Criteria <u>8.552.3.D.3.l & 8.510.3.B.3.m</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Directed by a Licensed Medical Professional to routinely monitor a documented health condition, including blood pressures, pulses, respiratory rate, blood sugars, oxygen saturations, intravenous or intramuscular injections 	<p>► Criteria met needs to be documented within the IADLs Medication Management and/or Supervision Behavior/Memory/Cognition Section of assessment and should include as needed to substantiate level of care need:</p> <ul style="list-style-type: none"> ● Pertinent Dx's and medical management interventions required r/t these Dx's, frequency needed ● Need for task should be justified with parameters and details of steps needed to be taken when results are outside of these parameters ● <i>FOR CHILDREN</i> - Explanation of how interventions are above and beyond what a parent typically would do for their child. <p>► A doctor's letter may be helpful but is not required. If clear need for client's requested medical management task is not justified by Dx or other pertinent information, CM may request a doctor's letter to substantiate need.</p>

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<p><u>EXERCISE</u></p> <p>Rule Criteria <i>8.552.3.D.3.h & 8.510.3.B.3.f</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> (IHSS only) Specific to the client's documented medical condition and require hands-on assistance to complete. <input type="checkbox"/> (CDASS only) Exercise is prescribed by a Licensed Medical Professional, including passive range of motion. 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the Mobility Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> ● Provide the exercise plan including a description of the exercise, frequency/duration ● Describe the level of hands-on assist required ● <i>FOR CHILDREN</i> - Explanation of how exercise is above and beyond what a parent typically would do for their child. ▶ If exercise program is for health maintenance and related to chronic or progressive Dx, the program may not change or necessitate an update. CM should document that exercise program remains appropriate due to no change of condition evident ▶ If exercise program is rehabilitative and related to an acute Dx, an update to the exercise program should be required and documented. Current rehabilitative exercises may not overlap with current exercise therapies (i.e.PT/OT).
<p><u>RESPIRATORY CARE</u></p> <p>Rule Criteria <i>8.552.3.D.3.m & 8.510.3.B.3.k</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Postural drainage <input type="checkbox"/> Cupping <input type="checkbox"/> Adjusting oxygen flow within established parameters <input type="checkbox"/> Suctioning of mouth and nose <input type="checkbox"/> Nebulizers <input type="checkbox"/> Ventilator and tracheostomy care <input type="checkbox"/> Assistance with set-up and use of respiratory equipment 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the IADLs Medication Management and/or Supervision Behavior/Memory/Cognition Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> ● Equipment observed/used ● Specifics of what tasks to be completed ● Frequency and level of intervention needed
<p><u>ACCOMPANIMENT</u></p> <p>Rule Criteria <i>8.552.3.D.3.p & 8.510.3.B.3.n</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Task cannot be completed without the support of the Attendant and is performed in conjunction with health maintenance level of cares 	<ul style="list-style-type: none"> ▶ Criteria met needs to be documented within the IADLs Medication Management and/or Supervision Behavior/Memory/Cognition Section of assessment and should include as needed to substantiate level of care need: <ul style="list-style-type: none"> ● Specifics of what HMA level tasks to be completed when accompanying ● Frequency of accompaniment
<p><u>PROTECTIVE OVERSIGHT</u></p> <p>There is no HMA level of Protective Oversight</p> <p>If the member has skilled needs during a period of protective oversight these tasks should be defined within and be included in the skilled tasks and the remainder of the time is unskilled PC-Protective Oversight</p>	

ADDITIONAL RESOURCES

Consumer Direct of Colorado
<https://consumerdirectco.com/resources/>
 844-381-4433

Rules Reference
[Secretary of State - Code of Colorado Regulations](#)