Colorado Medically Fragile Supplement

Commented [SL1]: The module document is a reference for automation. If the CCM tool provides a different method to improve user efficiency (e.g. navigation, workflow, layout) this should be reviewed with the Department for optimization within the CCM platform. This document is a not intended to be automated as is.

Key
Bold Blue Highlight: Module narrative and directions- assessment level instructions and/or help
Orange: Items, responses, and other language specifically for participants 0-17 unless otherwise indicated
Green: Skip patterns
Red: Additional instructions for assessors – item level help
Purple: Section level help
Light Blue: Notes for automation and/or configuration
S **Denotes a shared question with another module (one way only unless otherwise directed)**
Gray Highlight: Responses/Text Boxes to pull forward to Assessment Output
Yellow Highlight: Populate and/or pull forward to the Support Plan from another module or section within the Support Plan itself
Green Highlight: Populate and/or pull forward from the member record to an assessment or from an assessment to the member record
Denotes mandatory item
Item populates forward for Reassessment
Italics: Items from FASI (CARE)- for Department use only

The purpose of the Medically Fragile Supplement module is to identify participants who may need additional supports because of medical complexity and/or fragility.

Notes/Comments are present at the end of each section. These are used to: 1) Document additional information that was discussed or observed during the assessment process and was not adequately captured. 2) Document unique behavioral, cognitive or medical issues that were not captured in the assessment items that may increase the need for supervision or support. This narrative can provide additional justification in the event of a case review

1. **Identify any advanced medical treatment and monitoring the participant requires:**

Commented [SL2]: Within the CCM tool numbering for sections and questions does not need to match document, however format needs to be determined by the Department based on CCM design.

Advanced Medical Treatment & Monitoring	No	Yes	Response Informed By:
a. Physician ordered isolation to ensure his/her medical stability.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN

			☐ CNA
b. Peritoneal dialysis at least once per month.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
c. Hemo-dialysis in the home.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
d. Feeding at least daily via nasogastric tube.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
e. Feeding at least daily via jejunostomy tube.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
f. A licensed professional to evaluate feedings at least weekly because of a moderate to severe problem with a J, G or NG tube.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
g. Care for his/her tracheostomy.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
h. Prescribed medication more often than every two hours during the day.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
i. Intramuscular (IM) or subcutaneous (SQ) medications for pain control at least 4 times per week, on average.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
j. Intravenous (IV) medications for pain control at least 4 times per week on average.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
k. Vascular Access Device (e.g. Central line, PICC, Portacath) - Vascular access to a major vein near the heart or to an artery on an ongoing basis.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA

l. Total Parenteral Nutrition (TPN)- supplying all the nutritional needs of the body by bypassing the digestive system and dripping nutrient solution directly into a vein.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA

2. Identify any medical conditions the participant has:

Item	No	Yes	Response Informed By:
a. A non-diabetic metabolic disorder that if untreated could cause death or disability AND requires daily laboratory monitoring or weighing and recording of caloric and/or fluid intake.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
b. Gastro-esophageal reflux diagnosed by a physician AND has required suctioning in the past 6 months or has had an episode of aspiration pneumonia within the past 6 months.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
c. Cyanosis, defined as oxygen saturation of less than 88%, three or more times in the last 6 months, that requires a pulse oximeter.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
d. Physician-diagnosed bradycardia	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
e. Physician-diagnosed sleep apnea	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA
f. Required resuscitation (CPR must include chest compressions or drug resuscitation) for inadequate ventilation or cardiac output within the past year AND the need for resuscitation is likely to recur.	❍	❍	☐ Participant/family ☐ Medical record ☐ Physician/PA/APN statement ☐ RN ☐ CNA

3. **Sleep study has occurred:**
4. ❍No **(Skip to Item 5- Medical Intervention that require a licensed nurse at least 2 hours per week)**
   ❍Yes
   a. Lowest 02 saturation:
   ❍Known:_____% ❍Unknown
   b. Highest 02 saturation:_____%
   ❍Known:_____% ❍Unknown
   c. Average 02 saturation:_____%
   ❍Known:_____% ❍Unknown

5. **Participant requires medical intervention, such as changes or monitoring of equipment, changes of position, suctioning, or feeding, at least once per night**.
   ❍ No
   ❍ Yes, no more than twice per night
   ❍ Yes, more than twice per night

6. **Participant needs medical interventions that require a licensed nurse at least 2 hours per week.**
   ❍ No
   ❍ Yes, 2-10 hours per week
   ❍ Yes, more than 10 hours per week, but less than 10 hours per day
   ❍ Yes, 10 hours per day or more

7. **Medically ordered vital-sign assessments, including taking of pulse, respiration, blood pressure, the assessment of orientation, level of consciousness, size of pupils and auscultation of lungs, are required at least once daily**.
   ❍ No
   ❍ Yes, once daily to less than 4 hours per day
   ❍ Yes, 2-4 hours per day
   ❍ Yes, more often than every 2 hours

8. **Participant has one or more stoma(s) that require care, dressing, or cleaning at least weekly**.
   ❍ No
   ❍ Yes,
   Number of stomas: _____

9. Currently or in the past 12 months, the participant has had a Stage 3 or greater skin breakdown diagnosed by a medical professional or has a physician order of high risk for such skin breakdown.

❍No
❍ Yes,
Number of breakdown areas: _____

10. Participant has a physician-diagnosed seizure disorder AND seizures occur at least once per week AND require intervention.

❍ No, does not have seizure disorder
❍ No, has seizure disorder but seizures occur less frequently than weekly and/or do not require intervention
❍ Yes, has mild-moderate seizures that occur at least weekly to once daily on average
❍ Yes, has mild-moderate seizures 2-4 times daily on average
❍ Yes, has mild-moderate seizures more than 4 times daily on average
❍ Yes, has moderate-severe seizures that occur at least weekly up to 6 times per day on average
❍ Yes, has moderate-severe seizures more than 6 times per day on average

11. Participant requires a transfusion or IV medication in the home at least once per month.

❍ No
❍ Yes, once per month to less than daily
❍ Yes, daily to less than every 4 hours
❍ Yes, at least every 4 hours

12. Participant requires physician-ordered deep pharyngeal or tracheal suctioning at least once per day.

❍ No
❍ Yes, once per day to less than every 4 hours
❍ Yes, every 4 hours to less than 1 hour
❍ Yes, at *least* every hour

13. Does participant have a tracheal diversion?

❍ No
❍ Yes

12a. Are they able to manage the tracheal diversion? (Only show for "yes" response to Item "Does participant have tracheal diversion")

❍ Is unable to physically remove an obstruction to his/her stoma because he/she is too young to understand how to
❍ Is unable to physically remove an obstruction to his/her stoma because of a medical condition, such as seizures, or a developmental, cognitive, or physical condition
❍ Is able to physically remove an obstruction to his/her stoma

14. Participant needs support to maintain his/her airway:

❍ No
❍ Yes, needs non-continuous support
❍ Yes, needs continuous support

15. Participant has a physician's order for a ventilator, CPAP, or BIPAP to be present in the residence.

❍ No **(Skip to 19. Notes/Comments: Medical Fragility Supplement)**
❍ Yes

Commented [HB3]: Added script in QA 9.30. Check against other modules to verify.

16. Participant has effective respiratory effort and without active ventilation would survive at least one hour.

❍ No
❍ Yes,
Number of hours per day on ventilator:_____

17. Participant requires changes in ventilation that are not planned at least daily because of levels of oxygenation.

❍ No
❍ Yes

18. Participant has both 1) written documentation of Central Hypoventilation syndrome as currently diagnosed by a pulmonologist or neurologist; and 2) written notes documenting assisted ventilation and interventions by another person in the past month.

❍ No

❍ Yes

19. Notes/Comments: Medical Fragility Supplement