

**Colorado Medicaid Pediatric Home Assessment Tool  
CNA Services and RN-LPN Services**

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|---|--------------------|---|
| <b>Client Name:</b>   | <b>Birth Date:</b> | <b>Medicaid Number:</b>   |
| <b>Client Address:</b>  |                    | <b>Gender:</b><br><input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b> |
| <b>Provider Name, Address and Telephone Number:</b>   |                    | <b>Provider ID:</b>   |
| <b>Discipline of Person Completing Assessment:</b><br><input type="checkbox"/> <b>RN</b> <input type="checkbox"/> <b>SLP</b> <input type="checkbox"/> <b>PT</b> <input type="checkbox"/> <b>OT</b> <input type="checkbox"/> <b>MD</b> |                    | <b>Date Assessment Completed:</b>   |
| <b>Name/Signature of Person Completing Assessment:</b>  |                    |   |

**CLINICAL RECORD ITEMS**

**Request Is For:**

- a.  CNA Services
- b.  RN-LPN Services

**This Assessment is Currently Being Completed for the Following Reason:**

- a.  New PAR
- b.  Continuation of care or Reassessment for Recertification
- c.  Revision of Continuation of care

**Current Payment Sources for Care:** (Mark all that apply)

(Information about private insurances is for information purposes only)

- a.  Medicaid (traditional fee-for-service)
- b.  Medicaid (HMO/managed care)
- c.  Title programs (e.g., Title III, V, or XX)
- d.  Other government (e.g., TriCare, VA, etc.)
- e.  Private insurance
- f.  Private HMO/managed care

**PLEASE INCLUDE COMPLETED FORM WITH YOUR LONG-TERM PEDIATRIC HOME HEALTH PAR REQUEST VIA CAREWEB QI. CALL COLORADOPAR at 1-888-454-7686 WITH ANY QUESTIONS.**

## Patient History and Diagnoses

List each diagnosis code using the current federal coding guidelines at the level of highest specificity for only those conditions. When applicable, include recent surgeries and procedures that are related to the client's skilled care needs.

### Principal and Secondary Diagnosis Codes with Descriptions:

- a. \_\_\_\_\_ d. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_  
c. \_\_\_\_\_ f. \_\_\_\_\_

### Home Equipment Currently in Use:

Oxygen, CPAP, Suction, Wheelchair, Walker, Bath Chair, Stander, Feeding Equipment, Hospital Bed, Splints, or other assistive devices, technology, and equipment the client uses on a regular basis.

- a. \_\_\_\_\_ c. \_\_\_\_\_ e. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_ f. \_\_\_\_\_

**Please note:** "Current ability is not age appropriate" references when task and/or services are above and beyond those required for a healthy child of the same age. The Department uses Iowa Ages & Stages to identify age appropriate benchmarks.

**REMINDER:** You must attach the most recent physician orders and/or plan of care and the 485 – Home Health Certification and Plan of Care. It must include the most current federal coding guidelines, home equipment, and complete medication list. If using a Braden scale in the assessment, please attach it as well. There must be a documented decline in condition and/or on-going need documented in the client's record for all the following questions. PARs must be submitted at least 10 business days prior to the PAR start date. Unless otherwise indicated, please select only one response to each question.

## **Pediatric Assessment Tool Definitions & Instructions**

### **MODIFIERS:**

Modifier sections A & B assess individual client functionality and/or other characteristics that directly impact the delivery of skilled care to the client. Choices of Minimum, Moderate, or Severe will require supporting documentation such as a completed 485 and/or clinic or therapy notes from a licensed professional.

### **Definitions regarding client's ability to function:**

**Minimum Effect:** client's ability to function is impacted < 25% of the time or on a monthly basis

**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

### **CNA TASKS:**

The CNA Task section assesses a client's skilled care needs. A choice of Minimum to Moderate or Maximum to Total Assistance will require supporting documentation such as a completed 485 and/or clinic or therapy notes from a licensed professional.

### **Definitions of Assistance:**

**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

### **RN TASKS:**

The RN Task section assesses a client's needs for nursing services based on skilled tasks to be performed and the frequency of nursing interventions.

## **SECTION I: MODIFIERS**

### **MODIFIER SECTION A:**

1. **Communication - Expressive:** The ability of the client to express thoughts, feelings, and needs through their own means of communication.
  - a.  0 – Client’s ability to express thoughts, feelings, and needs 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
  
2. **Communication – Receptive:** The ability of the client to understand the communication of others in their own language.
  - 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
  
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
  
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 ability to function

## **MODIFIER SECTION B**

1. **Airway Status:** Client has documented airway patency issues impacting daily care.
  - 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
  
2. **Hearing:** The impact of the client’s auditory status in performing tasks on demand.
  - 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
  
3. **Pain:** Client has a documented chronic condition directly impacting daily care.
  - 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
  
4. **Seizures:** Client has documented seizures directly impacting daily care.
  - 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

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)

6. **Vision:** The impact of the client's visual status to perform tasks on demand.

- a.  0 – The client's visual 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

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

**SECTION II: CNA SKILLED TASKS:**  
**SKILLED CERTIFIED NURSE AIDE SERVICES: BATHING**

**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 it a Personal Care Task:** Bathing is considered a personal care task when a client needs assistance with bathing, when the skin is unbroken and/or the client is independent with assistive devices.

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 a personal care task
  - b.  2 – Client requires minimal to moderate assistance to complete bathing
  - c.  4 – Client requires maximum to total assistance to complete bathing

## **SKILLED CERTIFIED NURSE AIDE SERVICES: DRESSING**

**Factors that Make Task Skilled:** 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.

**Factors that Make it a Personal Care Task:** Dressing is considered a personal care task 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 order.

### **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.  1 – Client requires physician ordered application and removal of braces, splints, or anti-embolic stockings daily
- c.  2 – Client requires physician ordered application and removal of braces, splints, or anti-embolic stockings greater than once per day

### **3. Dressing:**

- a.  0 – Client is able to dress without assistance, current ability is age appropriate, or task is a personal care task
- b.  1 – Client requires minimal to moderate assistance to dress
- c.  2 – Client requires maximum to total assistance to dress

## **SKILLED CERTIFIED NURSE AIDE SERVICES: EATING/ENTERAL FEEDS**

**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.

CNA may provide oral suctioning.

**Factors that Make it a Personal Care Task:**

A personal care provider 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.

#### **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 a personal care task
- b.  2 – Client requires minimal to moderate assistance during meals
- c.  4 – Client requires maximum to total assistance during meals

#### **5. Enteral G-tube/J-tube feedings. CNA must have RN oversight 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

## **SKILLED CERTIFIED NURSE AIDE SERVICES: MEDICATION**

**Factors that Make Task Skilled:** None; unless the CNA meets the DORA approved CNA-MED certification which is always a skilled task. CNA may ask client if he or she has taken his/her medications. CNA may replace oxygen tubing and may set oxygen to ordered flow rate (SEE Respiratory care).

**Factors that Make it a Personal Care Task:**

A personal care provider may assist a client with medication only when the medications have been pre-selected by the client, his/her Family Member/Caregiver, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as prefilled medication minders. Medication minder containers shall be clearly marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and, opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications.

**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 provider medications

## **SKILLED CERTIFIED NURSE AIDE SERVICES: MOBILITY**

**Factors that Make Task Skilled:** 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.

**Factors that Make it a Personal Care Task:** 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.

### **7. Mobility/Ambulation:**

Assistive devices include but are not limited to splints, braces, standers, and/or walkers.

- a.  0 – Client is able to independently walk/operate wheelchair or assistance devices on even and uneven surfaces, negotiate stairs with or without railings, has the ability to balance and bear weight, current ability is age appropriate, or the task is a personal care task
- b.  3 – Client is able to ambulate/operate wheelchair or assistance devices with minimal to moderate assistance
- c.  6 – Client is able to ambulate/operate wheelchair or assistance devices with maximum to total assistance

## **SKILLED CERTIFIED NURSE AIDE SERVICES: MODIFIED DIET PREPARATION**

**Factors that Make Task Skilled:** 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.

**Factors that Make it a Personal Care Task:**

Meal preparation is a personal care 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

**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 or does not require oversight
- b.  2 – Client requires meals with a modified consistency and/or the CNA has oversight to perform task

## **SKILLED CERTIFIED NURSE AIDE SERVICES: PERSONAL HYGIENE**

### **Factors that Make Task Skilled:**

**Hair Care** 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.

**Mouth Care:** 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.

CNA may provide oral suctioning.

**Nail Care:** 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.

**Shaving:** 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.

### **Factors that Make it a Personal Care Task:**

**Hair Care:** A personal care provider 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.

**Mouth Care:** 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.

**Nail Care:** 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.

**Shaving:** A personal care provider may assist a client with shaving only with an electric or a safety razor.

- 9. Grooming:** Includes hair care, mouth care, nail care, shaving.
- a.  0 – Client is able to perform grooming tasks independently, current ability is age appropriate, or tasks are not personal care tasks
  - 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

## **SKILLED CERTIFIED NURSE AIDE SERVICES: PERSONAL HYGIENE**

**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 it a Personal Care Task:** Skin care is a personal care task 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.

### **10. Skin care. Includes application of a physician ordered product.**

- a.  0 – Client does not have a G-tube, J-tube, stoma, or broken skin requiring a physician ordered product or task is not performed by a CNA
- b.  1 – Client has a G-tube, J-tube, stoma, or broken skin requiring a physician ordered product at least daily

### **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.**

- 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.

## **SKILLED CERTIFIED NURSE AIDE SERVICES: RANGE OF MOTION**

**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.

**Factors that Make it a Personal Care Task:**

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.

**12. ROM/Exercise:**

Includes an OT, 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, task is performed by a licensed therapist, or task is a personal care task
- b.  2 – Combined daily program consists of less than 1 hour per day
- c.  4 – Combined daily program consists of greater than 1 or more hours per day

## **SKILLED CARE: RESPIRATORY CARE**

- \* **ALL Respiratory Services must be provided by a CNA and only when the CNA has been deemed competent (and when applicable the task has been delegated).**

**13. Chest Percussive Therapy, HFCWO (High Frequency Chest Wall Oscillation) vest or cough assist: The CNA must be competent to perform this task.**

- a.  0 – Client does not receive CPT, vest treatments, or cough assistance or task is not performed by the 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

**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.  1 – Yes

**15. Client requires oral suctioning (also referred to dental suction) to remove superficial oral secretions.**

- a.  0 – Client does not require oral suctioning or the client is able to remove secretions independently
- b.  1 – Client requires infrequent or as need (PRN) oral suctioning to remove oral secretions
- c.  2 – Client requires frequent oral suctioning to remove oral secretions

## **SKILLED CERTIFIED NURSE AIDE SERVICES: TOILETING**

**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 bowel 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 it a Personal Care Task:**

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.

### **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

### **17. Bowel Hygiene:**

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

**SKILLED CERTIFIED NURSE AIDE SERVICES: TOILETING**  
**BOWEL PROGRAM**

**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. Delegated Bowel Programs may include the use of over-the-counter suppositories and enemas.

**Factors that Make it a Personal Care Task:**

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 or insert suppositories.

**18. Bowel Elimination - Ostomy:**

- a.  0 – Client does not have an ostomy for bowel elimination
- b.  1 – Client has an ostomy for bowel elimination

**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 for every day

**SKILLED CERTIFIED NURSE AIDE SERVICES: TOILETING**  
**CATHETER CARE**

**Factors that Make Task Skilled:** 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.

**Factors that Make it a Personal Care Task:**  
A personal care provider may empty urinary collection devices, such as catheter bags as well as provide pericare for client with indwelling catheters.

**20. Catheter Care:**

- a.  0 – No catheter care required
- b.  1 – Catheter may be emptied without a need to record output and indwelling catheter tubing needs to be disconnected/reconnected
- c.  2 – 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

**SKILLED CERTIFIED NURSE AIDE SERVICES: TOILETING**  
**URINARY HYGIENE**

**Factors that Make Task Skilled:** Client is unable to assist or direct care, or has broken skin or recently healed skin breakdown (less than 60 days). Client requires skilled skin care associated with bladder or bowel care or client has been assessed as having a high and on-going risk for skin breakdown.

**Factors that Make it a Personal Care Task:**

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.

**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

**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 a personal care task
- b.  1 - Client requires minimal to moderate assistance to complete urinary hygiene
- c.  3 - Client requires maximum to total assistance to complete urinary hygiene

## **SKILLED CERTIFIED NURSE AIDE SERVICES: TRANSFER/ POSITIONING**

**Factors that Make Task Skilled:** 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. This excludes positioning that is completed in conjunction with other activities of daily living.

**Factors that Make it a Personal Care Task:**

A personal care provider may assist a client with positioning when the client is able to identify to that provider, verbally, non-verbally or through other means, when the position needs to be changed and only when skilled skin care, as previously described, is not required in conjunction with the positions. Positioning may include alignment in a bed, wheelchair, or other furniture.

### **23. Positioning.**

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

## **SKILLED CERTIFIED NURSE AIDE SERVICES: TRANSFERS/ POSITIONING**

**Factors that Make Task Skilled:** 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. 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.

**Factors that Make it a Personal Care Task:**

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 a 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 a personal care provider as long as the worker has been properly trained in its use. 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.

### **24. Transfers:**

- a.  0 – Client is able to transfer independently, current ability is age appropriate, or task is a personal care task
- b.  3 – Client is able to transfer with minimal to moderate assistance
- c.  6 – Client is able to transfer with maximum to total assistance, this may include 1-2 adults and/or a mechanical lift

## **SKILLED CERTIFIED NURSE AIDE SERVICES: VITAL SIGNS**

**Factors that Make Task Skilled:** 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.

**Factors that Make it a Personal Care Task:** N/A

### **25. 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

### **26. Vital signs, nurse ordered:**

- a.  0 – Care plan does not include blood glucose and/or pulse oximetry
- b.  1 – Care plan includes blood glucose and/or pulse oximetry performed by a CNA and reported to the client's nurse or physician as ordered on the plan of care

## **SECTION III: RN-LPN SERVICES**

**\*\*\* Complete these additional questions for clients who need RN/LPN Services \*\*\***

### **MEDICATION ADMINISTRATION**

**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)

**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

**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 and/or 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

#### **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

### **ELIMINATION STATUS**

#### **5. Catheter Status:**

- a.  0 – Client does not have a 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

#### **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 bladder irrigation on an as needed basis (as ordered by the MD)
- c.  2 – Client requires bladder irrigation on a monthly basis
- d.  3 – Client requires bladder irrigation more than once a month
- e.  4 – Client requires bladder irrigation once a week

**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 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

**8. Bowel Program performed by RN:**

- a.  0 – No bowel program, task is completed by 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

**FEEDINGS**

**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 requires nursing assistance with feeding at least once a month
- c.  3 – Client requires nursing assistance with feeding more often than monthly
- d.  4 – Client requires nursing assistance with feeding at least weekly
- e.  6 – Client requires nursing assistance with feeding daily
- f.  7 – Client requires nursing assistance with feeding multiple times daily

## **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
- 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

## **RESPIRATORY**

### **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 respiratory care 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

### **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

**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 on an 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

**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

**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

## **WOUND CARE**

### **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

## **FOOT CARE**

### **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 and is performed on an as needed basis
- c.  2 – Foot Care is provided by the nurse and is performed at least on a monthly basis
- d.  3 – Foot Care is provided by the nurse and is performed at least on a twice a month
- e.  4 – Foot Care is provided by the nurse and is performed on a weekly basis

## **LABORATORY – BLOOD DRAWS**

### **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.  2 – Client requires scheduled/routine blood draws as ordered up to 1 time a month
- c.  4 – Client requires scheduled/routine blood draws more than once a month
- d.  6 – Client requires scheduled/routine blood draws daily
- e.  7 – Client requires scheduled/routine blood draws more than once a day

## **TELEHEALTH SERVICES**

### **19. Telehealth Services:**

- f.  0 – Client does not receive telehealth monitoring
- g.  1 – Client receives telehealth monitoring with interventions provided as needed
- h.  4 – Client receives telehealth monitoring with regular interventions required

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## PEDIATRIC ASSESSMENT TOOL SCORING:

### Modifier A:

Score: \_\_\_\_\_ Time: \_\_\_\_\_

|       |            |
|-------|------------|
| 1 - 4 | 30 Minutes |
| 5 - 8 | 60 Minutes |
| ≥ 9   | 90 Minutes |

### Modifier B:

Score: \_\_\_\_\_ Time: \_\_\_\_\_

|       |            |
|-------|------------|
| 1 - 8 | 30 Minutes |
| ≥ 9   | 60 Minutes |

### CNA Skilled Care Tasks:

Score: \_\_\_\_\_ Time: \_\_\_\_\_

|         |               |
|---------|---------------|
| 0 - 4   | 0 Hour        |
| 5 - 11  | Up to 1 Hour  |
| 12 - 18 | Up to 2 Hours |
| 19 - 25 | Up to 3 Hours |
| 26 - 35 | Up to 4 Hours |
| 36 - 45 | Up to 5 Hours |
| 46 - 55 | Up to 6 Hours |
| 56 - 65 | Up to 7 Hours |
| ≥ 66    | Up to 8 Hours |

|                             |  |
|-----------------------------|--|
| <b>Modifier A<br/>Time:</b> |  |
| <b>Modifier B<br/>Time:</b> |  |
| <b>CNA Task<br/>Time:</b>   |  |
| <b>Total Time:</b>          |  |

**\*\* Note:** The PAT assumes the client is only receiving Home Health services and does not take into account other activities, programs or services that the client receives during a day, such as, but not limited to: para-services in the school, outpatient or home health therapies, behavioral interventions, and private duty nursing. Agencies are required to create a care plan that can delivered around these other services and only request the time that Home Health CNA can provide.

**PEDIATRIC ASSESSMENT TOOL SCORING:**

**RN Tasks:**

Highest Score: \_\_\_\_\_ Time: \_\_\_\_\_

|   |                                |
|---|--------------------------------|
| 0 | 0 Nursing Visits               |
| 1 | PRN Visits Based on Care Needs |
| 2 | Up to 1 Visit Monthly          |
| 3 | Up to 2 Visits Monthly         |
| 4 | Up to 1 Visit Weekly           |
| 5 | Up to 3 Visits Weekly          |
| 6 | Up to 1 Visits Daily           |
| 7 | Up to 4 Visits Daily           |