Test Document – Hourly Nursing Review Criteria –
NC Division of Medical Assistance
Refer to instructions before completion

RECIPIENT NAME		RECIPIENT MID		PROGRAM ☐ PDN ☐ CAP/C
PRIMARY DIAGNOSIS		ADMIT DATE OR CAP EFFECTIVE DATE		DOB

TECHNOLOGY NEEDS			
ventilator dependent	☐ dependent ☐ needs assistance ☐ independent ☐ intervention, continuous ☐ intervention, intermittent ☐ monitoring	total 60	intermittent 50
tracheostomy not ventilator dependent	☐ dependent ☐ needs assistance ☐ independent ☐ intervention, continuous ☐ intervention, intermittent ☐ monitoring	continuous 50	passey-muir/cap 40
CPAP/BIPAP not tracheostomy	☐ dependent ☐ needs assistance ☐ independent ☐ intervention, continuous ☐ intervention, intermittent ☐ monitoring	continuous 40	intermittent 35
oxygen	☐ dependent ☐ needs assistance ☐ independent ☐ intervention, continuous ☐ intervention, intermittent ☐ monitoring	unstable 35	stable 15
hospitalizations	☐ greater than three hospitalizations within the last year ☐ at least one extended (> two months) hospitalization within the last year	related to primary diagnosis	unrelated to primary diagnosis
SUBTOTAL TECHNOLOGY NEEDS			

SKILLED CARE NEEDS					
endotracheal suctioning	☐ dependent ☐ needs assist ☐ independent	> QH 10	Q 2-4 hrs 8	Q 5-8 H 6	< Q8H 4
sterile dressing	☐ dependent ☐ needs assist ☐ independent	QID 8	TID 6	BID 4	daily or less 2
nasogastric,gastrostomy, or jejunostomy tube feeds	☐ dependent ☐ needs assist ☐ independent	bolus with reflux 8	bolus without reflux 6	daily or continuous with reflux 4	daily or continuous without reflux 2
intake and output specialized intervention	☐ dependent ☐ needs assist ☐ independent	QID intervention 8	TID intervention 6	BID intervention 4	daily intervention 2
intermittent catheterization	☐ dependent ☐ needs assist ☐ independent	QID 8	TID 6	BID 4	daily or as needed 2
intravenous: fluids or medications or nutrition	☐ dependent ☐ needs assist ☐ independent	QID 8	TID 6	BID 4	daily or continuous 2
pulse oximetry, CO_2 levels, nebulizers, chest PT, _____	☐ dependent ☐ needs assist ☐ independent	QID 8	TID 6	BID 4	daily or continuous 2
medication	☐ dependent ☐ needs assist ☐ independent	complex 8	moderate 4		simple 2
SUBTOTAL SKILLED CARE NEEDS					

ACTIVITIES OF DAILY LIVING NEEDS			
naso-oropharyngeal suctioning frequency_____	dependent 2	needs assist 1	independent 0
nonsterile dressing/site care	dependent 2	needs assist 1	independent 0
oral feeding assistance (N/A for children < 3 yrs of age)	dependent 2	needs assist 1	independent 0
recording of intake and output	dependent 2	needs assist 1	independent 0
incontinence care (N/A for children < 3 yrs of age)	dependent 2	needs assist 1	independent 0
personal care (age inappropriate) (N/A for children < 3 yrs of age)	dependent 2	needs assist 1	independent 0
range of motion	dependent 2	needs assist 1	independent 0
ambulation assist, transfers, bed mobility	dependent 2	needs assist 1	independent 0
SUBTOTAL ACTIVITIES OF DAILY LIVING NEEDS			

TOTAL POINTS	
CURRENT NURSE HOURS	
CURRENT AIDE HOURS	
LEVEL OF CARE/ HOURS AUTHORIZED	
SIGNATURE AND TITLE OF PERSON COMPLETING FORM*	
DATE	

COMMENTS/HOME ENVIRONMENT/CAREGIVER INFORMATION

*This certifies the signee, and no one else, has completed the above in-home assessment of the client's condition. Falsification: an individual who certifies a material and false statement will be subject to investigation for Medicaid fraud and, if applicable, will be referred to the appropriate licensing agency for investigation.

Rev 3/06

Test Document – Hourly Nursing Review Criteria Instructions – NC Division of Medical Assistance

This is ONE of several submitted documents that is reviewed and utilized for prior approval decisions and/or authorization. All recipients will be scored with the initial assessment and every two months thereafter by the Case Manager or Nurse Supervisor. Forms for PDN recipients should be submitted to DMA with the initial approval and with each 60 day reauthorization. Forms for CAP/C recipients should be submitted to DMA with the initial assessment, with each annual Continued Needs Review, and any time there is a change in the recipient's condition. It is expected that if total points start to decline, indicating that the recipient is improving, that total nursing hours will also decline.

RECIPIENT NAME as it is written on the Medicaid card		**RECIPIENT MID**		**PROGRAM** ☐ **PDN** ☐ **CAP/C**	
PRIMARY DIAGNOSIS should match the primary diagnosis listed on the FL-2 and/or the CMS-485, as applicable		**ADMIT DATE OR CAP EFFECTIVE DATE**		**DOB**	

TECHNOLOGY NEEDS Scores in the technology section reflect the risk of death or disability if the technology is lost, as well as the degree of licensed skilled nursing assessment/judgment necessary to operate the technology.	
ventilator dependent	Recipients using ventilators will not receive additional points for tracheostomy. The need for this technology is included in the points for the ventilator. Total is used for a recipient who is on the ventilator 24 hours per day. Intermittent is used for a recipient who is able to come off of the ventilator for a period of time; e.g., someone who uses the ventilator only during sleep.
tracheostomy not ventilator dependent	Recipients with a tracheostomy will not receive additional points for tracheostomy dressing changes. The need for this procedure is included in the points for the tracheostomy. Continuous is scored for a recipient who always breathes through an open tracheostomy. Passey-Muir/cap is scored for a recipient who is able to tolerate the use of a speaking valve or having the tracheostomy capped for a period of time.
CPAP/BIPAP not tracheostomy	Continuous Positive Airway Pressure/Bi-level Positive Airway Pressure Continuous is scored for a recipient who is on the CPAP or BiPAP 24 hours per day. Intermittent is scored for a recipient who is able to come off of the CPAP or BiPAP for a period of time; e.g., someone who uses it only during sleep.
oxygen	Recipients are eligible to receive the points for unstable oxygen if the recipient has daily desaturations below doctor-ordered parameters AND if those desaturations require a response based on skilled nursing assessment and intervention. Recipients are NOT eligible for the unstable points if the oxygen use is routine and predictable; i.e., a recipient with Chronic Obstructive Pulmonary Disease who requires oxygen when walking would not receive the points for unstable.
hospitalizations	Use a rolling twelve month calendar. Emergency room visits without admission do not count. Recipients who have been hospitalized since birth and are just now going home for the first time are eligible to have this item checked.
SUBTOTAL TECHNOLOGY NEEDS Recipients must receive ?? or more points in the technology section to qualify for PDN or CAP/C Hospital Level of Care. A score of ?? or greater does not guarantee approval; rather, it is necessary to even be considered for approval for either PDN or CAP/C Hospital Level of Care.	

SKILLED CARE NEEDS Scores in the skilled care needs section reflect the time needed to perform the assessment and intervention. The recipient's nursing documentation, including the nurses' notes, nursing supervisor's reports, and/or case manager's assessment and notes, must support the frequency chosen. The frequency chosen should be based on the recipient's BASELINE condition; i.e., when a recipient with a tracheostomy has an acute respiratory infection, and the need for endotracheal suctioning increases for the duration of the illness, the frequency determination should not be based on this time period, but on the time period when the recipient was not acutely ill.	
endotracheal suctioning	If the recipient is able to self-suction at least some of the time, choose the frequency at which the caregiver has to perform the suctioning.
sterile dressing	Recipients with a tracheostomy will not receive an additional score for tracheostomy dressing changes. The need for this procedure is included in the score for the tracheostomy.
nasogastric,gastrostomy, or jejunostomy tube feeds	A continuous tube feeding is one that is administered over at least eight consecutive hours. If the tube feeding occurs more frequently, it is considered bolus. If the recipient uses a combination of a continuous and bolus feedings, score the feeding as bolus. To receive the points for reflux, the recipient must meet at least ONE of the following criteria: 1) a positive swallowing study performed within the last six months, 2) documented current and ongoing treatment for reflux, i.e., medications such as metoclopramide (Reglan), ranitidine (Zantac), or lansoprazole (Prevacid), 3) documented treatment for aspiration pneumonia within the last twelve months, or 4) a need for suctioning due to reflux at least daily (NOT including suctioning of oral secretions).
intake and output specialized intervention	This is intake and output which requires intervention; i.e., the nurse has to make adjustments to feedings or IV fluids based on the intake and output data. If there are no interventions other than recording the data and/or calling the physician, the recipient is ineligible for these points; see intake and output non-specialized monitoring below.
intermittent catheterization	If the recipient is able to self-catheterize at least some of the time, choose the frequency at which the caregiver has to perform the catheterization.
intravenous: fluids or medications or nutrition	The frequency chosen should be based on the recipient's BASELINE condition; i.e., when a recipient becomes acutely ill and requires a ten-day course of intravenous antibiotics, the frequency determination should not be based on this time period, but on the time period when the recipient was not acutely ill.
pulse oximetry, CO_2 monitoring, nebulizers, chest PT, _____	Include treatments that are done on a routine basis, whether standing or PRN. If the treatments are done together; i.e., nebulizer treatments (QID) followed by chest physiotherapy (BID), choose the frequency of the one done most often (choose QID). If the treatments are not done together; i.e., chest physiotherapy (BID) and specialized ostomy care (TID), award points based on the total frequency (five times per day). A recipient can not be awarded more than eight points in this category no matter how many treatments he or she receives or how frequently he or she receives them.

medication	Simple medications include scheduled, routine medications that do not require dosage adjustments, regardless of the number of those medications. Moderate and Complex medication includes medications which are PRN and/or require dosage adjustments by a licensed nurse. Recipients who have one to three such medications ACTUALLY GIVEN by the caregiver within an eight hour period qualify for moderate points. Recipients who have more than three such medications ACTUALLY GIVEN by the caregiver in an eight hour period qualify for complex points. PRN seizure medication; i.e., Diastat, should always be awarded moderate points. Oxygen, nebulizer treatments, and intravenous medications are not scored in this category, as they are scored elsewhere on the form. Please note that there are only three scores to choose from for medications.

SUBTOTAL SKILLED CARE NEEDS
The total score for the nursing needs section will be used to determine the need for continuous, complex, and substantial skilled nursing care. Not all of the items in this section can be considered substantial, as they fall within the scope of practice for a Nurse Aide according to the regulations of the North Carolina Board of Nursing regarding delegation of tasks to Nurse Aides.

ACTIVITIES OF DAILY LIVING NEEDS
The activities of daily living section has minimal impact on approval, except for those recipients applying for CAP/C Nurse Aide services. These recipients must receive a score on at least two items in this section AND have a primary diagnosis that is medical in order to be considered for the CAP/C program. Meeting these criteria does not guarantee CAP/C approval. Normal age-appropriate care and parental responsibility should be considered; i.e., all 4 year olds need assistance with getting bathed and dressed, therefore 'needs assist' in this category is not scorable as it is an age-appropriate need, not a medical need.

naso-oropharyngeal suctioning	Suctioning of the nose, mouth, or upper throat with a bulb syringe, yankaeur, or suction catheter. Does not include deep, or endotracheal, suctioning.
nonsterile dressing/site care	Recipients with a tracheostomy or gastrostomy will not receive an additional score for tracheostomy or gastrostomy dressing changes. The need for this procedure is included in the score for the tracheostomy or gastrostomy.
oral feeding assistance (N/A for children < 3 yrs of age)	Does not include meal/formula preparation. Does include hands-on assist with feeding and supervision during feeding.
recording of intake and output	Normal daily measurement of intake and output without the need to assess for fluid replacement or restriction. If such assessment is required, see intake and output specialized monitoring, above.
incontinence care (N/A for children < 3 yrs of age)	Cleaning after an incontinence episode, changing incontinence devices such as diapers and chux, emptying a foley catheter or colostomy.
personal care (age inappropriate) (N/A for children < 3 yrs of age)	Includes bathing, dressing, and grooming, and application of orthotics and prosthetics.
range of motion	
ambulation assist, transfers, bed mobility	Moving around within the recipient's residence with or without the use of an assistive device such as a walker, wheelchair, Hoyer lift, or trapeze.

SUBTOTAL ACTIVITIES OF DAILY LIVING NEEDS

TOTAL POINTS
Total of technology, skilled care needs, and activities of daily living needs.

CURRENT NURSE HOURS
Record as number of hours per day and number of days per week; i.e., for a recipient who gets 18 hours 5 days per week and 10 hours 2 days per week, write as 18X5 & 10X2.

CURRENT AIDE HOURS
Record as number of hours per day and number of days per week; i.e., for a recipient who gets 18 hours 5 days per week and 10 hours 2 days per week, write as 18X5 & 10X2.

LEVEL OF CARE/
HOURS AUTHORIZED
Level of Care for CAP/C recipients,
Hours Authorized for PDN recipients.

SIGNATURE AND TITLE OF PERSON COMPLETING FORM
Case Manager or Nurse Supervisor

DATE
The date the form was COMPLETED, not the date it was submitted.

COMMENTS/HOME ENVIRONMENT/CAREGIVER INFORMATION
Include any special home environment needs or special caregiver needs in this section; i.e., a primary caregiver with health issues, multiple home-care recipients in the home, other stressors, other programs, other needs not identified above.

*This certifies the signee, and no one else, has completed the above in-home assessment of the client's condition. Falsification: an individual who certifies a material and false statement will be subject to investigation for Medicaid fraud and, if applicable, will be referred to the appropriate licensing agency for investigation.

Submit the form to :
North Carolina Department of Health and Human Services
Division of Medical Assistance
Facility and Community Care
Home Care Initiatives Unit
2501 Mail Service Center
Raleigh, NC 27699-2501
Fax: 919 715 9025
Phone: 919 855 4380