



TO: Home Health Agencies

RE: Changes to the Requirements for the Prior Authorization of Home Health Aide Services

The purpose of this provider bulletin is to inform providers of changes to the requirements for the prior authorization of home health aide services.

In an effort to standardize the assessment of activities of daily living, the Department is requiring that prior authorization requests for home health aide services submitted on or after April 14, 2014 include a completed Home Health Aide Intake Form. This newly developed form may be found on the provider page of the HUSKY Health Web site at: www.huskyhealth.com under "Provider Bulletins and Forms".

The Home Health Aide Intake Form must be completed by the primary care nurse and submitted with each authorization and re-authorization request. Requests received on or after April 14, 2014 that do not include the form will be returned to the agency as incomplete.

Agencies should continue to submit the current CMS-485 form and the Home Health Aide 15 Minute Breakdown with all authorization requests.

Authorization requests for home health aide services will be reviewed in accordance with the Department of Social Services' (DSS) Definition of Medical Necessity. Authorization must be requested and approved before providing services (except in cases of retro-enrollment of a client or provider).

For all clients who are currently receiving homecare services under Money Follows the Person (MFP), except for MFP CHCPE clients, agencies should continue to submit authorization requests to Hewlett-Packard (HP) for data entry and subsequent review by DSS. For clients who are currently receiving homecare services under the Connecticut Homecare Program for Elders (CHCPE), including MFP CHCPE clients, the Access Agencies should continue to upload or enter their care plans via the HP Web portal. Requests that exceed the standard benefit will subsequently be reviewed by DSS.

For questions regarding the prior authorization process, please contact CHNCT at 1-800-440-5071, Monday through Friday, between the hours of 8:00 am and 7:00 pm.



Home Health Aide Intake Form

Provider HP/CMAP ID# (Medicaid 9-digit ID) _____

Name of clinician who filled out this form _____

Credentials/Title _____

Contact number _____

Facility/Provider Name _____ Telephone Number _____

Facility/Provider Service Location _____

Member Name _____

Medicaid/Consumer ID# _____ DOB: _____

Requested Start Date:

Member needs assistance with the following ADLs:

Bathing Dressing Eating Toileting Mobility

Current Impairments:

A. Cognitive Skills for Daily Decision Making

- Independent**, Alert & Oriented x 3 (person, place and time). Occasional forgetfulness. Can make Health Care & Safety Decisions
- Supervision**, Oriented to 2 out of 3. Needs occasional reminders. May need direction to complete multi-task activities
- Limited Assistance**, Oriented to 1 out of 3. Needs frequent reminders of daily routine. Requires direction to complete activities or ADL's. Unable to complete multi-task activities.
- Extensive Assistance**, Oriented to any of the 3 approximately 50% of the time. Needs constant orientation to daily routine. Needs daily assistance with simple decisions. Unable to make health or safety decisions. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. Disruptive, infantile, or socially inappropriate behavior.
- Total Dependence**, unable to be oriented for more than a few minutes at a time. Tends to wander. Needs constant supervision to prevent harm to self or others (Routine 1:1 staff supervision). Physical aggression: aggressive or combative to self and others (e.g., hits self, throws objects, punches, dangerous maneuvers with wheelchair or other objects). Delusional, hallucinatory, or paranoid behavior.

B. Behaviors

- Independent**, Behavior is appropriate
- Supervision**, Occasional inappropriate behavior 1-2x/month. Responds to verbal reminders
- Limited Assistance**, Weekly inappropriate behavior. Requires redirection from staff
- Extensive Assistance**, Needs regular monitoring and staff intervention to prevent or alleviate behavior problems.
- Total Dependence**, Frequent and severe behaviors displayed. Needs 1 to 1 staff to manage problems.

C. Mobility

- Independent**, Self
- Minimum**, Assist of one to stand, ambulates independently
- Moderate**, Stand by assistance
- Considerable**, One staff to assist
- Extensive**, Maximum of two staff to assist

D. Hygiene

- Independent**, Needs no assistance
- Minimum**, Reminders/ Instruction to bathe, brush teeth, comb hair. Needs suggestions for appropriate clothing. May need help with setting water temperature
- Moderate**, Assistance washing back, feet, hair. Needs help getting in and out of tub. Assistance choosing clothing and cues to complete dressing.
- Considerable**, Needs hands-on assistance to bathe. Needs help dressing and undressing. Needs help with grooming.
- Extensive**, **Two** staff total assistance with bathing, dressing, grooming, showers/tub.

E. Eating

- Independent**, Eats without assistance. No appetite problems.
- Minimum**, Reminder/ instruction. Eats independently with adaptive equipment. Needs reminders to follow diet.
- Moderate**, Limited assistance. Frequent reminders to follow diet. Occasional assistance with utensils repeated cueing to eat.
- Extensive**, Total feeding of resident.

F. Toileting

- Independent**, Can get on and off toilet without assistance
- Minimum**, Needs reminders to toilet. Can get on and off toilet without assistance.
- Moderate**, Limited assistance. Frequent reminders. May need stand by assistance to get on and off toilet.
- Considerable**, Scheduled toileting q 2 hrs. Needs partial assistance getting on and off toilet. Needs help using incontinence supplies. Needs partial assistance cleaning self
- Extensive**, Total assistance with toileting and cleaning self. Possible clothing changes.

G. Instrumental Activities of Daily Living – Manage Medications

- Independent**, Self administers Meds without reminders
- Minimum**, Reminders to take self-administered meds
- Moderate**, staff monitors medications. Staff hands meds to resident at appropriate times.
- Considerable**, Needs assistance to take meds. Meds must be crushed, mixed or poured.
- Extensive**, all of the above as well as mouth checks to monitor compliance, numerous treatments (3 or more), PRN's.

H. Instrumental Activities of Daily Living – Other (telephone use, housework, transportation, laundry and finances)

- Independent**, Can perform task
- Minimum**, Needs reminders
- Moderate**, Needs some assistance
- Considerable**, Requires regular assistance
- Extensive**, Requires total assistance for tasks

I. Individual Needs - How Often does the patient receive ADL or IADL assistance from any caregivers (other than home health agency staff)

- Independent**, Can perform Tasks
- Minimum**, 1x/week to 1x/month
- Moderate**, 1x/day to occasional
- Considerable**, Multiple times, multiple needs
- Extensive**, More than 3x/Day

J. Urinary Incontinence or Urinary Catheter Presence:

- No incontinence or catheter (includes anuria or ostomy for urinary drainage)
- Patient is incontinent
 - Timed-voiding defers incontinence
 - Occasional stress incontinence
- During the day and night
- Patient requires a urinary catheter (i.e., external, indwelling, intermittent, suprapubic)

K. Bowel Incontinence Frequency:

- Very rarely or never has bowel incontinence
- Less than once weekly
- One to three times weekly

- Four to six times weekly
- On a daily basis
- More than once daily
- NA – Patient has ostomy for bowel elimination
- UK – Unknown

L. Transferring: current ability to move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast

- Able to independently transfer
- Able to transfer with minimal human assistance or with use of an assistive device
- Able to bear weight and pivot during the transfer process but unable to transfer self
- Unable to transfer self and is unable to bear weight or pivot when transferred by another person
- Bedfast, unable to transfer but is able to turn and position self in bed
- Bedfast, unable to transfer and is unable to turn and position self

M. Ambulation/Locomotion: current ability to walk safely, once in a standing position, or use a wheelchair once in a seated position, on a variety of surface

- Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (i.e., needs no human assistance or assistive device).
- With the use of a one-handed device (e.g. cane, single crutch, hemi-walker) able to independently walk on even and uneven surfaces and negotiate stairs with or without railings.
- Requires use of a two-handed device (e.g., walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.
- Able to walk only with the supervision or assistance of another person at all times.
- Chairfast, unable to ambulate but is able to wheel self independently
- Chairfast, unable to ambulate and is unable to wheel self
- Bedfast, unable to ambulate or be up in a chair

Do family members or significant others actively participate in the member's care?

- Yes No N/A

Does the member live alone?

- Yes No

Member attends:

- Daycare School Work

Based on an assessment of the member and his or her medical condition, please provide any supplemental information for review on the individual needs of the member that may impact the member's care needs:

