

STATE OF HAWAII
Skilled Nursing Tool

Member Name:				Medicaid #:				Date of Assessment:														
	Nursing Intervention	Frequency/Complexity	Suggested Time (Minutes)	Total Minutes of Care Required/Week				Total Minutes of Care Performed by Support System/Week						Total Minutes of Care Performed by Health Plan Provider/Week								
				Frequency /Day	Minutes/ Task	Days/ Week	Total Minutes/ Week	S U N	M O N	T U E	W E D	T H U	F R I	S A T	Total Minutes/ Week	S U N	M O N	T U E	W E D	T H U	FR I	S A T
1	Ventilator Care	>12 hours (per day)	Up to 40																			
		<12 hours (per day)	Up to 30																			
2	BIPAP/CPAP Care	>12 hours (per day)	Up to 40																			
		<12 hours (per day)	Up to 30																			
3	Tracheostomy Care	Per day	Up to 15																			
4	Suctioning (oral, nasal, tracheal)	Per episode	Up to 10																			
5	Nebulization therapy	Per episode	Up to 15																			
6	Cough insufflators and exsufflators	Per episode	Up to 15																			
7	Chest vest therapy	Per episode	Up to 15																			
8	Nutrition (parenteral, G-tube, J-tube)	Bolus feeds per episode	Up to 15																			
		Continuous (per day)	Up to 30																			
9	Special Skin Care (wounds, burns, ulcers, G/J tube site care)	Simple (dry gauze, tape) per episode	Up to 10																			
		Moderate (duoderm) per episode	Up to 15																			
		Complex (per episode)	Up to 20																			
10	Orthopedic appliance	Splint/cast per episode	Up to 10																			
		Complex (describe) per episode	Up to 20																			
11	Urinary bladder catheterization, irrigation	Per episode	Up to 15																			
12	Vascular access catheter care	Per day	Up to 15																			
13	Ileostomy/colostomy care	Per day	Up to 20																			
14	Medications administered by LPN/RN (oral, nasal, ophthalmic, ear, enteral-G or J tube, rectal, IM, subcu)	Per dose	Up to 10																			
15	Intravascular medications	Per dose	Up to 15																			
16	Monitors	Cardio-respiratory (per day)	Up to 10																			
		Pulse oximeter (per day)	Up to 10																			
17	Glucose Monitoring	Per episode	Up to 10																			
SUBTOTAL SKILLED MINUTES/WEEK				Total Minutes/Week				Total Minutes/Week						Total Minutes/Week								

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Modifiers		Extra Minutes/Day	S U N	M O N	T U E	W E D	T H U	F R I	S A T	Total Minutes/Week
1	GEOGRAPHIC Examples include: Remote location, neighbor island location, no automobile or approved transportation services available, no contingency plan or back-up plan for services	Up to 30								
2	SOCIAL Examples include: Patient or caregiver nonverbal or poor communication, lives alone with no primary caregiver, parent/caregiver- single, disabled, elderly, or poor ability to provide care, patient with noncompliant behavior or troublesome psych history, history of APS or CPS referral, risky home environment, other household members requiring total care	Up to 30								
3	MEDICAL Examples include: Severity of illness, inter current illness requiring interventions, post hospital discharge requiring stabilization, 3 or more hospitalizations within the last year or 3 month continuous hospitalization	Up to 30								
			Total Minutes/Week							

Total Modifier Minutes/Week	
Total Minutes of Care Required/Week	
Total Minutes of Care Performed by Support System/Week	
Total Minutes of Care Performed by Health Plan Provider/Week	
Total Hours of Care Performed by Health Plan Provider/Week	
Total Hours of Care Performed by Health Plan Provider/Month (based on 7Days/Week x 31Days/Month)	

Justification for Allocation of Hours:

Assessor Signature	Print Name/Title
Member/Authorized Representative Signature	Print Name/Relationship to Member