Skilled Nursing Tool Instructions

The State recommends that this tool be formatted in Excel for calculation functionality.

1. **Member Name**- Enter member's legal name (Last, First, Middle Initial). If member has no middle initial, leave blank.
2. **Frequency/Complexity-** How often and complexity of skill.
3. **Suggested Times (Minutes) -** The assessor will enter the minutes based on the frequency and complexity of each skill. If the minutes exceed the maximum suggested minutes, please document reason in the Justification for Allocation of Hours.
4. **Total Minutes of Care Required/Week**
   a. *Frequency/Day*- Enter how many times the member needs the skill done each *day*.
   b. *Minutes/Task*- Enter how many minutes it takes to do the skill each time.
   c. *Days/Week*- Enter how many days a skill is needed in a week. Most skills are done daily, but there may be something like an IM injection that may be done once or twice a week etc.
   d. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the ability to check that all minutes required per week are performed by either Support System or Health Plan Provider.
   e. *For example: A member gets nebulizer treatments 3 times a day and it takes 10 minutes each time which will total 30 minutes required per day. Treatment orders are daily which total 210 minutes per week.*
5. **Total Minutes of Care Performed by Unpaid Support System/Week**
   a. *Frequency Per Day/Total Minutes Per Week*- The assessor will ask how many times a skill is done for the member by Support System which include care provided by family, friends, or other programs such as DDD, DOE etc. Enter how many minutes the member needs the skill done each *day* and place in the appropriate day of the week for each skill.
   b. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Support System.
   c. *For example: Support System provides 2 nebulizer treatments daily, 20 minutes per day, which total 140 minutes per week.*
6. **Total Minutes of Care Performed by Health Plan Provider/Week**
   a. *Frequency Per Day/Total Minutes Per Week*- The assessor must calculate the Health Plan Provider frequency of skills each day and the total time based on all the information entered into the form.
   b. *Total Minutes/Week*- Minutes will be added up and totaled at the end of column. This provides the assessor the total minutes per week that will be performed by the Health Plan Provider.
   c. *For example: The Paid Caregiver will provide 1 nebulizer treatment daily, 10 minutes per day, which total 70 minutes per week.*
7. **Subtotal Skilled Minutes/Week**
   a. Total Minutes of Care required/Week- Total time the skills take to perform per week.
   b. Total Minutes of Care Performed by Support System/Week- Total time the Support System performs per week.
   c. Total Minutes of Care Performed by Health Plan Provider/Week-Total time the Health Plan Provider will perform per week.
8. **Modifiers**
   a. The assessor will determine modifier minutes based on 3 circumstances: Geographic Location, Social, and Medical.

      b.   The assessor will manually enter minutes per day and calculate total minutes per week.

      c.   Total Minutes/Week- Minutes will be added up and totaled at the end of column.

9. **Final Calculation of Hours**

      a.   The assessor will recheck totals and then calculate total minutes to hours.

      b.   All fields will need to be populated:

          Total Modifier Minutes/Week

          Total Minutes of Care Required/Week

          Total Minutes of Care Performed by Unpaid 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 7 Days/Week x 31 Days/Month)

10. **Justification for Allocation of Hours –** Provide reason the hours are more than the suggested times.

11. **Assessor Signature-** The assessor must print and sign tool to acknowledge that the appropriate hours have been allotted.