Instructions for Completing Prescribed Pediatric Extended Care Center Prior Authorization Forms

Prescribed Pediatric Extended Care Center (PPECC) services require prior authorization with the exception of transportation to and from the center. You must submit a request for new/initial services within three business days of the start of care date. Recertification requests must be submitted no more than 30 calendar days *prior* to the new start of care date. Recertification requests should be submitted at least seven days *prior* to the new start of care date for timely processing. You may submit the request electronically to TMHP using our PA on the Portal. To access TMHP's PA on the Portal, go to TMHP's Prior Authorization web page at TMHP.com.

You must submit the following forms each time you request an initial, revised or recertification authorization for PPECC services:

1. Completed **CCP Prior Authorization Request Form**.
    a. The identification of the client for which you are seeking approval to provide PPECC services.
    b. The identification of the provider requesting PPECC services.
    c. The identification of the type of request. Identify if this is an initial, recertification or revision prior authorization request.
    d. The identification of the diagnosis and medical necessity. The prescribing (ordering) physician must provide a diagnosis code with a brief description and justification for the requested PPECC hours and/or days.
    e. The identification of the dates of service and HCPCS Codes:
        i. Enter the "From" and the "To" dates of service for requested services. Initial requests may be prior authorized for a maximum of 90 days. Recertifications may be prior authorized for up to a maximum of 180 calendar days.
        ii. HCPCS Codes. Enter the appropriate HCPCS code(s) and quantity/frequency. Transportation to and from the PPECC does not require prior authorization, so a HCPCS code for transportation is not required. There are two HCPCS codes for PPECC services. You can receive authorization for both codes; however, you cannot request authorization nor submit a claim for both codes on the same day of the week.
            1) Procedure Code T1025 is a per diem rate. Request authorization for this code for the days that services will be provided for more than four hours. For example, if the client will receive six hours of PPECC services on Tuesdays and Thursdays, enter "2 days per week" for the Quantity/Frequency. The unit for this code equals one per day.
            2) Procedure Code T1026 is an hourly rate. Request authorization for this code for the days that services will be provided for four hours or less. For example, if the client will receive three hours of PPECC services on Mondays, Wednesdays and Fridays, enter "9 hours per week" for the Quantity/Frequency.
    f. Primary Practitioner's Certifications. The physician's signature is required to be from the same physcian who signed the Prescribed Pediatric Extended Care Center (PPECC) Plan of Care form.

Note: *The PPECC's Medical Director may not provide the physician's order and sign the* CCP Prior Authorization form, Prescribed Pediatric Extended Care Center (PPECC) Plan of Care form, *or the* Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form *as the ordering physician, unless they are the client's treating physician and have examined the client outside of the PPECC setting*.

2. Completed **Prescribed Pediatric Extended Care Center (PPECC) Plan of Care** form (appropriately signed and dated by the ordering physician and RN).
   a. The identification of the client and the date last seen by the ordering physician. The ordering physician must see the client within 30 days of the initial start of care, and at least once a year.
   b. The identification of the PPECC provider requesting PPECC services, date(s) of the nursing assessment, and the name of the Registered Nurse (RN) who conducted the assessment. The RN's name in Section B must be the RN who completes and signs the PPECC Plan of Care form.
   c. The identification (if known and applicable) of the Private Duty Nursing (PDN) provider who provides ongoing skilled nursing services to the client identified in Section A.
   d. The identification of the prescribing physician ordering PPECC services.
   e. Plan of Care Information to provide an overview of all the services that the client identified in Section A is receiving/will receive inside and outside of the PPECC.
   f. Required Signatures:
      i. The RN signature must be the same RN named in Section B.
      ii. The physician's signature on this form serves as the physician order for PPECC services and is required to be from the same physician who signed the CCP Prior Authorization Request Form.

Note: *The PPECC Plan of Care form provided by TMHP is available for use; however, providers may use a different Plan of Care form if desired, if it includes all required elements listed in the Texas Medicaid Provider Procedures Manual.*

3. Completed **Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers** form, which includes:
   a. The identification of the client and the responsible adult, and the requested start/end dates, and the number of PPECC hours and/or days requested per week.
      i. Number of PPECC *days* requested per week: Enter the number of days that PPECC services will be provided for more than four hours. For example, if the client will receive 6 hours of PPECC services on Tuesdays and Thursdays, enter "2 days per week" in the space provided.
      ii. Number of PPECC *hours* requested per week: Enter the number of hours that PPECC services will be provided for four hours or less. For example, if the client will receive 3 hours of PPECC services on Monday, Wednesdays and Fridays, enter "9 hours per week" in the space provided.
   b. A Nursing Care Plan Summary, which includes a problem list with specific measurable outcomes and current progress towards goals.
   c. The Summary of Recent Health History or an updated 90-day summary for subsequent PPECC services.
   d. The Rationale for PDN and/or PPECC Hours -- for initial requests, as well as requests to increase, decrease or stay the same. The rationale should include the medical necessity documentation to substantiate the request for PPECC hours and/or days.
   e. Completed Schedule of Services 24-hour daily flow sheet. The 24-hour daily flow sheet is divided into 15-minute increments using military time. A sample is included beginning on page 4 of these instructions.
      i. Fill in all of the nursing needs that take place for all 7-day and all 24-hour periods. Indicate who is performing that service at that specific time in the column labeled **Care Giver**. If the client requires assistance with activities of daily living (ADLs) or health related functions that do not need to be

provided by a nurse as determined by the Registered Nurse performing the assessment, these should be documented on the flowsheet as well.

ii. Please note that some 15-minute time slots will have no nursing activity and some nursing needs may take more than 15 minutes to accomplish. Please complete these activities accordingly on the form.

iii. All nursing activities should be included on the 24-hour schedule. All non-nursing activities that are provided by a qualified aide must be included on the 24-hour schedule.

iv. Medical abbreviations may be used on the 24-hour schedule. Examples of acceptable abbreviations are listed on page 2 of the Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form.

f. The Acknowledgements indicate: all pages of the addendum were completed and reviewed with the client/parent/guardian and physician prior to obtaining their dated signatures, the client/responsible adult has provided written consent to the treatment, and the client has identified contingency and discharge plans as well as acknowledging the other statements in that section. The client/responsible adult, PDN provider, PPECC RN, and prescribing physician signatures are required on the Acknowledgement page.

g. Acknowledgement of Coordination of Approved Skilled Nursing Hours is required for clients receiving both PDN and PPECC services. By signing this form you are acknowledging that the client/responsible adult understands:

i. PDN and PPECC services are both considered ongoing skilled nursing services;

ii. Subsequent approval of either PDN or PPECC services will not increase the number of approved skilled nursing hours unless there is a documented change in the client's medical condition or the client's medical needs are not commensurate with the approved hours;

iii. Upon subsequent approval of PDN or PPECC services, the provider who submitted the initial prior authorization request that established the number of authorized skilled nursing hours will have their authorized hours reduced; and

iv. The number of authorized skilled nursing hours will not increase unless a revised prior authorization request is submitted to TMHP and approved.

Note: *Requests received without the required information mentioned above will be placed in pending status until a complete request has been received or timeframe guidelines have exhausted. If a completed request is not received within the timeframe guidelines, the authorization request will be considered incomplete and will be denied.*

For additional information, please refer to "Prescribed Pediatric Extended Care Center (PPECC)" section of the Children's Services Handbook in the *Texas Medicaid Provider Procedures Manual.*

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:** 957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 00:00—03:45, Military Time

Must include PDN, PPECC, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the abbreviations listed on page 2 to identify the services provided each day of the week. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
00:00		P		P		P		P		P		P		P
00:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
00:30	Incont care PRN	P	Incont care PRN	P	Incont care PRN	P	Incont care PRN	P	Incont care PRN	P	Incont care PRN	P	Incont care PRN	P
00:45	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P	Oral SXN/Asp prec	P
01:00		P		P		P		P		P		P		P
01:15		P		P		P		P		P		P		P
01:30		P		P		P		P		P		P		P
01:45		P		P		P		P		P		P		P
02:00		P		P		P		P		P		P		P
02:15		P		P		P		P		P		P		P
02:30	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P
02:45	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P	PO Feed/Asp prec	P
03:00		P		P		P		P		P		P		P
03:15		P		P		P		P		P		P		P
03:30		P		P		P		P		P		P		P
03:45		P		P		P		P		P		P		P

SAMPLE

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:** 957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 04:00—07:45, Military Time

Must include PPECC, PDN, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
04:00		P		P		P		P		P		P		P
04:15		P		P		P		P		P		P		P
04:30		P		P		P		P		P		P		P
04:45		P		P		P		P		P		P		P
05:00		P		P		P		P		P		P		P
05:15	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P	Safety/Aspiration Prec	P
05:30		P		P		P		P		P		P		P
05:45		P		P		P		P		P		P		P
06:00		P		P		P		P		P		P		P
06:15		P		P		P		P		P		P		P
06:30		P		P		P		P		P		P		P
06:45		P		P		P		P		P		P		P
07:00	GB Check; Phys Assess; Asp prec	P	GB Check; Phys Assess; Asp prec	N	GB Check; Phys Assess; Asp prec	N	GB Check; Phys Assess; Asp prec	N	GB Check; Phys Assess; Asp prec	N	GB Check; Phys Assess; Asp prec	P	GB Check; Phys Assess; Asp prec	P
07:15	Incont care PRN	P	Incont care PRN	N	Incont care PRN	N	Incont care PRN	N	Incont care PRN	N	Incont care PRN	P	Incont care PRN	P
07:30	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
07:45	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P

SAMPLE

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:** 957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 08:00—11:45, Military Time

Must include PPECC, PDN, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
08:00	Charting	P	Charting	N	Charting	N	Charting	N	Charting	N	Charting	P	Charting	P
08:15		P		Q		N		Q		N		P		P
08:30		P		Q		Q		Q		Q		Q		P
08:45	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Pec	P
09:00	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; Asp Prec	Q	Neb Tx; AspPrec	Q	Neb Tx; Asp Prec	P
09:15	CPT; Asp prec Resp assess	P	CPT; Asp prec Resp assess	Q	CPT; Asp prec Resp assess	Q	CPT; Asp prec Resp assess	Q	CPT; Asp prec Resp assess	Q	CPT; Asp prec Resp assess	Q	CPT; Asp prec Resp assess	P
09:30	Oral Sxn; meds; flush GT	P	Oral Sxn; meds; flush GT	Q	Oral Sxn; meds; flush GT	Q	Oral Sxn; meds; flush GT	Q	Oral Sxn; meds; flush GT	Q	Oral Sxn; meds; flush GT	Q	Oral Sxn; meds; flush GT	P
09:45	Incont care/reposition	P	Incont care/reposition	Q	Incont care/reposition	Q	Incont care/reposition	Q	Incont care/reposition	Q	Incont care/reposition	Q	Incont care/reposition	P
10:00	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	P
10:15		P		Q		Q		Q		Q		Q		P
10:30		P		Q		Q		Q		Q		Q		P
10:45		P		Q		Q		Q		Q		Q		P
11:00		P		Q		Q		Q		Q		Q		P
11:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	P
11:30	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
11:45	Incont care/reposition	P	Incont care/reposition	N	Incont care/reposition	Q	Incont care/reposition	N	Incont care/reposition	Q	Incont care/reposition	P	Incont care/reposition	P

SAMPLE

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:**957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 12:00—15:45, Military Time

Must include PPECC, PDN, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
12:00	GB Care/Asp Prec	P	GB Care/Asp Prec	N	GB Care/Asp Prec	Q	GB Care/Asp Prec	N	GB Care/Asp Prec	Q	GB Care/Asp Prec	P	GB Care/Asp Prec	P
12:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
12:30	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	N	PO Feeding/Asp Prec	Q	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
12:45	ROM/Asp Prec	P	ROM/Asp Prec	N	ROM/Asp Prec	Q	ROM/Asp Prec	N	ROM/Asp Prec	Q	ROM/Asp Prec	P	ROM/Asp Prec	P
13:00	PRN Glyolax	P	PRN Glyolax	N	PRN Glyolax	Q	PRN Glyolax	N	PRN Glyolax	Q	PRN Glyolax	P	PRN Glyolax	P
13:15	Incont care/reposition	P	Incont care/reposition	N	Incont care/reposition	Q	Incont care/reposition	N	Incont care/reposition	Q	Incont care/reposition	P	Incont care/reposition	P
13:30	GI Assessment/Asp Prec	P	GI Assessment/Asp Prec	N	GI Assessment/Asp Prec	Q	GI Assessment/Asp Prec	N	GI Assessment/Asp Prec	Q	GI Assessment/Asp Prec	P	GI Assessment/Asp Prec	P
13:45		P		N		Q		N		Q		P		P
14:00	Reposition/Asp Prec	P	Reposition/Asp Prec	N	Reposition/Asp Prec	Q	Reposition/Asp Prec	N	Reposition/Asp Prec	Q	Reposition/Asp Prec	P	Reposition/Asp Prec	P
14:15		P		N		Q		N		Q		P		P
14:30		P		N		N		N		N		P		P
14:45		P		N		N		N		N		P		P
15:00	Incont Care	P	Incont Care	N	Incont Care	N	Incont Care	N	Incont Care	N	Incont Care	P	Incont Care	P
15:15		P		N		N		N		N		P		P
15:30	Incont care/reposition	P	Incont care/reposition	N	Incont care/reposition	N	Incont care/reposition	N	Incont care/reposition	N	Incont care/reposition	P	Incont care/reposition	P
15:45		P		N		N		N		N		P		P

SAMPLE

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:** 957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 16:00—19:45, Military Time

Must include PPECC, PDN, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
16:00	Charting	P	Charting	N	Charting	N	Charting	N	Charting	N	Charting	P	Charting	P
16:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
16:30	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
16:45	I & O	P	I & O	P	I & O	P	I & O	P	I & O	P	I & O	P	I & O	P
17:00	Incont Care	P	Incont Care	P	Incont Care	P	Incont Care	P	Incont Care	P	Incont Care	P	Incont Care	P
17:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
17:30	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
17:45	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
18:00	Oral Sxn	P	Oral Sxn	P	Oral Sxn	P	Oral Sxn	P	Oral Sxn	P	Oral Sxn	P	Oral Sxn	P
18:15		P		P		P		P		P		P		P
18:30		P		P		P		P		P		P		P
18:45	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
19:00	Incont care	P	Incont care	P	Incont care	P	Incont care	P	Incont care	P	Incont care	P	Incont care	P
19:15		P		P		P		P		P		P		P
19:30		P		P		P		P		P		P		P
19:45		P		P		P		P		P		P		P

SAMPLE

Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers

Client name: Joshua Deedman	**Medicaid number:** 957254856	**Date:** 01/15/2017	**Client/Responsible Adult Initials:** MD

List other in-home resources: N/A

4. Schedule of Services 24-hour Daily Flow Sheet, 20:00—23:45, Military Time

Must include PPECC, PDN, and family (if family has volunteered) coverage, and coverage from other resources as proposed in the prior authorization request, not as currently being provided. Use the following Care Giver Codes:

N=PDN hours, **O**=other in-home resource(s), specify name above, **P**=family (if family has volunteered), **Q**=PPECC hours, S=school/daycare

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
20:00	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P
20:15	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P	PO Feeding/meds/GB flush/Asp Prec	P
20:30	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P
20:45	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P	Neb Tx; Asp Prec	P
21:00	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P	CPT; Asp Prec Resp assess	P
21:15		P		P		P		P		P		P		P
21:30	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P
21:45		P		P		P		P		P		P		P
22:00		P		P		P		P		P		P		P
22:15		P		P		P		P		P		P		P
22:30		P		P		P		P		P		P		P
22:45	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P	Incont care/Asp Prec	P
23:00	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
23:15	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P	PO Feeding/Asp Prec	P
23:30		P		P		P		P		P		P		P
23:45		P		P		P		P		P		P		P

SAMPLE