



## Early Periodic Screening Diagnosis and Treatment (EPSDT)

### Medical Needs Acuity Scoring Tool (MNAST)

Patient Name	Medicaid ID Number	Prior Authorization Number	Review Coordinator

Miscellaneous: Total points from this section

Order	Frequency	Points		Comments:
Behavior that interferes with cares	<b>Mild</b>	1.00	<input type="checkbox"/>	
	<b>Moderate</b>	2.00	<input type="checkbox"/>	
	<b>Severe</b>	3.00	<input type="checkbox"/>	
Requires Isolation	*****	1.00	<input type="checkbox"/>	

Assessment Needs: Total points this section

Order	Frequency	Points		Comments:
<b>Skilled assessment of <u>one</u> system:</b> (Choose one) <input type="checkbox"/> Respiratory <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Integumentary	Every 2 hours or more often	2.00	<input type="checkbox"/>	
	Every 4 hours	1.50	<input type="checkbox"/>	
	Every 8 hours	1.00	<input type="checkbox"/>	
	Daily	0.50	<input type="checkbox"/>	
	<b>Skilled assessment of <u>two or more</u> systems:</b> (Check all that apply) <input type="checkbox"/> Respiratory <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genitourinary <input type="checkbox"/> Integumentary	Every 2 hours or more often	4.00	
Every 4 hours		3.00	<input type="checkbox"/>	
Every 8 hours		2.00	<input type="checkbox"/>	
Daily		1.00	<input type="checkbox"/>	

Medication Needs: Total points from this section

Order	Frequency	Points		Comments:
<b>Scheduled Medications:</b> Excludes topical medications.	<b>Simple:</b> 1 or 2	3.00	<input type="checkbox"/>	
	<b>Moderate:</b> 3 to 5	4.00	<input type="checkbox"/>	
	<b>Complex:</b> 6 to 9	5.00	<input type="checkbox"/>	
	<b>Extensive:</b> 10 or more	7.00	<input type="checkbox"/>	
<b>PRN Medications:</b> <u>1 point given if PRN medication(s) are ordered.</u>  ** Additional points may be given if documentation is submitted showing the frequency of specific PRN medication administration. **	<b>PRN Medication Order</b>	1.00	<input type="checkbox"/>	
	<b>Simple:</b> 1 to 2	2.00	<input type="checkbox"/>	
	<b>Moderate:</b> 3 to 5	3.00	<input type="checkbox"/>	
	<b>Complex:</b> 6 to 9	4.00	<input type="checkbox"/>	
<b>Nebulizer Treatments:</b> <u>1 point given if PRN nebulizer treatment is ordered.</u>  ** See above for additional points for PRN medications **	PRN Nebulizer treatments	1.00	<input type="checkbox"/>	
	Scheduled at least daily, less often than every 8 hours	2.00	<input type="checkbox"/>	
	Scheduled every 6 to 8 hours	3.00	<input type="checkbox"/>	
	Scheduled every 4 to 5 hours	3.50	<input type="checkbox"/>	
	Scheduled every 2 to 3 hours	4.00	<input type="checkbox"/>	
<b>IV Medications:</b> Choose method of administration. <input type="checkbox"/> Peripheral IV <input type="checkbox"/> Central Line <input type="checkbox"/> PICC line Hickman <input type="checkbox"/> Other *** includes TPN, excludes heparin or saline flush ***	Weekly	1.00	<input type="checkbox"/>	
	Daily	1.50	<input type="checkbox"/>	
	Less often than every 8 hours	2.00	<input type="checkbox"/>	
	Every 8 hours	2.50	<input type="checkbox"/>	
	Every 6-7 hours	3.00	<input type="checkbox"/>	
	Every 4-5 hours	3.50	<input type="checkbox"/>	
	More often than every 4 hours	4.00	<input type="checkbox"/>	

Respiratory Needs: Total points from this section

Order	Frequency	Points		Comments:
<b>Tracheostomy:</b> (check one) <input type="checkbox"/> No trach, patent airway <input type="checkbox"/> No trach, unstable airway <input type="checkbox"/> Trach, established and stable <input type="checkbox"/> Trach, new or unstable				
<b>Trach Cares</b>	Scheduled and/or PRN	6.00	<input type="checkbox"/>	
<b>Suctioning</b>	Scheduled and/or PRN (Trach or NT)	5.00	<input type="checkbox"/>	
	Scheduled and/or PRN (oral)	1.00	<input type="checkbox"/>	
<b>Oxygen</b>	Continuous and/or daily use	1.00	<input type="checkbox"/>	
	PRN	1.00	<input type="checkbox"/>	
<b>Pulse Oximetry</b>	Continuous pulse oximetry with PRN oxygen parameters	1.00	<input type="checkbox"/>	
	PRN or spot check pulse oximetry with PRN oxygen parameters	1.00	<input type="checkbox"/>	
<b>Ventilator</b>	Ventilator, dependent, 24 hours per day	20.00	<input type="checkbox"/>	
	Ventilator, intermittent 12 or more hours per day	18.00	<input type="checkbox"/>	
	Ventilator, intermittent, 8 to 11 hours per day	16.00	<input type="checkbox"/>	
	Ventilator, intermittent, 4 to 7 hours per day	14.00	<input type="checkbox"/>	
	Ventilator, intermittent, less than 4 hours per day	12.00	<input type="checkbox"/>	
<b>BiPap or CPAP</b>	BiPAP or CPAP more than 8 hours per day	5.00	<input type="checkbox"/>	
	BiPAP or CPAP less than 8 hours per day	4.50	<input type="checkbox"/>	
	BiPAP or CPAP used only at night	4.00	<input type="checkbox"/>	
<b>Chest Physiotherapy (CPT):</b> (manual or with use of airway clearance vest)	PRN CPT	1.00	<input type="checkbox"/>	
	Daily	1.00	<input type="checkbox"/>	
	Every 8 hours or more	2.00	<input type="checkbox"/>	
	Every 4 to 7 hours	3.00	<input type="checkbox"/>	
	More often than every 4 hours	4.00	<input type="checkbox"/>	

Feeding Needs: Total points from this section

Order	Frequency	Points		Comments:
<b>Nutrition:</b> Choose all that apply <input type="checkbox"/> Routine oral feeding <input type="checkbox"/> Difficult, prolonged oral feeding <input type="checkbox"/> Reflux and/or aspiration precautions <input type="checkbox"/> G-tube <input type="checkbox"/> J-tube <input type="checkbox"/> Other				
	Physician ordered oral feeding attempts (i.e., treatment of oral aversion)	1.00	<input type="checkbox"/>	
	Tube feeding (routine bolus or continuous)	2.00	<input type="checkbox"/>	
	Tube feeding (combination bolus and continuous)	2.50	<input type="checkbox"/>	
	Complicated tube feeding (residual checks, aspiration precautions, slow feed, etc.)	3.00	<input type="checkbox"/>	

Seizure Needs: Total points from this section

Order	Frequency	Points	<input type="checkbox"/>	Comments:
<b>Seizures:</b>  <ul style="list-style-type: none"> <li>If Continuous Medical Monitoring and Assessment (CMMA) order present for neurological system, do not allow additional points for minimal interventions <i>unless</i> the specific intervention is documented.</li> <li>If CMMA order is not present, but documentation indicates daily seizure activity, allow points for minimal intervention if the plan of care has a seizure treatment plan included.</li> </ul>	Seizure diagnosis, not activity documented	0.00	<input type="checkbox"/>	
	<b>Mild:</b> daily, no intervention	0.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention daily	2.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention 2 to 4 times daily.	4.00	<input type="checkbox"/>	
	<b>Moderate:</b> minimal intervention 5 or more times daily	4.50	<input type="checkbox"/>	
	<b>Severe:</b> requires IM/IV/Rectal medications daily	5.00	<input type="checkbox"/>	
	<b>Severe:</b> requires IM/IV/Rectal medications 2 to 4 times daily	5.50	<input type="checkbox"/>	
<b>Severe:</b> requires IM/IV/Rectal medications 5 or more times daily	6.00	<input type="checkbox"/>		

Elimination Needs: Total points from this section

Order	Frequency	Points	<input type="checkbox"/>	Comments:
<b>Intermittent Catheter</b>	Every 4 hours	5.00	<input type="checkbox"/>	
	Every 8 hours	4.00	<input type="checkbox"/>	
	Every 12 hours	3.00	<input type="checkbox"/>	
	Daily or PRN	2.00	<input type="checkbox"/>	
<b>Strict I &amp; O</b>	Every 4 hours	4.00	<input type="checkbox"/>	
	Every 8 hours	3.00	<input type="checkbox"/>	
	Daily	2.00	<input type="checkbox"/>	

Therapies / Orthotics / Casting: Total points from this section

Order	Frequency	Points	<input type="checkbox"/>	Comments:
Fractured or casted limb	*****	1.00	<input type="checkbox"/>	
Splinting schedule	On / Off daily	1.00	<input type="checkbox"/>	
Basic range of motion (ROM)	At least every 8 hours	1.00	<input type="checkbox"/>	
Body Cast	*****	1.00	<input type="checkbox"/>	
Miscellaneous skilled therapies (1.00 point each misc. therapy ordered)  <ul style="list-style-type: none"> <li>If diagnosis of skin disease, i.e. psoriasis, and PRN topical medications ordered, may allow 1 point for misc. therapies.</li> <li>If restraints are routinely used and documented, may allow 1 point for misc. therapies.</li> </ul>	Daily or PRN	1.00	<input type="checkbox"/>	
	Less often than every 8 hours	1.00	<input type="checkbox"/>	
	Every 4 to 7 hours	2.00	<input type="checkbox"/>	
	More often than every 4 hours	3.00	<input type="checkbox"/>	

Dressing changes: Total points from this section

Order	Frequency	Points	<input type="checkbox"/>	Comments:
<input type="checkbox"/> PEG or G-tube dressing change	At least daily	1.00	<input type="checkbox"/>	
Choose all that apply <input type="checkbox"/> Stage 1 – 2 pressure ulcer, <input type="checkbox"/> IV change (new site)	At least daily	2.00	<input type="checkbox"/>	
Choose all that apply <input type="checkbox"/> Stage 3 – 4 pressure ulcer <input type="checkbox"/> Multiple wound sites	At least daily	3.00	<input type="checkbox"/>	

Cumulative points total is

Private duty nursing is authorized as follows