



Early Periodic Screening Diagnosis and Treatment (EPSDT) Functional Needs Acuity Scoring Tool (FNAST)

Patient Name	Medicaid ID Number	Prior Authorization Number	Review Coordinator

Activities of Daily Living (ADLs) Needs: Total points this section

***** Points will not be allotted for ADL assistance for children under the age of 5 *****

Need	Assistance Needed:	Frequency	Points		Comments:
Bathing	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	
Dressing	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	
Toileting	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	
Continence - bowel	Incontinent	***	2.00	<input type="checkbox"/>	
	Continent	***	0.00	<input type="checkbox"/>	
Continence - bladder	Incontinent	***	2.00	<input type="checkbox"/>	
	Continent	***	0.00	<input type="checkbox"/>	
Eating	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	

Therapies and Mobility Needs: Total points this section

***** Points will not be allotted for Transfer/Ambulation assistance for children under the age of 2 *****

Need	Assistance Needed:	Frequency	Points		Comments:
Orthotics:	Upper Extremities	q 2hr	2.50	<input type="checkbox"/>	
		q 4hr	2.00	<input type="checkbox"/>	
		On/Off daily	1.00	<input type="checkbox"/>	
	Lower Extremities	q 2hr	2.50	<input type="checkbox"/>	
		q 4hr	2.00	<input type="checkbox"/>	
		On/Off daily	1.00	<input type="checkbox"/>	
Transfer assist	Minimum assist	***	1.00	<input type="checkbox"/>	
	Maximum assist	***	2.00	<input type="checkbox"/>	
Ambulation:	Independent	***	0.00	<input type="checkbox"/>	
	Assistance needed	***	2.00	<input type="checkbox"/>	
	Dependent	***	3.00	<input type="checkbox"/>	
Medical Equipment (Describe misc. medical equipment)	Wheelchair	***	2.00	<input type="checkbox"/>	
	Hospital Bed	***	2.00	<input type="checkbox"/>	
	Hoyer Lift	***	2.00	<input type="checkbox"/>	
	Misc.	***	2.00	<input type="checkbox"/>	
ROM	***	> q 2hr	4.00	<input type="checkbox"/>	
	***	q 2hr	3.00	<input type="checkbox"/>	
	***	q 4hr	2.00	<input type="checkbox"/>	
	***	< q 4hr	1.00	<input type="checkbox"/>	

Behavioral Needs: Total points this section

Need	Assistance Needed:	Frequency	Points	<input type="checkbox"/>	Comments:
Aggressive		***	3.00	<input type="checkbox"/>	
Restraints	Soft Restraints	***	2.00	<input type="checkbox"/>	
	Other (specify)	***	2.00	<input type="checkbox"/>	
Harm to self or others		***	3.00	<input type="checkbox"/>	

Sensory Impairment Needs: Total points this section

*** Points will only be allotted for diagnosed sensory impairments noted on the POC that are outside "normal" developmental milestones for child's age. ***

Need	Assistance Needed:	Frequency	Points	<input type="checkbox"/>	Comments:
Vision	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	
Hearing	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	
Communication	Impaired	***	2.00	<input type="checkbox"/>	
	Functional	***	0.00	<input type="checkbox"/>	

Cumulative points total is