



Early Periodic Screening Diagnosis and Treatment (EPSDT) Social Needs Acuity Scoring Tool (SNAST)

Patient Name	Medicaid ID Number	Prior Authorization Number	Review Coordinator

Family Dynamics: Total points this section

Measure	Range	Points		Comments:
Number of persons in household over the age of 18. ** Exclude patient **	4 or more	0.00	<input type="checkbox"/>	
	3	0.50	<input type="checkbox"/>	
	2	1.00	<input type="checkbox"/>	
	1	1.50	<input type="checkbox"/>	
Number of persons in household under the age of 18 ** Exclude patient ** *** If other child(ren) under the age of 18 require assistance with activities of daily living (ADLs), do not allot points for this section. See below. ***	Greater than 4	4.00	<input type="checkbox"/>	
	3-4	3.00	<input type="checkbox"/>	
	2	2.00	<input type="checkbox"/>	
	1	1.00	<input type="checkbox"/>	
Number of persons in household under the age of 21 requiring assistance with activities of daily living (ADLs) outside the normal developmental parameters (i.e., a 5 year-old would typically need some assistance, therefore this is considered "normal development") ** Exclude patient **	Greater than 4	6.00	<input type="checkbox"/>	
	4	5.00	<input type="checkbox"/>	
	3	4.00	<input type="checkbox"/>	
	2	3.00	<input type="checkbox"/>	
	1	2.00	<input type="checkbox"/>	

Caregiver Availability: Total points from this section

Measure	Range	Points		
Does caregiver(s) work outside the home?	Yes	1.00	<input type="checkbox"/>	
	No	0.00	<input type="checkbox"/>	
Hours per day worked	4	1.00	<input type="checkbox"/>	
	6	2.00	<input type="checkbox"/>	
	8	3.00	<input type="checkbox"/>	
	10	4.00	<input type="checkbox"/>	
	12	5.00	<input type="checkbox"/>	
Does the caregiver(s) attend school outside the home?	Yes	1.00	<input type="checkbox"/>	
	No	0.00	<input type="checkbox"/>	
Hours per day at school	Less than 4	1.00	<input type="checkbox"/>	
	4	1.50	<input type="checkbox"/>	
	6	2.00	<input type="checkbox"/>	

Days per week at school/work	Less than 5	1.00	<input type="checkbox"/>	
	5 or more	2.00	<input type="checkbox"/>	
Travel time required to work or school	Less than 1 hour	1.00	<input type="checkbox"/>	
	Greater than 1 hour	2.00	<input type="checkbox"/>	

Family Training Needs: Total points from this section

Measure	Range	Points	<input type="checkbox"/>	Comments:
Documented back-up plan on file with agency.	Yes	0.00	<input type="checkbox"/>	
	No	1.00	<input type="checkbox"/>	
Are back-up caregiver(s) trained on all cares?	Yes	0.00	<input type="checkbox"/>	
	No	1.00	<input type="checkbox"/>	
Are back-up caregiver(s) capable of providing all cares	Yes	0.00	<input type="checkbox"/>	
	No	2.00	<input type="checkbox"/>	
Expected time frame for training of back-up caregiver(s)	Greater than 12 hours	5.00	<input type="checkbox"/>	
	10 – 12 hours	4.00	<input type="checkbox"/>	
	8 – 9 hours	3.00	<input type="checkbox"/>	
	6 – 7 hours	2.00	<input type="checkbox"/>	
	4 – 5 hours	1.00	<input type="checkbox"/>	
	Less than 4 hours	0.50	<input type="checkbox"/>	

Patient Specific Educational Needs: Total points from this section

***** Points will not be allotted for children under the age of 3 who do not attend school. *****

Order	Frequency	Points	<input type="checkbox"/>	Comments:
Does patient attend school?	Yes	1.00	<input type="checkbox"/>	
	No	2.00	<input type="checkbox"/>	
Hours per day at school:	Less than 4	1.00	<input type="checkbox"/>	
	4	1.00	<input type="checkbox"/>	
	6	0.50	<input type="checkbox"/>	
	8	0.50	<input type="checkbox"/>	
Days per week at school:	Less than 5	1.00	<input type="checkbox"/>	
	5	0.50	<input type="checkbox"/>	

Cumulative points total is