



Iowa Department of Health and Human Services
Childcare Medical Services
Assessment/Authorization Tool

Child Name	DOB	Medicaid ID

Nursing Skilled Services Provided

Skilled assessment of <u>two or more systems</u> (Check all that apply)	Frequency	Points	Noted in Care Plan	Comments
<ul style="list-style-type: none"> ▪ Respiratory ▪ Neurological ▪ Cardiovascular ▪ Gastrointestinal ▪ Genitourinary ▪ Integumentary 	Daily	1	<input type="checkbox"/>	

Scheduled Medications (given during scheduled attendance)	Frequency	Points	Noted in Care Plan	Comments
	Simple: 1 or 2	3	<input type="checkbox"/>	
	Moderate: 3 to 5	4	<input type="checkbox"/>	
	Complex: 6 to 9	5	<input type="checkbox"/>	
	Extensive: 10 or more	7	<input type="checkbox"/>	

PRN Medications: 1 point given if PRN medication(s) are ordered. Additional points given if documentation is submitted showing frequency of specific PRN medication administration.	Frequency	Points	Noted in Care Plan	Comments
	PRN Medication Order	1	<input type="checkbox"/>	
	Simple: 1 or 2	2	<input type="checkbox"/>	
	Moderate: 3 to 5	3	<input type="checkbox"/>	
	Complex: 6 to 9	4	<input type="checkbox"/>	
	Extensive: 10 or more	5	<input type="checkbox"/>	

Nebulizer Treatments: 1 point given if PRN nebulizer treatment is ordered. See above for additional points for PRN medications	Frequency	Points	Noted in Care Plan	Comments
	PRN Nebulizer treatments	1	<input type="checkbox"/>	
	Scheduled at least daily, less often than every 8 hours	2	<input type="checkbox"/>	
	Scheduled every 6 to 8 hours	3	<input type="checkbox"/>	
	Scheduled every 4 to 5 hours	3.5	<input type="checkbox"/>	
	Scheduled every 2 to 3 hours	4	<input type="checkbox"/>	

IV Medications: <ul style="list-style-type: none"> ▪ Peripheral IV ▪ Central Line ▪ PICC line Hickman ▪ Other ***includes TPN, excludes heparin or saline flush*** 	Frequency	Points	Noted in Care Plan	Comments
	Weekly	1	<input type="checkbox"/>	
	Daily	1.5	<input type="checkbox"/>	
	Less often than every 8 hours	2	<input type="checkbox"/>	
	Every 8 hours	2.5	<input type="checkbox"/>	
	Every 6-7 hours	3	<input type="checkbox"/>	
	Every 4-5 hours	3.5	<input type="checkbox"/>	
	More often than every 4 hours	4	<input type="checkbox"/>	

Tracheostomy Cares	Frequency	Points	Noted in Care Plan	Comments
	Scheduled and/or PRN	6	<input type="checkbox"/>	

Suctioning	Frequency	Points	Noted in Care Plan	Comments
	Scheduled and/or PRN (oral)	1	<input type="checkbox"/>	
	Scheduled and/or PRN (Trach or NT)	5	<input type="checkbox"/>	

Pulse Oximetry	Frequency	Points	Noted in Care Plan	Comments
	Continuous or PRN pulse oximetry with PRN oxygen parameters	1	<input type="checkbox"/>	

Oxygen	Frequency	Points	Noted in Care Plan	Comments
	Continuous oxygen	1	<input type="checkbox"/>	

BiPap or CPAP	Frequency	Points	Noted in Care Plan	Comments
	BiPAP or CPAP less than 8 hours/day	4.5	<input type="checkbox"/>	

Chest Physiotherapy (CPT): (manual or with use of airway clearance vest)	Frequency	Points	Noted in Care Plan	Comments
	PRN or Daily CPT	1	<input type="checkbox"/>	
	Every 8 hours or more	2	<input type="checkbox"/>	
	Every 4 to 7 hours	3	<input type="checkbox"/>	
	More often than every 4 hours	4	<input type="checkbox"/>	

Nutrition: Choose all that apply <ul style="list-style-type: none"> ▪ Routine oral feeding ▪ Difficult, prolonged oral feeding ▪ Reflux and/or aspiration precautions ▪ G-tube ▪ J-tube ▪ Other 	Frequency	Points	Noted in Care Plan	Comments
	Physician ordered oral feeding attempts (i.e., treatment of oral aversion)	1	<input type="checkbox"/>	
	Tube feeding (routine bolus or continuous)	2	<input type="checkbox"/>	
	Tube feeding (combination bolus and continuous)	2.5	<input type="checkbox"/>	
	Complicated g-tube feeding (residual checks, aspiration precautions, slow feed, etc.)	3	<input type="checkbox"/>	

Seizures:	Frequency	Points	Noted in Care Plan	Comments
Seizure diagnosis: no intervention ordered		0	<input type="checkbox"/>	
Mild: intervention required monthly		1	<input type="checkbox"/>	
Moderate: intervention required weekly		2	<input type="checkbox"/>	
Severe: intervention required daily		3	<input type="checkbox"/>	

Intermittent Catheter:	Frequency	Points	Noted in Care Plan	Comments
Daily or PRN		2	<input type="checkbox"/>	
Every 12 hours		3	<input type="checkbox"/>	
Every 8 hours		4	<input type="checkbox"/>	
Every 4 hours		5	<input type="checkbox"/>	

Strict I & O:	Frequency	Points	Noted in Care Plan	Comments
Daily		2	<input type="checkbox"/>	
Every 8 hours		3	<input type="checkbox"/>	
Every 4 hours		4	<input type="checkbox"/>	

Mobility treatments	Frequency	Points	Noted in Care Plan	Comments
Fracture or casted limb		1	<input type="checkbox"/>	
Body cast		1	<input type="checkbox"/>	
Range of motion	At least every 8 hours	1	<input type="checkbox"/>	
Splinting schedule (not AFOs/SMOs)	On/off daily	1	<input type="checkbox"/>	

Miscellaneous skilled therapies: (1 point each misc. therapy ordered) If diagnosis of skin disease, i.e. psoriasis, and PRN topical medications ordered, may allow 1 point for misc. therapies.	Frequency	Points	Noted in Care Plan	Comments
	Weekly weights	1	<input type="checkbox"/>	
	Daily or PRN	1	<input type="checkbox"/>	
	Less often than every 8 hours	2	<input type="checkbox"/>	
	Every 4 to 7 hours	2	<input type="checkbox"/>	
More often than every 4 hours	3	<input type="checkbox"/>		

PEG or G-tube dressing change:	Frequency	Points	Noted in Care Plan	Comments
	Daily and/or PRN (documentation required on reassessment)	1	<input type="checkbox"/>	

Choose all that apply ■ Stage 1-2 pressure ulcer	Frequency	Points	Noted in Care Plan	Comments
	At least daily	2	<input type="checkbox"/>	
Choose all that apply ■ Stage 3-4 pressure ulcer ■ Multiple wound sites	At least daily	3	<input type="checkbox"/>	

Total Points – Nursing Cares: _____

Personal Care Services Provided

Special circumstances should **only** be used for addressing needs of children under the age limit identified on the tool. **Only score one set of points per section – special circumstances are not to be scored if points are already assigned for that section. Only one point can be allotted to special circumstances and can only be allotted if the need is not addressed in another section within the tool.** An example of special circumstances – a child who is 2 years old, who has significant physical limitations that impact dressing. **Special circumstances must clearly be addressed in the care plan.**

Need	Assistance Needed	Frequency	Points	Noted in Care Plan	Comments
Hygiene (handwashing, tooth brushing, etc)	Independent		0	<input type="checkbox"/>	
	Assistance needed		2	<input type="checkbox"/>	
Dressing (age 3 and older)	Independent		0	<input type="checkbox"/>	
	Assistance needed		2	<input type="checkbox"/>	
	Dependent		3	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	
Toileting training supports (age 3 and older)	Independent		0	<input type="checkbox"/>	
	Assistance needed		2	<input type="checkbox"/>	
Continence – bowel (age 3 and older)	Continent		0	<input type="checkbox"/>	
	Incontinent		2	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	
Continence – bladder (age 3 and older)	Continent		0	<input type="checkbox"/>	
	Incontinent		2	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	

In order for points to be assigned, the needs must be addressed in the care plan.
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Oral eating (age 3 and older) *No points will be given if child is receiving G-tube or J-tube nutrition--please see nursing section	Independent		0	<input type="checkbox"/>	
	Assistance needed		2	<input type="checkbox"/>	
	Dependent		3	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	
Orthotics (AFOs/SMOs)	Upper extremities	On/off daily	1	<input type="checkbox"/>	
		Q 4hr	2	<input type="checkbox"/>	
		Q 2hr	2.5	<input type="checkbox"/>	
	Lower extremities	On/off daily	1	<input type="checkbox"/>	
		Q 4hr	2	<input type="checkbox"/>	
		Q 2hr	2.5	<input type="checkbox"/>	
Transfer assist (age 2 and older)	Minimum assist		1	<input type="checkbox"/>	
	Maximum assist		2	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	
Ambulation (age 2 and older)	Independent		0	<input type="checkbox"/>	
	Assistance needed		2	<input type="checkbox"/>	
	Dependent		3	<input type="checkbox"/>	
	Special circumstances		1	<input type="checkbox"/>	
Medical Equipment	Wheelchair		2	<input type="checkbox"/>	
	Hoyer Lift		2	<input type="checkbox"/>	
	Stander		2	<input type="checkbox"/>	
	Gait Trainer		2	<input type="checkbox"/>	
	Other		2	<input type="checkbox"/>	

Total Points – Personal Cares: _____

Psychosocial Needs

Need	Assistance Needed	Frequency	Points	Noted in Care Plan	Comments
Harm to self	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Harm to others	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Destructive to property	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Disruptive behavior	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Sensory seeking or avoiding behaviors	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Social inappropriate behavior	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Inattentive behavior (difficulty paying attention or completing a task)	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Uncooperative behavior	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	

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Need	Assistance Needed	Frequency	Points	Noted in Care Plan	Comments
Difficulty with transitions between activities or locations	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	
Elopement	No		0	<input type="checkbox"/>	
	Yes		2	<input type="checkbox"/>	

Total Points – Psychosocial: _____

Developmental Needs

Need	Assistance Needed	Frequency	Points	Noted in Care Plan	Comments
Age appropriate social/play skills	Yes		0	<input type="checkbox"/>	
	No		2	<input type="checkbox"/>	
Vision	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	
Hearing	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	
Communication	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	
Communication Equipment	PECS/AAC device		2	<input type="checkbox"/>	
Fine Motor Skills	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	
Gross Motor Skills	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	
Sensory Function	Functional		0	<input type="checkbox"/>	
	Impaired		2	<input type="checkbox"/>	

Total Points – Developmental: _____

Caregiver Ability

Is there a primary caregiver in the home who is available, capable and has capacity to meet the ongoing needs of the child during the time services are requested?	Yes	No	Noted in Care Plan
If No, contributing factors:			

Measure	Range	Points	Noted in Care Plan	Comments
Number of persons in household over age 18 (exclude patient)	4 or more	0	<input type="checkbox"/>	
	3	.5	<input type="checkbox"/>	
	2	1	<input type="checkbox"/>	
	1	1.5	<input type="checkbox"/>	
Number of persons in household under age 18 (exclude patient) If other children under age 18 require assistance with daily living, do not allot points for this section. See below.	1	1	<input type="checkbox"/>	
	2	2	<input type="checkbox"/>	
	3	3	<input type="checkbox"/>	
	4 or more	4	<input type="checkbox"/>	

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Measure	Range	Points	Noted in Care Plan	Comments
Number of persons in household under the age of 21 requiring assistance with activities of daily living outside the normal development parameters (exclude patient)	1	1	<input type="checkbox"/>	
	2	2	<input type="checkbox"/>	
	3	3	<input type="checkbox"/>	
	4 or more	4	<input type="checkbox"/>	
Hours/day caregiver(s) work outside the home	4 or less	2	<input type="checkbox"/>	
	5 or more	4	<input type="checkbox"/>	
Hours per day caregivers(s) attends school outside the home	4 or less	2	<input type="checkbox"/>	
	5 or more	4	<input type="checkbox"/>	
Travel time required to work or school	Less than 1 hour	1	<input type="checkbox"/>	
	Greater than 1 hour	2	<input type="checkbox"/>	
Caregiver who lacks skills or has a serious mental and/or physical health concerns impacting their ability to meet the needs of the child.	No	0	<input type="checkbox"/>	
	Yes	2	<input type="checkbox"/>	

Total Points – Caregiver Availability: _____

Authorization Grid	
Medical Necessity Area	Total Points
Nursing Skilled Services	
Personal Cares	
Psychosocial Needs	
Developmental Needs	
Caregiver Availability	
Total points	
Total Hours qualified	
Total Hours requested	

Points/Hours Authorized
10-19 points = up to 4 hours
20-29 points = up to 6 hours
30-39 points = up to 9 hours
40-up points = up to 11 hours