



**Department of Medical Assistance Services  
 Medical Necessity Assessment and  
 Private Duty Nursing Service Authorization Form  
 (DMAS-62)**

**Final eligibility for nursing services will be determined by DMAS, according to medical necessity, as documented in the member's clinical documentation. All points must correspond to actions performed and documented by the nurse.**

If you have questions about this form contact DMAS Medical Services Unit at 804-786-8056 or see <https://dmas.kepro.com>.

**Please submit this completed referral form and supporting clinical documentation (see additional guidance) through the Atrezzo portal, at <https://atrezzo.kepro.com>**

MEMBER INFORMATION	
Member's Name:	Medicaid ID #:
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Member phone #:
Parent/Guardian's Name:	Parent Phone #:
Address:	Active Protective Services case? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Care Physician:	PCP Phone #:
REFERRAL SOURCE	
Referral Completed by (name):	<input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> RN/LPN
Phone#:	Address:
Date of last visit to practitioner (PCP or specialist) or of last exam ( <b>Note*</b> : Must be <90 days from the request date):	
Date Assessment/Referral Completed:	This is a: <input type="checkbox"/> New Request <input type="checkbox"/> Re-authorization Request <input type="checkbox"/> Request Due to Status Change More information:

MEDICAL NEEDS ASSESSMENT		
<i>Summarize daily medical needs to determine eligibility for Private Duty Nursing services.            All points claimed must correspond with needs both documented and completed by a medical professional.</i>		
Medical Need	Point Value	Points claimed
<i>Respiratory</i>		
Tracheostomy (do not score if vent dependent)	43	
Routine trach care	5	
Tracheal suctioning*	Q 1hr or more frequently	5
	Q 1-4 hrs	3
	Q 4hrs or less frequently	2
Ventilator	Dependent/Continuous	50
	Intermittent	45
Oxygen*	Continuous (12 or more hours per day)	15
	Continuous and unstable with frequent desaturations*	35
BiPap or CPAP*	25	
Respiratory TOTAL:		

\*See Additional Guidance

MEDICAL NEEDS ASSESSMENT CONTINUED			
Medical Need		Point Value	Points claimed
<i>Cardiovascular Access/Medications</i>			
IV/Hyperalimentation	Continuous	8	
	8-16 hours per day	6	
	4-7 hours per day	4	
	Less than 4 hours per day	2	
Medication doses administered per 8 hour nursing shift <i>(PO/G-tube/per rectum - excludes O2, OTC, nebulizer treatments, topical and PRN medications)</i>	Simple: 1 or 2 medication doses	3	
	Moderate: 3 to 5 medication doses	4	
	Complex: 6 to 9 medication doses	5	
	Extensive: 10+ medication doses	7	
IV therapy – continuous		40	
CV/Medication TOTAL:			
<i>Feeding</i>			
NG tube	Continuous (12 hours or more per day)	40	
	Bolus	25	
J/G-tube <i>(score only one)</i>	Intermittent (feeds via pump < than 12 hours per day)	6	
	Intermittent and complex*	12	
	Continuous (12 or more hours per day)	15	
	Continuous with reflux*	30	
Enteral Feeds	If accessed by the nurse, DURING shift, every 2 hours, add	3	
	If accessed by the nurse, DURING shift, every 3 hours, add	2	
	If accessed by the nurse, DURING shift, every 4 hours, add	1	
Feeding TOTAL:			
<i>Other</i>			
Peritoneal dialysis		45	
Strict I&O monitoring with interventions based on physician orders*		5	
Sterile Dressing changes	Q 8 hrs or less frequently	2	
	More frequently than Q 8 hrs	3	

\*See Additional Guidance

MEDICAL NEEDS ASSESSMENT CONTINUED			
Medical Need		Point Value	Points claimed
Intermittent Catheter	Q 4 hours	5	
	Q 8 hours	4	
	Q 12 hrs	3	
	QD or PRN	2	
Other – Assessment and Specialized Treatments (nebs, chest PT, PRN meds and O2, etc.)*	Describe:		
Other TOTAL:			

MEDICAL NEEDS FINAL SCORE			
Respiratory total		If Member’s Total Medical Needs Score is**:	
CV Access/Medications total		= 1 to 6 points	= Individual Consideration; Consider Home Health, Skilled Nursing (if ID/DD), Personal Care Services and/or adaptive technologies
Feeding total		= 7 to 22 points	= Up to 8 hrs/day OR 56 hrs/week
Other total		= 23 to 36 points	= Up to 12 hrs/day OR 84 hrs/week
<b>MEDICAL NEEDS SCORE:</b>		= 37 to 49 points	= Up to 16 hrs/day OR 112 hrs/week
		= >50 points	= Individual Consideration
		<b>MAX NURSING HOURS AWARDED PER WEEK:</b>	

*Note: Total nursing hours (any combination of RN and/or LPN and in any care setting) may not exceed the amount authorized by this form*

Is the member receiving school-based nursing (submit IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the member receiving school-based personal care services (submit IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours per week?	If yes, how many hours per week?

ATTENDING PHYSICIAN ORDER AND ATTESTATION	
The above named patient is in need of Private Duty Nursing services due to his/her current medical condition. Based on the member’s medical necessity, I am prescribing:	
Private Duty Nursing for _____ hours per day, _____ days per week. Shift requested is _____ (am/pm) to _____ (am/pm).	
Attending Physician Signature (no stamps): _____	NPI #: _____ Date: _____
<i>“I hereby attest that the information contained herein is current, complete and accurate to the best of my knowledge and belief. I understand that my attestation may result in provision of services which are paid for by state and federal funds and I also understand that whoever knowingly and willfully makes or causes to be made a false statement or representation may be prosecuted under the applicable federal and state laws.”</i>	

**Instructions for completing the Private Duty Nursing Medical Needs Assessment and Referral (DMAS- 62)**  
**DMAS-62– Medical Needs Assessment and Private Duty Nursing Referral**

**Supporting clinical documentation required to be submitted along with this DMAS-62 includes:**

- *The CMS-485, or equivalent*
- *Records of the Department of Education's last Individual Education Plan) IEP, if member is receiving or seeking Personal Care or PDN services delivered in a school setting and paid for by Medicaid; and*
- *Recent clinical documentation.*
  - *If a reauthorization review, include the most recent 2 weeks of nursing notes*
  - *If a new request, examples include: hospital or facility discharge summary, last 3 physician visit notes (primary or specialty care), etc.*

All applicants are scored by the DMAS Medical Services Unit (MSU) upon each initial evaluation, renewal request, status change and triggering event.

All individuals are scored upon initial evaluation and reevaluation by a Physician. Re-assess individuals upon hospital discharge to determine if care needs have changed. Send all initial assessments and follow up assessments to the DMAS MSU.

Individuals must receive a minimum score of 1 point to receive any level of EPSDT nursing services.

Assign points in all relevant categories and record the total points under the "Medical Needs Score" at the bottom of the form. All points claimed must correspond to actions to be performed and documented by the nurse. Private duty nursing hours awarded will be provided only during the shift/hours which were scored. Skilled nursing hours should decrease when there is a decrease in an individual's total points, indicating medical improvement.

Several areas in the nursing needs section assign points based on the frequency of the need for the activity, e.g. trach suctioning q1hr. The individual's nursing record must support the frequency. The agency plan of treatment and the medical needs assessment must document that the individual needs suctioning at this frequency of on an ongoing basis. For example, when an individual has an upper respiratory infection, the need for suctioning may increase, and the frequency determination should not be based on the individual's needs during illness but on the time when an individual is in their normal health status. Document increased need only when a substantial change in their health status has occurred.

## **DEFINITIONS**

**Tracheal Suctioning** - Defined as pharyngeal or tracheal suctioning requiring a suction machine and flexible catheter. Nursing needs are assigned points based on the frequency of the need for the activity, i.e. trach suctioning q1hr. The nursing record must support the chosen frequency. Suctioning frequency should not be based on a period when a member has an infection or other acute respiratory illness but when he/she is at their normal baseline status. A member is ineligible for points in the suctioning category if he/she is able to suction their own trach.

**Oxygen** – Oxygen must be continuous and needed at least 12 hours per day to receive the score for oxygen use. For intermittent oxygen needs, please describe the use in the "Other - assessment and specialized treatments" section of the form (MSU will assign points for PRN oxygen use under the assessment category).

**Oxygen, continuous and unstable with frequent desaturations** - Increased points are awarded for unstable oxygen if an individual has continuous 24 hour oxygen, *and* any two (2) of the following conditions:

- Diuretics use
- Albuterol treatments at least q4hrs around the clock
- Weight is below 15th percentile for age and gain does not follow normal curve for height
- Greater than three (3) hospitalizations in the last six (6) months for respiratory problems
- Daily desaturations below physician ordered parameters and requiring nursing intervention
- Physician ordered fluid intake restrictions

**Bipap/CPAP** – The request for skilled private duty nursing hours, if based on these points, must correlate with the time the individual requires BiPAP/CPAP

**Medications** – Medication points relate to the complexity of the individual's medication regimen. Nebulizer treatments, topical, OTC, vitamins and mineral supplements, and PRN medications do not count as medications for the scoring below.

## **DMAS-62– Medical Needs Assessment and Private Duty Nursing Referral**

- Individuals who are on one (1) or two (2) routine medications that do not require dosage adjustment based on the individual's condition will receive the "simple medication" points.
- Individuals who are on three (3) to five (5) routine medications, one or more of which require close monitoring of dosage, side effects etc. will receive the "moderate medication" points.
- Individuals who are on six (6) to nine (9) medications given on different frequency schedules or who need close monitoring of dosage/side effects of more than four different medications will receive the "complex medication" points.
- Individuals who are on ten (10) or more medications given on different frequency schedules or who need close monitoring of dosage/dosage adjustments/side effects of more than five different medications will receive the "extensive medication" points.
- If an individual receives multiple PRN medications or one specific PRN medication frequently, describe use in the "Other – assessments and special treatments" section. MSU must receive documentation (send monthly nursing notes with each plan of treatment) that the individual is actually receiving these medications.
- When a physician prescribes vitamins and/or mineral supplements and the individual receives all medications solely by G-Tube, these medications are counted in the total number of medications administered. Documentation must be provided as to why these must be administered during the hours of skilled nursing needs and could not be administered by the family at another time.

**J/G tube, Intermittent and complex** - Member is receiving tube feedings and these feedings must be stopped > 4 times per week for issues such as documented intolerance to the feeding requiring documented intervention by the nurse. This may include halting the feeding and requiring a re-starting later in the shift, altering the rate of feeding, changing to oral rehydration fluids, or giving an enema/suppository.

**J/G-tube, Continuous with reflux** – Individual has continuous J/G-tube feedings plus two (2) of the following:

- Swallow study that documents reflux within the last six (6) months
- Treatment for aspiration pneumonia in the past twelve (12) months
- Need for suctioning due to reflux at least daily (not oral secretions)

**Specialized I&O Monitoring** - Score if the member is being strictly monitored for intake and output, this is charted by the nurse, and there is documented intervention made by the nurse based on this charting. Normally this monitoring would be due to the need for replacement fluids if the output is too high and would be based on physician orders.

**Dressings** – Only sterile dressing changes or wound care for stage 3 or 4 wounds are eligible for points. Trach and G-tube dressings are **not** included in this category.

**Other – Assessment and Specialized Treatments** – Two (2) to (5) additional points may be awarded by MSU for additional skilled nursing tasks not otherwise accounted for on the DMAS-62. List the assessment/treatment and the frequency in the description field on the form. Needs must be further described by an attached letter of medical necessity by a physician. The assessment and/or treatments must require a skilled professional (e.g. seizure monitoring of a medically controlled seizure disorder are not those which require a skilled professional to provide the assessment or treatments). If the treatments are done together, e.g. nebulizer treatments followed by chest PT, these are considered one intervention. ROM is not considered a special treatment.