Department of Medical Assistance Services Division of Long Term Care

TECHNOLOGY ASSISTED WAIVER PEDIATRIC REFERRAL

Score daily nursing and technology needs to determine eligibility for the waiver.

The completed assessment should be faxed with the screening forms to the DMAS Waiver Services Unit at: (804) 612-0050

Applicant's Name	Phone	_Date
Address	_ Medicaid #	
Referral Source	_Phone#	
Form Completed By	Phone #	

Technology	Frequency	Points	Score
Ventilator	Continuous	50	
Ventilator	Intermittent	45	
Tracheostomy		43	
C-PAP, BIPAP		25	
Oxygen	Continuous	15	
Oxygen Continuous	Unstable Sats	35	
Peritoneal Dialysis		45	
J/G Tube	Continuous	15	
J/G Tube continuous	With Reflux	35	
NG Tube	Continuous	40	
NG Tube	Bolus	25	
IV Therapy	Continuous	40	
Subtotal Technology	Score		
Nursing Needs	Frequency	Points	Score
Tracheal Suctioning	>Q1hr.	5	
	Q1-4hrs	3	
	Q4hrs.	2	
Enteral Feedings	Continuous	5	
	Q2hrs	4	
	Q3hrs	3	
	Q4hrs	2	

Nursing Needs	Frequency	Points	Score
Daily Medications	3 or less meds	2	
Excluding nebulizers	4-5 meds	4	
	6 or more	8	
Intermittent Catheter	Q4hrs	8	
	Q8hrs	6	
	Q12hrs	4	
	Q Day or PRN	2	
Dressings	Q8hrs or less	3	
	> Q8hrs	2	
Tracheostomy Care		5	
IV / Hyperal	Continuous	8	
	8-16hrs	6	
	4-7hrs	4	
	< 4 hrs	2	
Special Treatments	QID	8	
(Nebs, chest PT)	TID	6	
	BID	4	
	Q Day	2	
Special monitor I&O		5	
Other			
Subtotal Nursing Sco	ore		
Total Technology and	Nursing Score		

DMAS USE ONLY

Score Categories:

A 50-56 points - Maximum Nursing 10 hours / day

B 57-79 points - Maximum Nursing 12 hours / day

C 80 or more - Maximum Nursing 16 hours / day

DMAS USE ONLY

DMAS has the final authority to determine authorized nursing hours.

DMAS Total Technology / Skilled Nursing Score____

DMAS Approved Nursing Hours / Week_

DMAS Signature / Review Date_

DMAS Comments:

DMAS - 109 Rev. 5-08, 7-10-08, 3-2010

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Technology Assisted Waiver Pediatric Referral Form Instructions and Definitions

- 1. All applicants are scored by the DMAS Health Care Coordinator (HCC) on admission, biannually and whenever there are major changes in the participant's medical or technical skilled needs.
- Children must receive a minimum score of 50 points on the Pediatric Referral form for admission and to remain on the waiver. Adults (21 and older) must meet Facility Specialized Care criteria, ventilator dependence (or) complex tracheostomy care. (Refer to Tech Waiver Adult Referral Form, DMAS 108)
- 3. Applicants must receive a score in the technology section of the form to qualify for waiver services. Scores in the technology section are adjusted to reflect the risk of death or disability if the technology stops as well as the degree of nursing assessment or judgment needed to operate the technology. Scores in the nursing needs section reflect the time needed to perform the skill.
- 4. Ventilator dependent children also receive a technology score for tracheostomy.
- 5. Oxygen is considered continuous when needed at least 8 hours per day. Increased points are awarded for unstable oxygen if children have 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
- 6. Children qualify for increased J/G-tube points with one (1) of the following documented:
 - 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 a least daily (not oral secretions)
- 7. Suctioning is 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 child's nursing record must support the chosen frequency. Suctioning frequency should not be based on a period when a child has an infection or other acute respiratory illness but when he/she is at their normal baseline status. A child is ineligible for points in the suctioning category if he/she is able to suction their own trach.
- 8. Medication points are awarded based on the complexity of the child's medication regimen. Children on one (1) or two (2) routine medications not requiring dosage adjustment based on the child's condition receive "simple medication" points. Children on more than two (2) medications, one or more of which require close monitoring of dosage and side effects, will receive "moderate medication" points. Greater than six (6) medications given on different frequency schedules or children who require close monitoring of dosage or side effects of more than 4 medications receive "complex medication" points.

DMAS must receive documentation showing a child is actually receiving PRN medications on a frequent basis for PRN medications to qualify for "complex" points. Nebulizer treatments, ointments, vitamins and mineral supplements do not count as medications.

- 9. Sterile dressing points are assigned depending on frequency of care for sterile dressing changes and wound care for stage 3 or stage 4 wounds. Dressing change points are not assigned for trachs as these points are included in the trach care section.
- 10. Special treatments include routine nebulizer treatments, chest PT etc. Treatments must require a skilled professional. ROM or splint applications are not considered special treatments. Treatments that are done together, such as nebulizer treatments followed by chest PT three times per day (TID), would be assigned TID points (6 pts.) Children with multiple treatments given at different schedules totaling more than four (4) treatments per day would receive QID points (8 pts.) Children receiving single or multiple different treatments four (4) or more times per day would receive QID points (8 pts.) The maximum awarded in this category is eight (8) points no matter how many treatments are performed.

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Technology Assisted Waiver Pediatric Referral Form Instructions and Definitions

- 11. Specialized I/O monitoring is reserved for those who need careful monitoring of intake and output due to significant conditions such as kidney problems, severe dumping syndrome or peritoneal dialysis. Children are eligible for these points if I & O results require action on the part of the nurse to make adjustments in tube feeding amounts or IV fluid rates. Normally this monitoring would be due to the need for replacement fluids if the output is too high.
- 12. The "Other" category is for **major** procedures that are not covered elsewhere on the form. Children with needs that are not covered on the referral form should be discussed with a DMAS Health Care Coordinator who will assign a point score for the "Other" category.
- 13. Assign points in all relevant categories and record the total points at the bottom of the page. Skilled private duty nursing must be provided during the hours or shifts when skilled needs equal 50 points or more.
- 14. Skilled nursing hours should decrease when there is a decrease in a child's total points indicating medical improvement.

TECHNOLOGY ASSISTED WAIVER DEFINITIONS

Continuous Oxygen - Participant must require continuous oxygen a minimum of 8 hours out of 24 hours.

Continuous Unstable Oxygen - Participant is dependent on oxygen 24 hours per day plus any two (2) of the following:

- Diuretics
- 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 oxygen desaturation below physician ordered parameters requiring nursing intervention
- Physician ordered fluid intake restrictions

J/G-tube with reflux - Participant has continuous J/G-tube feedings plus one (1) of the following:

- Swallow study within the last six (6) months that demonstrated reflux
- Aspiration pneumonia within the last twelve (12) months
- Need for suctioning due to reflux on a daily basis (not oral secretions)

Simple medications - One (1) or two (2) medications not requiring dosage adjustment

Moderate medications - More than two (2) medications that require close monitoring of dosage and side effects

Complex medications - Six (6) or more medications on different frequency schedules (OR) Four (4) or more medications requiring close monitoring of dosage and side effects

Dressings - Sterile dressings or wound care for stage 3 or 4 wounds. Trach dressings are not included in this category

Special Treatments - Procedures that are considered skilled such as nebulizer treatments. ROM is not considered a special treatment.

Specialized I/O monitoring – Skilled monitoring that includes judgment of fluid replacement needs by the nurse.

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