

# DMAS-62 Transition: New PDN Medical Necessity Criteria

Stakeholder Training | June 2026 |  
Department of Medical Assistance Services

# The DMAS-62 Update

## Objective

- Update the Virginia Administrative Code to formally govern Private Duty Nursing (PDN) services
- Driven by a 2021 General Assembly mandate. Adjustments must meet member needs while maintaining budget neutrality — no new general fund expenditure.

## Core changes:

- Defines covered PDN services and enumerates service components
- Establishes provider qualifications for RNs, LPNs, and RN supervisors
- Codifies medical necessity criteria and authorized hour thresholds
- Describes reimbursement methodology

# Key Regulatory Changes

## The New 12VAC30-50-132:

- Service description and components
- Provider qualifications
- Service limits and medical necessity criteria EPSDT pathway

12VAC30-80-30: Reimbursement methodology

12VAC30-50-170: PDN only covered under EPSDT or a § 1915(c) waiver.

# Strategic Impact

**Transparency**

**Consistency**

**Member  
Protection**

**Fiscal  
Discipline**

**Provider  
Clarity**

# Important Links

## DMAS-62

subcutaneous insulin)
Ostomy care
Wound vacuum or drain

\* See additional guidance in Instructions for com  
**DMAS-62- Medic**

Effective 3/26/2026

## DMAS-62 FAQ

feeding is required. NG tube continuous

**Authorized Hours**


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**Q12: What are the authorized hour tier**  
New form hour tiers:

- 1–4 points: Individual Consideration

Published 06/05/2026  
Last Updated 06/05/2026


# Eligibility



Virginia Medicaid  
**CardinalCare**

**Jon B. Doe**  
Member ID: 252 158 698 154  
Rx Bin: 010900  
Date of Birth: 05/09/1991

Card #



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FAMIS

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# Background & Development

## **Stakeholder Engagement (2020–2021)**

- PDN provider agencies, Managed Care Organizations (MCOs), and other state entities.
- Focused on adjusting medical necessity criteria and redesigning the authorization form.

## **Pilot Testing**

- Two pilot tests of the revised DMAS-62 form: MCOs and PDN agencies.
- Redesign produced lower domain scores — known and intended for the rescaled system.

## **Regulatory Timeline**

- Emergency regulations effective October 6, 2023, in effect through April 5, 2025.
- Fast Track regulatory action followed, with 12VAC30-50-132 effective March 26, 2026.

# New Scoring

PRIOR FORM	HOURS / DAY	NEW FORM
1–6 pts	Individual consideration	1–4 pts
<i>No prior equivalent</i>	Up to 6 hrs/day <b>NEW TIER</b>	5–10 pts
7–22 pts	Up to 8 hrs/day	11–20 pts
23–36 pts	Up to 12 hrs/day	21–35 pts
37–49 pts	Up to 16 hrs/day	36–45 pts
>50 pts	Individual consideration	>45 pts

# Required Documentation

## Required supporting documentation with every DMAS-62:

- CMS-485 or equivalent
- IEP — if school-based PDN Re-authorization: most recent 2 weeks of nursing notes
- New request: discharge summary and/or last 3 physician visit notes
- All nursing notes must be legible.

## Physician attestation covers accuracy and completeness.

- Review points claimed before signing. EPSDT section requires physician documentation — agencies cannot complete it alone.



# Existing Authorizations

Active authorizations - valid through their expiration date.

- No resubmission is required solely because the new form has been released.

For decisions made between March 26 and bulletin publication date:

- Appeals are governed by the scoring system in effect at the time of the original determination.
- At renewal, the reviewer applies the new DMAS-62 and the score is calculated under the new point system.
- A lower raw score on the new form does not mean fewer hours if that score still falls in the same authorized-hours tier. The point values AND the thresholds both changed.

# Appeals and the Transition Gap

**Appeals are governed by the scoring criteria in effect at the time of the original determination.**

- If a denial was issued under the prior DMAS-62, the appeal is evaluated against the prior form's criteria.
- If a denial is issued under the new DMAS-62, the appeal is evaluated against the new form's criteria.

**Transition gap — March 26 through bulletin publication:**

- Acentra and the MCOs continued processing under the prior form during this period.
- Decisions made during this period under the prior form: appeals apply prior-form criteria.

**Individual Consideration scores (1–4 pts new form; 1–6 pts prior form):**

- Does NOT mean automatic denial. The case is reviewed individually. Alternatives such as Home Health, Skilled Nursing, Personal Care, or adaptive technologies may be considered.

# Form Changes

# What's New?

## **New sections:**

- EPSDT | Wound Care | Central Nervous System (Seizures) | Assessments | Elimination and Toileting

## **Structural changes:**

- Respiratory: expanded (nasal/oral/pharyngeal suctioning, HME oxygen, 3-tier ventilator)
- Cardiovascular: IV therapy replaced by itemized lines (central line, IV meds, IV fluids, TPN)
- Medications: clinical complexity tiers replaced by medication count per shift
- Feeding: new items added (oral feeds, water bolus, flushes); reflux tier removed

# EPSDT Section: New Dedicated Pathway

The new form allows additional authorized hours beyond the base score

## **The physician or referring clinician must document:**

- The specific condition requiring additional hours
- The nursing tasks required and why additional hours are clinically necessary
- Supporting documentation must be submitted with the form

## **EPSDT is the pathway for needs with no scored equivalent:**

- Peritoneal dialysis | Complex wound care | Reflux/aspiration history | PRN medication burden | I&O monitoring

# Respiratory: Tracheostomy & Suctioning

## Tracheostomy

- New score: 5 pts
- Prior score was 43 pts

## Tracheal Suctioning — Points increased across all tiers

- PRN suctioning: NEW — 2 pts, but ONLY if no routine suctioning is also scored (mutual exclusivity)

## Nasal / Oral / Pharyngeal Suctioning —NEW CATEGORY

- Separate from tracheal suctioning.
- Q < 1–3 hrs (not PRN): 6 pts | Q > 3–7 hrs: 4 pts | Q > 7 hrs: 3 pts | PRN: 2 pts



# Respiratory: Ventilator & Oxygen

## Ventilator — Two tiers → Three tiers

- < 12 hrs/day: 15 pts — NEW tier; no equivalent existed on prior form

## Oxygen — Eligibility threshold lowered

- New form requires 8+ hrs/day (down from 12+)
- Continuous pulse ox > 8 hrs/day: 4 pts — NEW; cannot score if member is also on supplemental oxygen



# Respiratory: BiPAP/CPAP & Chest PT

## BiPAP / CPAP (without tracheostomy) — Single tier → Two tiers

- New form:  $\geq 12$  hrs/day = 12 pts |  $< 12$  hrs/day = 10 pts

## NEW DOCUMENTATION REQUIREMENT: Nurse must be physically present for at least 50% of the time the child is on BiPAP/CPAP.

- This must be documented in nursing notes — not assumed.

## Chest PT / Vest / Cough Assist / Nebulizer — Major structural change

- New form: dedicated standalone section with defined point tiers.
- $\geq$  Q4 hours: 6 pts,  $<$  Q4 hours: 4 pts, PRN (cannot score if scheduled treatments are also provided): 1 pt



# Cardiovascular: IV Therapy

## What replaced them — Itemized independent lines:

- Central line presence (PICC, implanted port, triple lumen, tunneled/non-tunneled catheter, hemodialysis): 5 pts
- IV medications < 4 hrs apart: 10 pts, IV medications ≥ 4 hrs apart: 6 pts
- Intravenous fluids continuous ≥ 12 hrs: 6 pts
- Total Parenteral Nutrition (TPN): 15 pts — **nurse must be present at least 50% of time on TPN (document)**
- Dressing changes / flushing of lines: 2 pts

## New items:

- Subcutaneous / IM injections > 1x/day: 3 pts | < 1x/day: 2 pts
- Continuous glucose monitoring (not on insulin pump requiring SQ insulin): 1 pt

## What was removed:

- IV/Hyperalimentation tiers (2–8 pts each) — REMOVED
- Continuous IV therapy (40 pts standalone item) — REMOVED



# Cardiovascular: Medication Scoring Restructured

## **New form: count unique medications per nursing shift — no complexity tiers**

- 1 to 6 medications per shift: 3 pts
- More than 6 medications per shift: 4 pts
- Exclusions (unchanged): oxygen, nebulizer treatments, topical meds, OTC meds, PRN medications
- Do NOT include in the medication count: SQ/IM injections, IV medications — these are scored on their own lines.

**Vitamins and mineral supplements (G-tube):** Count in the medication total if all medications are given by G-tube AND the physician documents why they must be administered during nursing hours.

## **Prior form: four clinical complexity tiers based on dose count per 8-hr shift**

- Simple (1–2 doses): 3 pts | Moderate (3–5 doses): 4 pts | Complex (6–9): 5 pts | Extensive (10+): 7 pts
- Tier qualification required clinical judgment about monitoring complexity.

**Does monitoring complexity still matter?** For the standard medication count: no. For EPSDT additional hours: yes — complex medication management can support an EPSDT documentation request.

# Wound Care: New Standalone Section

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## What was removed:

Sterile dressing changes by frequency (Q8H or less: 2 pts; more frequent: 3 pts)

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## What replaced it:

Ostomy care: 5 pts, Wound vacuum or drain: 2 pts

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Explicit exclusion: trach sites and G/J tube sites do NOT score in the Wound Care section.

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## Complex wound:

Stage 3 / Stage 4 wound care, complex sterile dressing changes for wounds not involving ostomy or wound vac:

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The new form has no scored pathway for these needs.

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Document in the EPSDT section with a physician clinical letter explaining why skilled nursing is required.

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Reviewers should apply consistent judgment and request EPSDT documentation.

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# Feeding: NG Tube & Oral Feeds

## NG Tube

- Points Reduced on New Scale
- NEW explicit requirement: nurse must be present during the entire feeding time.

## Oral Feeds — NEW ITEM

- For members who struggle with oral feeding but do not have a feeding tube.
- Documented difficult or prolonged oral feeding: > 30 minutes per 4 oz = 4 pts
- Cannot score oral feeds if any tube feeding is required — the two are mutually exclusive.

## Enteral Feed Access Frequency Add-ons — REMOVED

- Assess whether other items (continuous tube feed scored by nurse, frequent documented issues) capture the clinical need.

# Feeding: G/J-Tube Changes

## G/J-Tube

- Four tiers, revised downward on new scale
- Water bolus via G-tube: NEW — 3 pts (requires MD order; threshold:  $\geq 100$  ml or 10 ml/kg, either applies)
- G-tube flushes: NEW — 2 pts

## “Continuous with Reflux” Tier — REMOVED (no equivalent)

- Prior form: continuous feeds plus two of three qualifying conditions (swallow study showing reflux, aspiration pneumonia treatment, suctioning for reflux daily) = 30 pts.

## Does reflux still count for anything?

- Route through EPSDT
- Document reflux/aspiration history in the EPSDT section with physician clinical letter and supporting records.
- Document the specific risks (aspiration, intolerance) and why they require skilled nursing.

# Seizures: New Standalone Section

## **New form: dedicated section with five structured tiers:**

- Seizures requiring medical intervention
- Seizures requiring medical intervention other than oxygen
- Seizures requiring monitoring (HR/RR/SpO2):

## **What this means in practice:**

- Members with frequent, medicated seizures (8 pts) will score higher under the new form.
- Members whose only seizure-related need is observation will score 0 — seizure observation alone does not qualify for skilled nursing care.
- The 1–2 pt monitoring tiers require documented HR, RR, and pulse ox monitoring performed by the nurse.

## **Documentation requirement:**

- Nursing notes must document: seizure occurrence, nursing response (oxygen, medication, monitoring), and that these interventions were performed by the nurse.

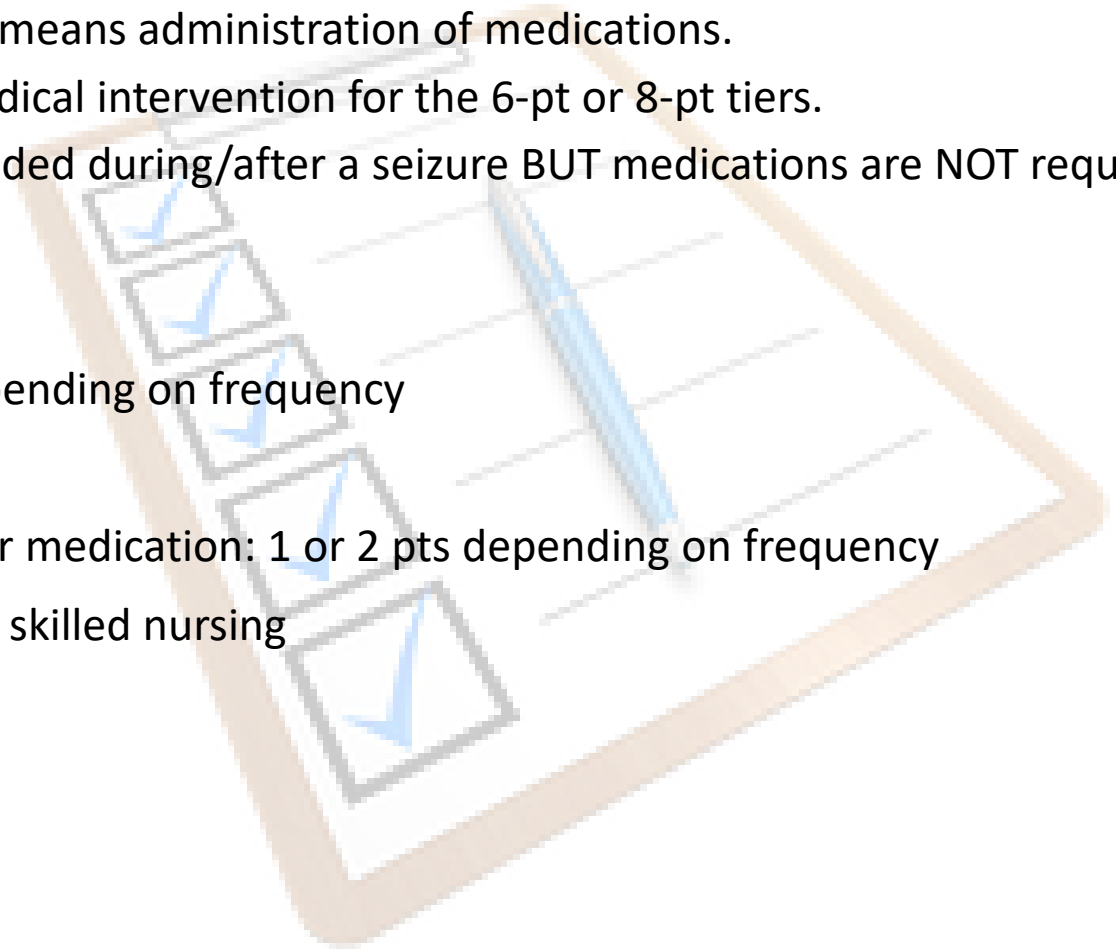
# Seizures: Clinical Definitions

## “Medical Intervention” defined:

- For purposes of seizure scoring, medical intervention means administration of medications.
- Oxygen administration alone does NOT constitute medical intervention for the 6-pt or 8-pt tiers.
- The 4-pt tier applies specifically when: oxygen is provided during/after a seizure BUT medications are NOT required.

## Practical scoring guide:

- Seizure + oxygen + medication: score at 6 or 8 pts depending on frequency
- Seizure + oxygen only (no medication): 4 pts
- Seizure + monitoring (HR/RR/SpO2) only, no oxygen or medication: 1 or 2 pts depending on frequency
- Seizure observation only: 0 pts — does not qualify for skilled nursing



# Assessments & Elimination: New and Revised Sections

## Assessments — New Standalone Section

- Prior form: assessments were captured under the open-ended “Other” at MSU discretion.
- New form: structured scoring, two tiers:
- Vital signs / neuro / respiratory / special assessments  $\geq$  Q4 hours and recorded: 3 pts
- Per shift and recorded: 1 pt
- Points are only awarded if the nurse performs and documents the assessment. Physician order for the assessment frequency should be in the record.

## Elimination and Toileting —Reduction in Tiers

- Prior form: four tiers by catheterization frequency.
- New form: one tier only.
- Intermittent/indwelling straight catheterization performed  $\geq$  Q4H: 4 pts
- Members catheterized less frequently than Q4H no longer receive points in this section.

# 'Other' Section: Major Structural Change

## New "Other" scored items:

- Uncontrolled incontinence with linen changes >1x/day for children age  $\geq 3$  = 1 pt
- Splinting removal and replacement: Q4H = 2 pts | per order  $\geq$ Q5H = 1 pt
- Lifting/transfer (non-weight bearing): >150 lbs = 3 pts | 100-150 lbs = 2 pts | <100 lbs = 1 pt
- Combative/aggressive behaviors toward nurse, caregiver, or self = 2 pts
- Disorientation, confusion, or unwilling/unable to cooperate (age >3) = 2 pts
- Non-verbal/communication deficit (age >3) = 1 pt

## Important rule:

- "Other" items alone do NOT establish skilled nursing need. At least one scored skilled nursing task from another section must also be required.

# Items Removed: Reflux Tier, Enteral Add-ons & Open-Ended Other

## **“Continuous with Reflux” G/J-Tube Tier — 30 pts → REMOVED**

- Required: continuous feeds plus two of three conditions (swallow study, aspiration pneumonia, suctioning for reflux).
- No equivalent on the new form.
- What to do: Document reflux/aspiration history in the EPSDT section. Include the swallow study, aspiration history, and physician order. The reviewer will determine appropriate additional hours.

## **Enteral Feed Access Frequency Add-ons — +1/+2/+3 pts → REMOVED**

- No equivalent pathway.
- Assess whether the continuous tube feed by nurse (8 pts) or frequent documented issues (6 pts) items capture the clinical need before concluding there is a gap.

## **Open-Ended “Other” Discretionary Category — 2–5 MSU pts → REMOVED**

- The MSU can no longer award discretionary points for unlisted skilled nursing tasks.
- Reviewers are limited to the nine specific scored items in the new “Other” section.
- For clinical needs that don’t fit any scored item — chest PT was in this bucket before, but now has its own section — EPSDT is the only remaining pathway.

## **EPSDT is now the universal catch-all for unscored clinical needs requiring skilled nursing:**

- Peritoneal dialysis | Complex wound care | Reflux/aspiration | Significant PRN medication burden | I&O monitoring | Any other medically necessary need not captured by scored items

# Scoring Rules and Common Errors

- **Nurse physical presence and documentation**
- Points may only be claimed for tasks the nurse actually performs and documents.
- Points may NOT be claimed for tasks performed by the family/caregiver, even if the nurse is in the home.
- **BiPAP/CPAP and TPN**
- Both require 50% nurse presence — this must be documented in nursing notes.
- **Seizure observation alone**
- Does NOT qualify for skilled nursing care. The member must require medical intervention or monitored vital signs.
- **Mutual Exclusivities — Items that cannot be scored together:**
- Tracheostomy care (1 pt) + tracheal suctioning
- → Cannot score both. If suctioning is scored, trach care = 0.
- PRN tracheal suctioning (2 pts) + routine tracheal suctioning
- → Cannot score both. PRN only if no routine suctioning is required.
- Oral feeding (4 pts) + tube feeding
- → Cannot score oral feeds if tube feeding is required.
- Continuous pulse ox (4 pts) + supplemental oxygen
- → Cannot score pulse ox if member is also on supplemental oxygen.

# Key Messages for Members and Families

**Your active authorization is valid through its expiration date.**

- No action needed because a new form has been released.

**At your next renewal, the reviewer uses the new form.**

- A different score does not automatically mean different hours.

**You have the right to appeal.**

- The appeal is evaluated under the criteria in effect when the decision was made.

**If your child has needs not covered by the scored items:**

- Your ordering provider can document those needs in the EPSDT section with a clinical letter.

**Your nursing agency and ordering provider complete the form together.**

- If you believe something is missing, ask your agency to review all applicable categories before submitting.