

North Dakota Level of Care/Continued Stay Review Determination Form

(To be maintained in medical record. Transfer copy with the resident) *Enter online at www.PASRR.com.*

7. The individual has dementia, physician diagnosed or supported with corroborative evidence for at least 6 months, and as a result of that dementia, the individual's condition has deteriorated to the point that a structured, professionally staffed environment is needed to monitor, evaluate and accommodate the individual's changing needs. Describe needs and provide date of onset/initial diagnosis:

<i>Date of Diagnosis</i>	<i>Needs</i>

Section B: (If no criteria in section A are met, an applicant or resident is medically eligible for NF level of care if at least two of the following criteria apply):

1. The individual requires administration of a prescribed:
 a. injectable medication; **or** b. intravenous medication and solutions on a daily basis; **or**
 c. routine oral medications, eye drops or ointments on a daily basis
 List relevant medications:

<i>Medication</i>	<i>Dosage</i>	<i>Route</i>	<i>Date started</i>

2. The individual has one or more unstable medical conditions requiring specific and individual services on a regular and continuing basis that can only be provided by or under the direction of a registered nurse (or, in the case of a facility which has secured a waiver the requirements of 42 CFR 483.30 (b), a licensed practical nurse). Identify diagnosis and describe services needed:

<i>Unstable Medical Diagnosis</i>	<i>Date of Instability</i>	<i>Services Required</i>

3. The individual is determined to have restorative potential and can benefit from restorative nursing or therapy treatments. (e.g., gait training, bowel and bladder training) which are provided at least five (5) days per week. Identify restorative procedures required:

<i>Restorative Services</i>	<i>Frequency Provided</i>

4. The individual needs administration of feedings by:
 nasogastric tube jejunostomy Other (specify): _____
 gastrostomy parenteral route

5. The individual requires care of:
 decubitus ulcers stasis ulcers other widespread skin disorders (specify): _____
 Treatment required: _____

6. The individual requires constant help at least 60% of the time with one (1) of the following:
 Toileting (using toileting equipment and cleansing self) Transferring (moving to/from bed, chair, toilet etc)
 Locomotion (navigating home environment with/without adaptive devices) Eating (getting food from receptacle into the body)
 Describe Assistance Needed: _____

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Section C: If **no** criteria in Section A and/or insufficient criteria in Section B was met, an applicant/resident who applies to or resides in a nursing facility for nongeriatric individuals with physical disabilities may demonstrate that nursing facility level of care is necessary if:

1. The individual is determined to have restorative potential. Describe: _____

Section D: If no criteria in Section A, Section B or Section C are met, the individual who applies for care in a nursing facility may demonstrate that a nursing level of care is medically necessary if:

1. The individual has an acquired brain injury which includes:

- | | |
|---|-------------|
| <input type="checkbox"/> anoxia | Date: _____ |
| <input type="checkbox"/> cerebral vascular accident | _____ |
| <input type="checkbox"/> brain tumor | _____ |
| <input type="checkbox"/> Infection | _____ |
| <input type="checkbox"/> Traumatic Brain Injury | _____ |

And

2. As a result of the brain injury, the individual requires direct supervision at least eight (8) hours a day.

Describe Supervision	Who Provides

Additional Notes/Comments:

Form can be entered online at www.PASRR.com or faxed to DDM at 877.431.9568

Send to: Dual Diagnosis Management (DDM), Attn ND LTC: 227 French Landing Drive, Suite 250, Nashville, TN. 37228