

**MEDICALLY FRAGILE LONG TERM CARE ASSESSMENT ABSTRACT**

*Please Remember This Information is Confidential*

1. Type of Review ( One): Initial  Readmit  Retrospective  Reassessment

2. Client's Name: Last First MI 3. Person Completing Abstract: CM Provider #:

4. MEDICAID NUMBER: 5. Age: 6. Date of Birth: 7. Sex:

9 5 6 - - M  F

*The information recorded on this abstract should reflect the client's overall condition.*

DIAGNOSIS / PROBLEMS (One per line):	18. DD / MR ASSESSMENT FACTORS: (SCORE 1 - 4 for all Factors below)	SCORE
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8.	A. Sensorimotor Development	
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9.	1. Mobility	
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10.	2. Toileting	
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11.	3. Hygiene	
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MEDICATION List up to four most important medications, method of administration and frequency:	4. Dressing	
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12.	B. Independent Living Skills	
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13.	1. Home Skills	
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14.	2. Community Skills	
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15.	C. Auditory Functioning	
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16. MEDICAL FRAGILITY ASSESSMENT FACTORS	D. Speech and Language Development	SCORE
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A. Medication Administration (SCORE 0, 0.5, 1.0 or 1.5)	1. Expressive	
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B. Medical Care / Supervision (SCORE 1, 2, 3 or 4)	2. Receptive	
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C. Nutritional Status / Feeding 1. Ability to eat / swallow (SCORE 0, 0.5, 1.0 or 1.5)	E. Cognitive Development	
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2. Skilled Intervention (SCORE 0, 0.5, 1.0 or 1.5)	F. Maladaptive Behaviors	
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D. Respiratory (SCORE 0, 0.5, 1.0 or 1.5)		
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E. Neurological (SCORE 1, 2, 3 or 4)	19. TOTAL DD / MR SCORES:	
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F. Risk for alternative placement (SCORE 1, 2, 3 or 4)	Level I = 11 - 17	Level II = 18 - 28	Level III = 29 - 37
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17. TOTAL MF SCORES:	20. Physician's Statement: I have seen and evaluated this client and recommend:		
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Level I = 3 - 9	Level II = 9.5 - 12.5	Level III = 13 - 16	<input type="checkbox"/> MFI <input type="checkbox"/> MFII <input type="checkbox"/> MFIII <input type="checkbox"/> MRI <input type="checkbox"/> MRII <input type="checkbox"/> MRIII
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Physician's Signature:	Physician Name and Address:	Date:
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**FOR UR AGENCY USE ONLY:**

REVIEW INFORMATION:	21. Level of Care: <input type="checkbox"/> MFI <input type="checkbox"/> MFII <input type="checkbox"/> MFIII	22. Level of Care: <input type="checkbox"/> MRI <input type="checkbox"/> MRII <input type="checkbox"/> MRIII	23. Effective Date:	24. Days:	25. Expiration Date:
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26. Review Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	27. UR Agency Reviewer Signature:	28. Review Date:
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