



ICF/MR LONG TERM CARE ASSESSMENT ABSTRACT

Please Remember This Information is Confidential

1. Type of Review (Check One)
2. Date of Admission
3. Source of Admission
4. Patient's Name - Last First MI
5. Medicaid Number
6. Date of Birth
7. Sex
8. Name of Facility
9. Address
10. Facility No.
11. NPI Number
12. Taxonomy Number

The information recorded on this abstract should reflect the patient's overall condition. Name of Person Completing Abstract

DIAGNOSIS/PROBLEMS (One per line) If resident hospitalized since last certification - enter reason:

13.
14.
15.
16.

MEDICATION - List up to four most important medications, method of administration and frequency.

17.
18.
19.
20.

ASSESSMENT FACTORS INDICATING NEED for SPECIALIZED SERVICES. Place the appropriate assessment factor and score in the corresponding boxes.

Table with 3 columns: Specialized Services, Assessment Factors, Factor Score. Rows include Physical Therapy, Occupational Therapy, Speech Therapy, Behavior Management, Nursing Care.

22. SUPPORTING DOCUMENTATION. (Please check each document being submitted and include most current date)

Preliminary Evaluation
Comprehensive Functional Assessment
Individual Program Plan

24. PHYSICIAN'S STATEMENT I have seen and evaluated this patient and recommend MRI MRII MRIII

Physician Name and Address

FOR UR AGENCY ONLY

REVIEW INFORMATION
26. Level of Care
27. Review Decision
28. Effective Date
29. Days
30. Expiration Date

31. RC No.
32. PA No.
33. UR Agency Reviewer Signature
34. Review Date
35. Date of Discharge

36. DISCHARGED TO: 1 Hosp 2 HNF 3 LNF 4 INST 5 HOME 6 HHA 7 LAMA 8 DIED 9 OTH
37. Facility Discharged to:

23. ASSESSMENT FACTORS

A. Physical Development & Health SCORE
1 Health Care Supervision
2 Med Assessment
3 Med Administration

B. Nutritional Status SCORE
1 Eating Skills
2 Diet Supervision

C. Sensorimotor Development SCORE
1 Mobility
2 Toileting
3 Hygiene
4 Dressing

D. Affective Development

E. Speech & Language Development SCORE
1 Expressive
2 Receptive

F. Auditory Functioning

G. Cognitive Development

H. Social Development SCORE
1 Interpersonal Skills
2 Social Participation

I. Independent Living Skills SCORE
1 Home Skills
2 Community Skills

J. Adaptive Behaviors SCORE
1 Harmful Behavior
2 Disruptive Behavior
3 Socially Unacceptable, Stereotypic
4 Uncooperative Behavior

25. SCORES
1.0 - 2.2 = Level I
2.3 - 2.9 = Level II
3.0 - 3.2 = Level III

TOTAL SCORES

/ 22 =