



Nursing facility care data sheet for continuation of services

**SKILLED SERVICES: Provided daily.**

Service date span requested:

Member Name and reference ID number:

SERVICE/NEED	Skilled NURSING	Physical Occupational Other THERAPY	Hours of care Specify anticipated hours per discipline	COMMENTS- detail the services, frequency, and provide details regarding the service. (Attach flow records, skin assessments, with goals and dates of care or changes in treatment plan)
Suctioning, not including routine oral-pharyngeal suctioning.				
IV Therapy				
Pressure ulcer care for Stage 3 or 4 ulcers or wound care for surgical wounds/open lesions with one or more skin treatments (including pressure-relieving bed, nutrition or hydration intervention, application of dressing and/or medications)				
Enteral or parenteral feeding with 26 percent or more of total calories or 500cc or more per day fluid intake via tube.				
Ventilator care or other complex respiratory services, excluding aerosol therapy, spirometry, postural drainage, or routine continuous oxygen usage.				

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Extensive physical therapy or training for restoration - not maintenance - of physical functioning, including walking, transferring, swallowing, eating, dressing, and grooming.				
Other (specify and provide extensive details/findings/needs)				

Levels of care will be determined based on the supporting documentation of services to be provided. Please provide the best estimate based on prior care for the hours of care anticipated 'daily'.

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**CUSTODIAL SERVICES:**

Service	Details of need for service	Comments
Care of an individual who requires hands-on assistance to perform two or more activities of daily living (ADLs) adequately and safely because of a current medical condition or disability		
Supervision of an individual's performance of two or more ADLs for an individual with cognitive deficits, as indicated by a score of 15 or less on the Folstein Mini-Mental Status Evaluation, and who needs assistance with at least three instrumental activities of daily living (IADLs)		
Supervision of an individual's performance of two or more ADLs combined with the need for supervision/redirection for an individual exhibiting at least two of the following behavior problems: wandering several times a day, hallucinations/delusions at least weekly, aggressive/abusive behavior several times a week, disruptive/socially inappropriate behavior several times a week,		



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and/or self-injurious behavior several times a month.		
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Weekly updates to include ADL flow records and or nursing / MD progress notes are required to support the custodial care need. Upon receipt of the information to support the service and the service need is confirmed, the custodial care days will be entered for the prior week's care provided. Failure to provide the requested information may result in an administrative decision (adverse). Please follow the request provided by MPC's UM reviewer.

\*A complete social work note and plan of care for discharge for any member that is admitted must be provided to MPC upon initial admission review and thereafter upon request. Should the member fail to meet the requirements for skilled and or custodial care, aggressive discharge planning is required, and it is the facility's designated discharge planner's responsibility to contact the MPC UR nurse assigned to the case for assistance with discharge planning and guidance.