NURSING FACILITY REQUEST FOR STATE RETRO LEVEL OF CARE REVIEW

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES
SFN 114 (2-2018)

Clear Fields

Provider Number	NPI Number
Provider Name	
Resident Name	Date of Birth
Medicaid ID Number	Admission Date
Original LOC Approval Date	Retro LOC Date *

* Facility shall choose a date that is up to three full months prior to Original LOC Approval Date based on the resident's functional status and need for nursing care.

MDS Classification(s) and Start Date(s)

Comments (optional)

Completed by		
Date	Telephone Number	Fax Number

Please allow up to one week for a state response.

Submit the **completed** form to**:**

Department of Human Services
Medical Services Division
600 E Boulevard Ave., Dept 325
Bismarck, ND 58505-0250
Fax Number: (701) 328-0378

STATE USE ONLY

☐ Approved ☐ Submit review to DDM Ascend

Notes

Reviewed by	Date