



LEVEL II PREADMISSION AND RESIDENT REVIEW ID/RC

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

DEVELOPMENTAL DISABILITIES DIVISION

SFN 514 (9-2020)

Name (Last, First, MI)		Date of Birth		Need for Nursing Facility Level of Care <input type="checkbox"/> Individual requires nursing facility care <input type="checkbox"/> PAS/ARR Level I <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Individual does not require nursing facility care
Date of Assessment	Medicaid ID	<input type="checkbox"/> PAS	<input type="checkbox"/> RR	
Date of Admission	Open DDPM <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Case <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Nursing Facility				
Nursing Facility Address	City	State	ZIP Code	
Diagnosis/Related Conditions				
Name of Licensed Psychologist				Date of Evaluation
Need for Active Treatment (check one) <input type="checkbox"/> 1. Active treatment for intellectual disability or related condition is recommended <input type="checkbox"/> 2. Active treatment for intellectual disability or related condition is not recommended <input type="checkbox"/> 3. Active treatment for intellectual disability or related condition is considered subordinate to management of serious medical condition <input type="checkbox"/> 4. Active treatment for intellectual disability or related condition is recommended, but the individual declines involvement (attach waiver form)				

PLACEMENT RECOMMENDATIONS

Check one:

1. Can be admitted to nursing facility (PAS)

2. Cannot be admitted to nursing facility (PAS)

3. Can be considered appropriate for continued placement in nursing facility (RR)

4. Choose to remain in nursing facility to receive active treatment (RR)

5. Inappropriate for continued placement in nursing facility and must be discharged (short-term residents) (RR)

6. Inappropriate for continued placement in nursing facility and must be discharged (long-term residents) (RR)

Comments/Other Services (Time Frame)

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury, that I am the individual completing this application and that I have provided accurate information.

Evaluator Printed Name (DDPM)	Title
Evaluator Signature (DDPM)	Date

FOR STATE OFFICE USE ONLY

PLACEMENT DETERMINATION

Describe Placement Determination

By typing my name below, I am signing this application form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury, that I am the individual completing this application and that I have provided accurate information.

Signature (ID/RC Authority)	Date
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