LEVEL II PREADMISSION AND RESIDENT REVIEW ID/RC

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION
SFN 514 (6-2017)

Clear Fields

Name (Last, First, MI)			Need for Nursing Facility Level of Care ☐ Individual requires nursing facility care ☐ PAS/ARR Level I ☐ Other (specify): ☐ Individual does not require nursing facility care
Date of Birth	Date of Assessment		
Medicaid ID ND	☐ PAS ☐ RR	Date of Admission	
Name of Nursing Facility		Open DDPM ☐ Yes ☐ No	
Nursing Facility Address		M.H. Case ☐ Yes ☐ No	
Diagnosis/Related Conditions			
Name of Licensed Psychologist		Date of Evaluation	

Need for Active Treatment (check one)

- ☐ 1. Active treatment for intellectual disability or related condition is recommended.
- ☐ 2. Active treatment for intellectual disability or related condition is not recommended.
- ☐ 3. Active treatment for intellectual disability or related condition is considered subordinate to management of serious medical condition.
- ☐ 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)

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

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PLACEMENT DETERMINATION

Describe Placement Determination

Signature (ID/RC Authority)	Date