Medical Review/Prolonged Care Assessment

IC-ICF/DD – ICF/DD-H ☐Semi-Annual ☐Annual

Name

Sex ☐Male ☐Female

Case Number

Birth Date

Admission Date

Attending Physician

Present Status ☐NH ☐IC ☐RC ☐Other

Facility

Address (number, street)

City

Zip Code

Diagnoses

Medications

Lab Work

Diet

1) Is the patient involved in school and is treatment plan coordinated with the school?
☐Yes ☐No

2) Is the patient involved in daily planned activities or any type of learning experience?
☐Yes ☐No

3) Is patient and staff interaction ongoing?
☐Yes ☐No

4) Is there *any* potential?
☐Yes ☐No

5) Is Plan of Care current?

☐ Before Admission ☐ After Admission ☐ Yes ☐ No

6) Are individual goals reviewed and/or met/updated?
☐ Yes ☐ No

7) Are quarterly notes written timely?
☐ Yes ☐ No

8) Are psychological evaluations done?
☐ Yes ☐ No

9) Is there QMRP input in the chart and/or whole interdisciplinary team?
☐ Yes ☐ No

Every 90 days?
☐ Yes ☐ No

Dates of Visits	Interviewer

Recommendations

☐ Chart Review

☐ Skilled Nursing

☐ ICF

☐ RCF

☐ ICF/DD

☐ ICF/DD/H

Instructions: For ICF/DD/H—Complete all appropriate boxes; others—exclude ICF/DD/H only

Patient Name	Date of Birth
Sex ☐ Male ☐ Female	Medi-Cal ID Number
Admission Date	Room Number
Facility Name	Phone Number
Facility Address (number, street)	
City	Zip Code

Signature of Person Completing Form	Title	Current Diagnosis

Patient's Condition Now	Rehabilitation Potential
☐ Stable	☐ Good
☐ Unstable	☐ Fair
☐ Terminal	☐ Poor

Complete this section for ICF/DD/H only

Program Provided

Frequency: 1—Once a day; 2—BID; 3—TID; 4—2; or more per week; 5—weekly

- ☐ Range of motion
- ☐ Preventive/corrective positioning
- ☐ Ambulation skills
- ☐ Transfer skills
- ☐ Grooming/dressing skills
- ☐ Mental stimulation
- ☐ Communication skills
- ☐ Bladder retraining
- ☐ Bowel retraining
- ☐ Feeding skills
- ☐ Social behavior
- ☐ Aggression
- ☐ Self-injurious
- ☐ Smearing
- ☐ Destruction of property
- ☐ Running or wandering away
- ☐ Temper tantrums or emotional outbursts

Plan of Care

Individual goals are met and updated?

- ☐ Yes
- ☐ No

Is the plan of care complete?

- ☐ Yes
- ☐ No

Degree of Retardation	Activities of Daily Living
☐ Mild ☐ Moderate ☐ Severe ☐ Profound	Mark either—Independent (1), Assistance with mechanical device (A1) Assistance with a person (A) Assistance by person and device (A3) or Total Dependent (D) ☐ Walking ☐ Transferring ☐ Wheeling ☐ Bathing ☐ Dressing ☐ Grooming ☐ Toileting

Visual	Auditory
☐ No apparent handicap ☐ Correctable vision w/glasses ☐ Severe visual impairment ☐ Legally or totally blind	☐ No apparent hearing problem ☐ Mild hearing problem ☐ Wears hearing aid ☐ Deafness, corrected by aid ☐ Deafness, not corrected

Mental and Behavioral Status	Communication
☐ Receiving psychiatric care x3 ☐ Alert and oriented x3 ☐ Disoriented ☐ Confused ☐ Wanderer ☐ Noisy, yells/agitated ☐ Aggressive ☐ Combative ☐ Other antisocial behavior ☐ Withdrawn ☐ Comatose ☐ Follows simple instructions	☐ Able to make needs known ☐ Speaks no English ☐ Can write, not speak ☐ Cannot speak or write, but seems to comprehend ☐ Aphasic, partial ☐ Aphasic, complete

Wound Care—Dressings	Diabetic Care
☐ Dry sterile dressing ☐ Open, draining ☐ Sterile/medicated dressing	☐ Inability to manage diabetic condition ☐ Well-regulated by diet only ☐ Well-regulated with medication ☐ Uncontrolled ☐ Urine testing

Rehabilitation and M.D. Orders	
☐ Physical therapy ☐ Occupational therapy ☐ Speech therapy	☐ Rehabilitative Nursing Program

Other Special Needs/Problems

- ☐ Amputee—location
- ☐ Braces/cast
- ☐ Seizures
- ☐ Paralysis/area
- ☐ Joint motion/pain/swelling
- ☐ Inhalation/oxygen therapy
- ☐ Tracheostomy care
- ☐ Suctioning
- ☐ Multiple injections or IVs
- ☐ Fluid retention
- ☐ Isolation techniques
- ☐ Contractures

Bowel Control

- ☐ Occasionally involuntary
- ☐ Involuntary
- ☐ Colostomy/Ileostomy
- ☐ Self-care
- ☐ Bladder

Bladder Control

- ☐ Occasionally incontinent
- ☐ Incontinent
- ☐ Catheter
- ☐ Bowel-Bladder Training—Date

Feeding

- ☐ Feeding program date
- ☐ Feeds self with assistive device
- ☐ Needs partial help in feeding
- ☐ Needs to be fed
- ☐ N-G tube
- ☐ Gastrostomy
- ☐ Parenteral
- ☐ Supplemental feedings

Current Medications

- ☐ Antibiotics
- ☐ Cardiac drugs
- ☐ Diuretics
- ☐ Anticoagulants
- ☐ Chemotherapy
- ☐ Insulin
- ☐ Tranquilizers
- ☐ Hypnotics
- ☐ Narcotics
- ☐ Oral hypoglycemic

Decubitus Ulcer

- ☐ None or healed
- ☐ Stage I—red/inflamed area
- ☐ Stage II—superficial skin break w/red surrounding
- ☐ Stage III
- ☐ Stage IV

DO NOT COMPLETE BELOW THIS LINE—STATE USE ONLY

General Appearance of Patient

1. Clean	☐ Yes	☐ No
2. Hair clean and neat	☐ Yes	☐ No
3. Shaved	☐ Yes	☐ No
4. Fingernails clean/trimmed	☐ Yes	☐ No
5. Toenails clean/trimmed	☐ Yes	☐ No
6. Dressed appropriately	☐ Yes	☐ No
7. Out of bed	☐ Yes	☐ No
8. Restrained	☐ Yes	☐ No
9. Transportation	☐ Yes	☐ No
10. Equipment	☐ Yes	☐ No

Physician's progress notes timely?
☐ Yes ☐ No

Medications reviewed and signed timely?
☐ Yes ☐ No

Date of tuberculin testing, quantiFERON test, or chest X-ray:

Date of last physical

Significant laboratory results

Notes:

Chart review
☐ Yes ☐ No

Patient interview
☐ Yes ☐ No

Prolonged care
☐ Yes ☐ No

Reviewer's signature

Date