



Nursing Facility Assessment Tool

This checklist is a reference for Nursing Facility providers to follow when submitting requests for CareSource members seeking initial or continued nursing facility-based services. CareSource will review the clinical data provided for medical necessity and will render a decision based on the information provided. **Bold items are required for all members at the time of each submission.** Other items should be included based on the member's unique health needs.

Initial Request for PA and/or LOC		Concurrent Stay Review (Information should be current within 48 hours of the review date)	
	Member Demographics- Name, DOB, and CareSource ID		Member Demographics- Name, DOB, and CareSource ID
	Facility Name and Address		Facility Name and Address
	Facility NPI/TIN		Facility NPI/TIN
	Treating MD Name		Diagnosis including any new changes since last review
	Treating MD NPI/TIN		MD/NP/PA notes during NF stay
	Requested Level of Care (LOC) <ul style="list-style-type: none"> • Nursing Facility Skilled LOC OR • Nursing Facility Intermediate LOC 		List of Current medications ** For IV medication, include planned end date
	Planned Date of Admission		Current wound care, respiratory care, or other treatment orders as applicable
	Anticipated Length of Stay		Nurse notes: At minimum, identify the following: <ul style="list-style-type: none"> • Level of support re: medication administration • Cognitive status
	PASRR or 0700- Provide Copy		
	Admission Orders (from Acute Care Provider)		MDS Data
	Diagnosis		Current ADL function Consider assistance needed for dressing, bathing, grooming, transfers, bed mobility, eating, or other areas.
	History and Physical or other MD note supporting reason for NF admission		
	List of Current medications ** For IV medication, include planned end date		Therapy evaluations and treatment notes (as applicable)
	Current wound care, respiratory care, or other treatment orders as applicable		Discharge Planning notes
	Nurse notes. At minimum, identify the following: <ul style="list-style-type: none"> • Level of support re: medication administration • Cognitive status 		Additional clinical information not already listed to support continued NF stay
	Current ADL function Consider assistance needed for dressing, bathing, grooming, transfers, bed mobility, eating, or other areas.	Important: Continued Stay Reviews are due for submission no later than the date communicated to the NF by CareSource UM Staff.	
	Baseline function Consider caregiver supports, home setup, ADL assistance needed		
	Therapy evaluations and treatment notes (as applicable)		
	Discharge Planning notes		
	Additional clinical information not already listed to support continued NF stay		