

Nursing Facility Risk Criteria Scoring Form

I. Identifying Data

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|--|---|
| 1. Individual's Name | 2. Medicaid No. |
| 3. Responder, if Different from Individual | 4. Responder's Relationship to Individual |

II. Risk Factors (Identification and Scoring)

This individual:

1. has a history of nursing facility placement within the last five years?..... **Yes** **No**
2. has a neurological diagnosis of (check all the apply): **Yes** **No**
 A-Alzheimer's Disease **B-Dementia (other than Alzheimer's)** **C-Head Trauma** **D-Multiple Sclerosis** **E-Parkinsonism**
3. goes out of his residence one or fewer days a week? **Yes** **No**
4. has a history of falling two or more times in the past 180 days? **Yes** **No**
5. required hands-on guidance or physical assistance on three or more occasions during the last seven days to accomplish any of the following tasks: (check all that apply) **Yes** **No**
 A-Dressing – putting clothes on and taking clothes off.
 B-Personal Hygiene – combing hair, brushing teeth, shaving, applying makeup, washing hands/face and perineum. (Excludes baths and showers.)
 C-Eating – taking in food by any method, including tube feeding.
 D-Toilet Use – using toilet, bedpan or urinal, transferring on/off toilet, cleaning self after toilet use, changing pad or managing special devices required (ostomy or catheter) or adjusting clothes.
or **any** assistance, including supervision, in:
 E-Bathing – included shower, full tub or sponge bath. (Exclude washing back or hair.)
6. has multiple episodes of urinary incontinence daily? **Yes** **No**
7. had a functional decline in the last 90 days? **Yes** **No**
If yes; A. When did functional decline occur? _____
B. What was the functional decline? _____
C. Document rational for identified response: _____

III. Comments (use back of form if necessary)

IV. Eligibility/Non-Eligibility (check appropriate action):

- A-Two or more **Yes** identified; **Continue Eligibility Process.**
- B-Fewer than two **Yes** identified; **Does Not Meet Risk Factor Criteria. (Send a denial notice.)**

Signature - Case Manager

Date