Government of the District of Columbia
Department of Health Care Finance

Intermediate Care Facility/ Nursing Facility Level of Care Form 1728

SECTION A: BENEFICIARY

Last Name: First: MI:	Medicaid ID:	SSN:	Birth date:	Gender: ❑ M ❑ F
Permanent Street Address:	City:	ST: ZIP:	Phone:	
Present Location of Beneficiary (if different than above):			Date of Request:	

❑ Intermediate Care Facility	❑ Out of Area Nursing Facility
❑ Initial assessment ❑ Annual reassessment	❑ Annual reassessment

SECTION C: LEGAL REPRESENTATIVE ❑ POA ❑ LEGAL GUARDIAN ❑ NA

Name:	Street Address:	City:	ST:	ZIP:

SECTION D: BENEFICIARY FUNCTIONAL STATUS

Activities	**Independent** (needs no help)	**Supervision or Limited Assistance** (needs oversight, encouragement or cueing or highly involved, but requiring assistance)	**Extensive Assistance or Totally Dependent** (may help, but cannot perform w/o help from staff or cannot do for self at all)
ADLs:			
Bathing	❑	❑	❑
Dressing	❑	❑	❑
Overall Mobility	❑	❑	❑
Eating	❑	❑	❑
Toilet Use	❑	❑	❑
IADLs:			
Medication Management	❑	❑	❑
Meal Preparation	❑	❑	❑
Housekeeping	❑	❑	❑
Money Management	❑	❑	❑
Using Telephone	❑	❑	❑

Beneficiary ventilator dependent? ❑ Yes ❑ No	List additional supporting documents here:		
Name of Person Completing Form:	Title:	Phone:	Date:
Signature:			

SECTION E: CLINICIAN ATTESTATIONS & AUTHORIZATIONS

❑ Physician ❑ Physician Assistant ❑Nurse Practitioner		Street Address:		City:	ST: ZIP:
Phone:	NPI #:	Date:	Signature:		
I certify the information in this section is accurate to the best of my knowledge and understand that knowingly submitting inaccurate, incomplete, or misleading information constitutes Medicaid fraud.		Print Name: SIGN HERE		Title: Date:	

SECTION F: QUALITY IMPROVEMENT ORGANIZATION AUTHORIZATIONS

Level of Care: ❑ Intermediate Care Facility ❑Nursing Facility (Remote)	Certification Period:	Date:
Authorized Signature:	Comments:	

To submit this form electronically after completion, visit the Qualis Health Provider Portal at www.qualishealth.org. Then select one of the choices in the Healthcare Professional Drop-Down Menu: DC Medicaid or Provider Resources. You can obtain additional assistance in registering for the Qualis Health Provider Portal by contacting ProviderPortalHelp@qualishealth.org.

Revised January 31, 2018