

INSTRUCTIONS DHS 1150A

PATIENT EVALUATION FOR RE-ADMISSION TO ICF-MR

PURPOSE

The DHS 1150A, Patient Evaluation For Re-Admission To ICF-MR form, is to be used to substantiate the continuing need for active treatment for the mentally retarded and/or persons with developmental disabilities by expediting their return to the ICF-MR from any short term acute hospitalizations of less than two (2) weeks.

GENERAL INSTRUCTIONS

1. Section I shall be completed by the attending physician of the ICF-MR facility to which the client is returning and submitted to DHS, Med-QUEST.
 - a. Enter surname, first name and middle initial of client.
 - b. Enter birth month, day, and year of client.
 - c. ACUTE FACILITY TO WHICH ADMITTED: Enter acute hospitalization data as follows:
 - Enter name of acute care facility client admitted to.
 - Enter date client admitted.
 - Enter significant diagnosis related to the need for acute care admission.
 - Enter date client discharged from the acute care facility.
 - d. Enter supportive comments relative to client's medical disposition indicating whether the client is able to continue with previous ICF-MR programming, with or without changes.
 - e. Enter physician's full signature, acronym and date form is completed.
2. Section II shall be completed by DHS Med-QUEST consultant staff.