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| **Patient Submission Form** |
| **Section A: Insurance Information** |
| **Today’s Date**:  **Patient name:**  **Health Plan:**  **Health Plan Type:**  **Health Plan Member ID #:**  **DOB:** |
| **Section B: Facility Information** |
| **Facility Name:**  **Facility Medicare #:**  **Facility NPI:**  **Date of Admission:**  **Revenue Code:** (enter revenue code(s) for range of dates) |
| **Section C: Coverage Criteria** |
| **Medicare Part A** (Hospital Insurance) covers inpatient, non-religious, non-medical care when these conditions are met:   1. The RNHCI is currently certified to participate in Medicare. (See Facility Medicare # in Section B) 2. The RNHCI Utilization Review Committee (URC) agrees that patient would require skilled nursing facility care if they weren't in the RNHCI. (See Skilled Nursing Level of Care Criteria in Section E) 3. A written election stating that the need for RNHCI care is based on both eligibility and religious beliefs. The election must also state that if the patient decides to accept standard medical care, the RNHCI election will be cancelled and the patient may have to wait 1–5 years to be eligible for a new election to get RNHCI services. (See attached Election Form for Medicare)   <https://www.medicare.gov/coverage/rnhci-items-and-services.html> |
| **Section D: Patient Information** |
| **History (PMH):** |
| **Admitting DX**: R69 - illness, unspecified; Z53.1 - procedure and treatment not carried out because of patient's decision for reasons of belief |
| **Identified Health Problems (insert date):**  **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7**. |
| **Vital Signs:** Not applicable |
| **Labs/Diagnostics:** Not applicable   |  | | --- | | **Levels of function:** Date: Check in the appropriate box to indicate current level of function. | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Independent | Supervision/Oversight  No physical contact | Light physical contact  Less than 5% staff effort | Minimum  Assistance  25% or less staff effort | Moderate assistance  50% staff effort | Maximum assistance  75% staff effort | Dependent  100% staff effort | | Bed Mobility |  |  |  |  |  |  |  | | Rolling side to side |  |  |  |  |  |  |  | | Lying down to sitting |  |  |  |  |  |  |  | | Sitting to lying down |  |  |  |  |  |  |  | | Sit-to-stand transfer |  |  |  |  |  |  |  | | Stand-to-sit transfer |  |  |  |  |  |  |  | | Bed-to-chair transfer |  |  |  |  |  |  |  | | Sitting balance |  |  |  |  |  |  |  | | Standing balance |  |  |  |  |  |  |  | | Transfer to toilet |  |  |  |  |  |  |  | | Transfer to shower |  |  |  |  |  |  |  | | Walking |  |  |  |  |  |  |  | | Feeding |  |  |  |  |  |  |  | | Grooming |  |  |  |  |  |  |  | | Bathing |  |  |  |  |  |  |  | | Dressing upper body |  |  |  |  |  |  |  | | Dressing lower body |  |  |  |  |  |  |  | |
| **Care plan:**  **Goals:** |
| **Consults:** All care provided by highly skilled Christian Science nurses and/or *Journal*-listed Christian Science nurses. |
| **Consent:** The patient signed a notarized Election Form for Medicare (see attached). |

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| **Section E: Pre-Certification Criteria for Skilled Christian Science Nursing Facility Services (insert date of pre-cert)** | | |
| **Questions 1 to 5 must be YES and there must be at least 1 YES to Q6a to Q6e:** | **YES** | **NO** |
| 1. The patient requires **inpatient** skilled Christian Science nursing services on a **daily** basis that must be performed by, or under the supervision of *Journal*-listed Christian Science nurse(s). |  |  |
| 1. The patient requires skilled Christian Science nursing services to **improve their condition** and/or **prevent deterioration** in the patient's illness or injury. |  |  |
| 1. The patient requires a **care plan** that will be developed, managed, monitored, and evaluated **daily** by a *Journal*-listed Christian Science nurse. |  |  |
| 1. The **care plan** includes goals and objectives for improvement, discharge plans and planned interventions. |  |  |
| 1. The patient has **health problems** requiring 35% or more **direct care** delivered by a skilled Christian Science nurse. |  |  |
| 1. For Skilled Christian Science nursing (at least 1 YES for Q6a to Q6e) |  |  |
| 1. The patient requires **observation, assessment and monitoring.** |  |  |
| 1. The patient and/or caregiver require **complex teaching services**. |  |  |
| 1. The patient requires **extensive care** due to an **obstructed airway** or is requiring acute care to **assure sufficient air intake**. |  |  |
| 1. The patient requires **cleansing and bandaging of wound(s)** several times daily. |  |  |
| 1. The patient has a **mental condition and/or behavior** that present a **risk of significant harm to self or others**. |  |  |
| **Along with Criteria 1 to 6, the following Level of Care criteria must be met based on the applicable Revenue Code:** | **YES** | **NO** |
| ***For Subacute Level IV (Revenue Code 0194) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more** **health problems** that will require a minimum of **720 minutes** of patient care within a 7 day period be delivered by *Journal*-listed Christian Science nurse(s). |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver care at least **5 days of care** for a health problem and at least **3 days of care** for a separate health problem. |  |  |
| ***For Subacute Level III (Revenue Code 0193) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more health problems** that will require a minimum of **500 minutes** of patient care **within a 7 day period** be delivered by *Journal*-listed Christian Science nurse(s)**.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of **5 days of care** **for 1 category of health problem within any** **7 day facility stay**. |  |  |
| ***For Subacute Level II (Revenue Code 0192) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more health problems** that will require a minimum of **325 minutes** of patient care **within a 7 day period** be delivered by *Journal*-listed Christian Science nurse(s)**.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of 325 minutes of patient care **within 5 days of any 7 day period in the facility**. |  |  |
| ***For Subacute Level I (Revenue Code 0191) all answers must be YES to Q1 to Q3*** | | |
| 1. The patient has **1 or more health problems** that require intermittent management by a *Journal*-listed Christian Science nurse. |  |  |
| 1. The patient requires **at least 150 minutes of patient care** by *Journal*-listed Christian Science(s)**, within a 7 day period.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of 150 minutes of patient care **within 5 days of any 7 day period in the facility.** |  |  |

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| **Section F: Utilization Management Criteria for Skilled Christian Science Nursing Facility Services (insert date)** | | |
| **Questions 1 to 5 must be YES and there must be at least 1 YES to Q6a to Q6e:** | **YES** | **NO** |
| 1. The patient requires **inpatient** skilled Christian Science nursing services on a **daily** basis that must be performed by, or under the supervision of *Journal*-listed Christian Science nurse(s). |  |  |
| 1. The patient requires skilled Christian Science nursing services to **improve their condition** and/or **prevent deterioration** in the patient's illness or injury. |  |  |
| 1. The patient requires a **care plan** that will be developed, managed, monitored, and evaluated **daily** by a *Journal*-listed Christian Science nurse. |  |  |
| 1. The **care plan** includes goals and objectives for improvement, discharge plans and planned interventions. |  |  |
| 1. The patient has **health problems** requiring 35% or more **direct care** delivered by a skilled Christian Science nurse. |  |  |
| 1. For Skilled Christian Science nursing (at least 1 YES for Q6a to Q6e) |  |  |
| 1. The patient requires **observation, assessment and monitoring.** |  |  |
| 1. The patient and/or caregiver require **complex teaching services**. |  |  |
| 1. The patient requires **extensive care** due to an **obstructed airway** or is requiring acute care to **assure sufficient air intake**. |  |  |
| 1. The patient requires **cleansing and bandaging of wound(s)** several times daily. |  |  |
| 1. The patient has a **mental condition and/or behavior** that present a **risk of significant harm to self or others**. |  |  |
| **Along with Criteria 1 to 6, the following Level of Care criteria must be met based on the applicable Revenue Code:** | **YES** | **NO** |
| ***For Subacute Level IV (Revenue Code 0194) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more** **health problems** that will require a minimum of **720 minutes** of patient care within a 7 day period be delivered by *Journal*-listed Christian Science nurse(s). |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver care at least **5 days of care** for a health problem and at least **3 days of care** for a separate health problem. |  |  |
| ***For Subacute Level III (Revenue Code 0193) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more health problems** that will require a minimum of **500 minutes** of patient care **within a 7 day period** be delivered by *Journal*-listed Christian Science nurse(s)**.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of **5 days of care** **for 1 category of health problem within any** **7 day facility stay**. |  |  |
| ***For Subacute Level II (Revenue Code 0192) all answers must be YES to Q1 to Q2*** | | |
| 1. The patient has **2 or more health problems** that will require a minimum of **325 minutes** of patient care **within a 7 day period** be delivered by *Journal*-listed Christian Science nurse(s)**.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of 325 minutes of patient care **within 5 days of any 7 day period in the facility**. |  |  |
| ***For Subacute Level I (Revenue Code 0191) all answers must be YES to Q1 to Q3*** | | |
| 1. The patient has **1 or more health problems** that require intermittent management by a *Journal*-listed Christian Science nurse. |  |  |
| 1. The patient requires **at least 150 minutes of patient care** by *Journal*-listed Christian Science(s)**, within a 7 day period.** |  |  |
| 1. The patient requires *Journal*-listed Christian Science nurse(s) to deliver a minimum of 150 minutes of patient care **within 5 days of any 7 day period in the facility.** |  |  |

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