

Instructions

The Skilled Nursing Facility Progress Report on the next page is used to provide clinical information when a patient is receiving skilled nursing medical care with therapy or therapy only. When the patient is receiving skilled nursing for medical care only, reviews will be done verbally. See page 3 for the [clinical documentation required](#) for these reviews.

Below are instructions on how to complete the Skilled Nursing Facility Progress Report form:

- Meet with the Therapist to complete the form.
- Fill out the progress report boxes with the exact level of assistance required.
 - Use the rating of minimum, moderate, maximum assistance or functional independence scores.
 - If additional space is needed, attach on a separate sheet of paper or attach documentation.
 - For information not addressed in this form, send applicable documentation.
- Do not leave fields blank.

If the activity...	Write...
Is not applicable	Not Applicable or N/A
Was not tested yet	Not Tested

- Use the [Clinical Requirements](#) list on page 3 to determine what information is needed for the [initial review](#) and the [continued stay review\(s\)](#).
- Fax the completed Skilled Nursing Facility Progress Report form and the attached clinical information to Wellmark’s Utilization Management Department at 515-376-9144 on the day the review is due.

If it is not provided within the requested time frame, the request for authorization will be sent to the medical director for review and a decision will be made based on the available information.

Wellmark may conduct a post-service review of medical records. The medical records must support skilled level of care provided by the appropriate personnel with the appropriate level of supervision.



Skilled Nursing Facility Progress Report

Patient's Name: _____ Date of Birth: ____/____/____

Physical Therapy

	Review #1	Review #2	Review #3	Review #4
Bed Mobility				
Sit to Stand				
Chair, Wheelchair Transfers				
Ambulation/Distance/Device				
Stairs				
Wheelchair Mobility				

Occupational Therapy

	Review #1	Review #2	Review #3	Review #4
Feeding				
Grooming/Hygiene				
Upper Body drsg				
Lower Body drsg				
Bathing/type				
Toileting				
Toileting Transfers				
Cognitive Level				

Physical and/or Occupational Therapy

	Review #1		Review #2		Review #3		Review #4	
1 discipline 1-2 h/day 5 days week (yes/no)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimated length of stay								
Discharge Planning/ Needs								
Support System								
Signature, credentials, and date								

Initial Review - Provide this information for both medical and therapy initial reviews and when requested on continued stay reviews.	
Medical status	Cognitive status
Diagnosis	Support system available <ul style="list-style-type: none"> • Able to assist with cares upon discharge? • If unable, what community resources will be utilized?
Services to be provided / Ongoing services	
Reason services cannot be provided at lower level of care	Prior level of functioning
Estimated length of stay Updated length of stay	Current functional status including weight bearing status
Treatment plan - specific and measurable goals	Discharge plan: Home evaluation needed?
Initial evaluation for therapy within 2 days of admission	Frequency and duration of service(s) being provided
Has the minimum requirement of 1-2 hours of therapy per day for 5 days per week been met for this review period?	

Continued stay requires this updated clinical information with each review.		
Medical with Therapy or Therapy Only		Medical Only
Most recent therapy notes	Functional Status: <ul style="list-style-type: none"> • Ambulation - Assist Level <ul style="list-style-type: none"> • Device • Distance • Bed mobility <ul style="list-style-type: none"> • Supine to sit • Sit to stand • Chair, Wheelchair, Toilet - Transfers • Feeding • Grooming/Hygiene • Dressing <ul style="list-style-type: none"> • Upper body • Lower body • Toileting (bowel and bladder) • Bathing / type • Wheelchair mobility - if applicable 	Temperature/Vitals
Specific Progress toward goals <ul style="list-style-type: none"> • Goals met • Goals not met / adjustments 		Skin integrity <ul style="list-style-type: none"> • Wound assessment / measurements and treatment protocol
Patient / Caregiver education		Respiratory status
Updated discharge plan / date		Cardiovascular status
Activity tolerance - hours per day for therapy - days per week		Gastrointestinal / Genitourinary status
Nutritional status <ul style="list-style-type: none"> • Diet & Diet tolerance • Swallowing deficits • Tube Feeding Rate 		Nutritional status <ul style="list-style-type: none"> • Diet & Diet tolerance • Swallowing deficits • Tube Feeding Rate
Cognitive status <ul style="list-style-type: none"> • Ability to understand teaching 		Laboratory results
Overall medical status including medications and adjustments, if applicable		Independent Activities of Daily Living (IADLs) will not be reviewed for Skilled Nursing Facility level of care.
		Pain level & Administration of pain medication - frequency