

Important: All case-mix group (CMG) change requests must be submitted in real-time, near admission, and while the member is being managed by a naviHealth Care Coordinator. Requests submitted after discharge from the Skilled Nursing Facility may not be reviewed. **This document may be used to support you with your request.**

Requester/Patient Information	
Requester name:	
Requester title/role:	
Provider or Facility name:	
Provider or Facility contact name:	Phone:
Date/time of request:	
Patient name:	
Patient authorization number (for claims):	
Authorized CMG - PT/OT: SLP: NSG: NTA:	
Which CMG components do you request to have re-assessed (mark all): PT/OT: SLP: NSG: NTA:	

Instructions: Complete the section below that corresponds to the specific CMG component you are requesting to be re-assessed and **provide clinical documentation to support the request** (refer to the Clinical Documentation Submission Requirements form).

PT/OT Component	Clinical Drivers
Primary diagnosis/reason for SNF stay	
Surgical procedures	
Clinical category	<input type="checkbox"/> Major joint replacement or spinal surgery <input type="checkbox"/> Other orthopedic <input type="checkbox"/> Medical management <input type="checkbox"/> Non-orthopedic surgery and acute neurologic
PT/OT function score (CLOF)	<p>Levels of independence (assist required)</p> <p><u>Self-care</u></p> <ul style="list-style-type: none"> • Eating: • Oral hygiene: • Toilet hygiene: • Bed mobility: <p><u>Bed Mobility</u></p> <ul style="list-style-type: none"> • Sit to lying: • Lying to sitting on side of bed: <p><u>Transfers</u></p> <ul style="list-style-type: none"> • Sit to stand: • Chair/bed-to-chair: • Toilet: <p><u>Ambulation:</u></p> <ul style="list-style-type: none"> • Distance: • Level of assist:

SLP Component	Clinical Drivers
Presence of an acute neurologic condition?	<input type="checkbox"/> Yes (provide supporting documentation) <input type="checkbox"/> No
Presence of a cognitive impairment?	<input type="checkbox"/> Yes (provide supportive documentation) <input type="checkbox"/> No
Presence of any SLP-related comorbidities? (identify any of the 12)	<input type="checkbox"/> Aphasia <input type="checkbox"/> CVA, TIA, or stroke <input type="checkbox"/> Hemiplegia or hemiparesis <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Tracheostomy care (while a resident) <input type="checkbox"/> Ventilator or respirator (while a resident) <input type="checkbox"/> Laryngeal cancer <input type="checkbox"/> Apraxia <input type="checkbox"/> Dysphagia <input type="checkbox"/> ALS <input type="checkbox"/> Oral cancers <input type="checkbox"/> Speech and language deficits
Mechanically altered diet?	<input type="checkbox"/> Yes (provide supportive documentation) <input type="checkbox"/> No
Presence of a swallowing disorder?	<input type="checkbox"/> Yes (provide supportive documentation) <input type="checkbox"/> No
NSG Component	Clinical Drivers
NSG function score	Levels of independence (assist required) <u>Self-care</u> <ul style="list-style-type: none"> Eating: Toilet hygiene: <u>Bed mobility</u> <ul style="list-style-type: none"> Sit to lying: Lying to sitting on side of bed: <u>Transfers</u> <ul style="list-style-type: none"> Sit to stand: Chair/bed-to-chair: Toilet:
Depression	<input type="checkbox"/> Yes (provide supportive documentation) <input type="checkbox"/> No <input type="checkbox"/> PHQ-9 score: _____
Restorative nursing count (services provided of 15 or more minutes per day for 6 or more of the last 7 days):	<input type="checkbox"/> Bowel and/or bladder toileting prog. <input type="checkbox"/> PROM and/or AROM <input type="checkbox"/> Splint or brace assistance <input type="checkbox"/> Bed mobility and/or walking training <input type="checkbox"/> Transfer training <input type="checkbox"/> Dressing and/or grooming training <input type="checkbox"/> Eating and/or swallowing training <input type="checkbox"/> Amputation/prostheses care <input type="checkbox"/> Communication training
Nursing category	<input type="checkbox"/> Extensive services <input type="checkbox"/> Special care (high) <input type="checkbox"/> Special care (low) <input type="checkbox"/> Clinically complex <input type="checkbox"/> Behavioral symptoms & cog. perf. <input type="checkbox"/> Reduced physical function

NTA Component	Clinical Drivers
Comorbid diagnoses and extensive services	Refer to CMS's list of 50 comorbidities used to classify NTA and list all that apply as active & relevant:

Active & relevant diagnoses: Diagnoses that have a direct relationship to the resident's current functional, cognitive status, mood behavior, medical treatments, nursing monitoring, or risk of death during the SNF stay.

- Must be documented by a physician in the last 60 days.
- Do not include conditions that have been resolved, do not affect the resident's current status, or do not drive the patient's plan of care during the SNF, as these would be considered inactive diagnoses.

Last Revised Date: 09/18/20