Ascend Management Innovations LLC

Physician Certification

Client Name:_____ **Client DOB:**_____

Client SS#::_____

❑ Attestation that the individual meets Connecticut Code for nursing home level of care

As required under Public Health Code, attestation that an individual meets nursing home level of care criteria must be provided by a physician, APRN, or physician assistant. This certification must be signed and dated by the practitioner; telephone and voice orders are not acceptable.

My signature below attests that the individual named above meets the nursing facility level of care criteria described in Section 19-13-D(8)(t)(d)(1) of the Public Health Code.

Physician Signature_____

Physician Printed Name_____

Date_____

❑ Request for Exempted Hospital Discharge

As required under Federal Code, an individual with mental illness, mental retardation, or condition related to mental retardation is exempt from PASRR under the Exempted Hospital Discharge provision only if a physician certifies that the individual requires 30 or fewer calendar days of NF services and that the additional provisions below also apply.

My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:

1) S/he is being admitted to a NF directly from a hospital after receiving acute medical care;
2) The need for NF is required for the condition treated in the hospital;
3) The individual requires less than 30 calendar days of NF services, and;
4) There is no current risk to self or others and behaviors/symptoms are stable

Physician Signature_____

Physician Printed Name_____

Date_____