

Practitioner Certification

Client Name: _____

Client DOB: _____

Client SS#: _____



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

As required under CT Public Health Code, attestation that an individual meets nursing home level of care criteria must be provided by a physician, APRN, or physician assistant.

Section 19-13-D(8)(t)(d)(1) of the Public Health Code requires that patients shall be admitted to a nursing facility only after a physician certifies:

- (a) That a patient admitted to a chronic and convalescent nursing home has uncontrolled and/or unstable and/or chronic conditions requiring continuous skilled nursing services and/or nursing supervision or has chronic conditions requiring substantial assistance with personal care, on a daily basis;*
- (b) That a patient admitted to a rest home with nursing supervision has controlled and/or stable chronic conditions which require minimal skilled nursing services, nursing supervision, or assistance with personal care on a daily basis.*

My signature below attests that the individual named above meets either (a) or (b) of the nursing facility level of care criteria described above.

Practitioner Signature _____

Practitioner 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 the individual's medical practitioner 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*

Practitioner Signature _____

Practitioner Printed Name _____

Date _____