

McLaren Print System Order

Order No: 6437
 Order Date: 2014-10-14
 User: anna parsian
 Phone: 810-342-2375

Ship Location: Debra Hoffman/Anna
 401 South Ballenger Highway - 4South
 Flint , MI 48532

Forms

Quantity: 500
 Paragon Dept No: 91570
 Dept Name: Case Management
 Company Number: 60

Order Total Price: 111.20

Item Number: DCH-3878
 Item Description: Mental Illness / Mental Retardation / Related Condition Exemption Criteria Certification
 Revision Date:
 Print: 2 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top
 Misc Info:

Michigan Department of Community Health
MENTAL ILLNESS / MENTAL RETARDATION / RELATED CONDITION
 (EXEMPTION CRITERIA CERTIFICATION
 (For Use in Claiming Exemption Only)

INSTRUCTIONS:

- This form must be completed by a registered nurse, licensed bachelor or master social worker, licensed professional counselor, psychologist, physician's assistant or physician, and signed and dated by a physician.
- The patient being screened shall require a comprehensive LEAD Evaluation (UNLESS either of the exemption criteria below is met and certified by a physician. Indicate which one applies.

Patient Name		Date of Birth	
Name of Referring Agency		Referring Agency Telephone No.	
Referring Agency Address (Street, Street, Building, Suite No., etc.)		City	State ZIP Code
<p>Exemption Criteria:</p> <p><input type="checkbox"/> COGNITIVE: YES. I certify the patient under consideration is in a consistent negative state.</p> <p><input type="checkbox"/> DEMENTIA: YES. I certify the patient under consideration has a dementia as established by clinical examination and evidence of meeting ALL 5 criteria below and does NOT have mental retardation-related condition or another primary psychiatric diagnosis of mental illness.</p> <p>Specify the type of dementia: _____</p> <ol style="list-style-type: none"> Has demonstrable evidence of impairment in short term or long-term memory as indicated by the inability to learn new information or remember three objects after five minutes, and the inability to remember past personal information or facts of common knowledge. Exhibits at least one of the following: <ul style="list-style-type: none"> Impairment of abstract thinking as indicated by the inability to find similarities and differences between related words, has difficulty defining words, concepts and similar tasks. Impaired judgment as indicated by inability to make reasonable plans to deal with interpersonal, family and job-related issues. Other disturbances of higher cortical function, i.e., aphasia, apraxia and constructional difficulty. Personality change, altered or exacerbated personality traits. Disturbances in items 1 or 2 above significantly interfere with work, social activities or relationships with others. The disturbance has NOT occurred exclusively during the course of delirium. <p>3. EITHER:</p> <ol style="list-style-type: none"> Medical history, physical exam and/or lab tests show evidence of a specific organic factor judged to be etiologically related to the disturbance. OR An etiologic organic factor is presumed in the absence of such evidence if the disturbance cannot be accounted for by any non-organic mental disorder. <p><input type="checkbox"/> HOSPITAL EXEMPTED DISCHARGE:</p> <p>YES. I certify that the patient under consideration is:</p> <ol style="list-style-type: none"> being admitted after a hospital stay, AND requires nursing facility services for the condition for which s/he received hospital care, AND is likely to require less than 30 days of nursing services. 			
Physician Signature	Date Signed	Physician's Printed Name	Physician Number
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AUTHORITY: The use of the Social Security and Identification card (SSN/ID) number is required and will be used for the issuing facility.

COMPLETION: The Department of Community Health is an equal opportunity employer, services, and program provider.

COPY DISTRIBUTION: ORIGINAL: Nursing Facility returns to Patient File
 COPY: Michigan State (10/10/2011) and submit to your (10/10/2011)
 COPY: Patient Copy or Legal Representative.

FORM 3878 (2011) Previous editions are obsolete.