P.O. BOX 259537
MADISON, WI 53725-9537
FAX 608.276.9119
CUSTOMER CONTACT CENTER 800.279.4000

Provider Certification

Claimant Name:	Social Security No.:
	Subscriber No.:
	Date of Birth:

I assessed the condition of the above-named person on _____
Date

He/She has a diagnosis of _____

I certify that the above-named person is in need of long term care services due to either functional incapacity or severe cognitive impairment as described below. Please place a check mark beside either A ***or*** B below and in the appropriate subset of boxes under either A **or** B.

*** * ATTACH A COPY OF THE PLAN OF CARE TO THIS FORM. * ***

☐ A.

☐ Functional Incapacity: This individual is unable to perform the following Activities of Daily Living (ADLs), as defined on the reverse of this page, without substantial assistance from another individual. Please place a check mark in the appropriate boxes.

☐ Bathing	☐ Dressing	☐ Toileting
☐ Standby	☐ Standby	☐ Standby
☐ Hands-on	☐ Hands-on	☐ Hands-on
☐ Continence	☐ Eating	☐ Transferring
☐ Standby	☐ Standby	☐ Standby
☐ Hands-on	☐ Hands-on	☐ Hands-on

AND

☐ This patient's inability to perform the above-noted ADLs has continued and/or is reasonably expected to continue for at least 90 consecutive days. (The calculation of the anticipated 90-day period may include days of hospitalization following the incident causing the current incapacity.)

☐ B.

☐ Severe Cognitive Impairment: This individual has experienced a loss or deterioration in intellectual capacity which:

1) Has been demonstrated by clinical evidence and standardized tests in:
   a) short-term or long-term memory;
   b) orientation as to people, places, or time; and,
   c) deductive or abstract reasoning; and

Please note the test(s) and score(s) that document this individual's cognitive deficits:

☐ SPMSQ: (Date) _____ ☐ MMSE: (Date) _____ ☐ Other (specify): _____

2) Is comparable to Alzheimer's disease and similar forms of irreversible dementia.

AND

☐ Requires Substantial Supervision to protect himself/herself or others from threats to health and safety.

I certify that the above information is a true and accurate representation of the above-named individual's current capacity.

Provider's Name (please type or print): _____

Degree: ☐ M.D. ☐ Other: _____ Specialty: _____

Name of Clinic: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone No.: _____

Provider's Signature: _____ Date: _____

Definitions

Activities of Daily Living (ADLs) are Bathing, Continence, Dressing, Eating, Toileting, and Transferring as defined herein.

- Bathing means washing oneself by sponge bath or in either a tub or shower, including the task for getting into or out of the tub or shower, without Substantial Assistance from another person.

- Continence means the ability to maintain control of bowel and bladder function or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene, including caring for a catheter or colostomy bag, without Substantial Assistance from another person.

- Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs without Substantial Assistance from another person. An individual will be considered able to dress himself or herself even if these tasks can only be performed by using modified clothing or adaptive devices such as tape fasteners or zipper pulls.

- Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously without Substantial Assistance from another person. An individual will be considered able to eat even if he or she requires assistance preparing or serving the food, such as cutting food or opening cartons.

- Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene without Substantial Assistance from another person.

- Transferring means the ability to move into or out of a bed, chair, or wheelchair without Substantial Assistance from another person. An individual will be considered able to transfer even if he or she uses or requires equipment such as canes, quad canes, walkers, crutches, grab bars, or other support devices, including mechanical or motorized devices, in order to transfer or ambulate.

Substantial Assistance means Hands-on Assistance or Standby Assistance.

- Hands-on Assistance means the physical assistance of another person without which the Chronically Ill individual would be unable to perform the Activities of Daily Living.

- Standby Assistance means the presence of another person within arm's reach of the Chronically Ill individual that is necessary to prevent, by physical intervention, injury to the Chronically Ill individual while he or she is performing an Activity of Daily Living.

Substantial Supervision means continual supervision (which may include cuing by verbal prompting, gestures, or other demonstrations) by another person that is necessary to protect the Severely Cognitively Impaired individual from threats to his or her health or safety (such as may result from wandering).