

CHRONICALLY ILL CERTIFICATION

Patient Name: _____

The patient must meet at least one of the two tests below (please mark which test(s) apply):

Test A – Two Activities of Daily Living

- ☐ This person suffers from a loss of functional capacity which makes him/her unable to perform without **substantial assistance** from another individual, **at least two** of the following activities of daily living (please mark those that apply to this patient):
- | | |
|-------------------------------------|--|
| <input type="checkbox"/> eating | <input type="checkbox"/> toileting |
| <input type="checkbox"/> bathing | <input type="checkbox"/> dressing |
| <input type="checkbox"/> continence | <input type="checkbox"/> transferring (moving from one place to another within the home) |

NOTE: To qualify the condition must have either already existed for at least 90 days or it is expected to last for at least 90 days.

NOTE: “**Substantial assistance**” means, either:

- (1) “Hands-on assistance”, the physical assistance of another person without which the individual would be unable to perform the activity of daily living; or
- (2) “Standby assistance”, the presence of another person within arm's reach of the individual that is necessary to prevent, by physical intervention, injury to the individual while the individual is performing the activity of daily living (such as being ready to catch the individual if the individual falls while getting into or out of the bathtub or shower as part of bathing, or being ready to remove food from the individual's throat if the individual chokes while eating).

Test B – Severe Cognitive Impairment

- ☐ This person requires **substantial supervision** to protect him/her from threats to his/her health and safety due to **severe cognitive impairment**;

NOTE: “**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).

NOTE: “**Severe cognitive impairment**” means a loss or deterioration in intellectual capacity that is:

- (1) comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia, **and**
- (2) measured by clinical evidence and standardized tests that reliably measure impairment in the individual's (a) short-term or long-term memory, (b) orientation as to people, places, or time, and (c) deductive or abstract reasoning.

In my opinion, this condition began on approximately _____ (date).

- ☐ I expect this condition to be permanent and irreversible; or
- ☐ I expect this condition to be an indefinite one which is reasonably expected to be lengthy in nature;
- ☐ This patient's condition may improve in the future and may need to be re-evaluated.

Signed: _____ Dated: _____

Title _____ *

**I am either: a physician, a registered professional nurse or a licensed social worker.*