

Illustration 2-1 Sample Physician Override (Local Form)

Date: July 31, 2004

To: Dr. Horowitz

From: Ames County LTHHCP

Subject: Ms. Emily Brown

Your patient's DMS-1 predictor score is 47 and does not adequately reflect the higher level of care that is needed to maintain him or her safely at home. A score of 60-179 indicates a Health Related Facility level and 180+ indicates a Skilled Nursing Facility level.

I have attached the DMS-1 form for your review and request you certify that a higher level of care is needed because of the following assessments:

Medical: Ms. Brown has multiple health problems that need close monitoring including: peptic ulcer, hypertension, diverticulitis and depression. She is elderly and in fragile condition.

Psychosocial: Ms. Brown has no family members able to provide support. A social day care program could help her overcome her social isolation and prevent more regression.

Rehabilitation:

Other:

I certify that this patient warrants a higher level of care because of the above stated reasons.

Dr. Horowitz

Physician's name (please print)

Dr. A. Horowitz

Signature

Aug. 5, 2004

Date

#55555

License #