PHYSICIAN STATEMENT FOR MEDICAID TEMPORARY STAY REVIEW FOR INDIVIDUALS ENTERING A LONG-TERM CARE FACILITY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAID POLICY UNIT
SFN 132 (6-2015)

Clear Fields

This form must be signed by a Medical Provider

Name of Patient	Date Patient Admitted to Long-Term Care Facility
Is it a reasonable expectation that the patient will be able to return to their own home/lessor care within 6 months from date of entry into Long-Term Care? ☐ Yes ☐ No	
Briefly explain reasons for the stay/placement into Long-Term Care Facility	

Printed Name of Physician	
Physician Signature	Date

Note: Expectation that patient may pass away within 6 months is not considered a temporary stay.