

**McLaren Print System Order**

Order No: 63066  
 Order Date: 2021-06-16  
 User: Sateesha Poplar  
 Phone: 810-342-2375

Ship Location: 4 South McLaren Flint  
 Case Mangement Department 4 south  
 Flint , MI 48532

**Forms**

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

Order Total Price: 0.00

Item Number: DCH-3878  
 Item Description: Mental Illness / Mental Retardation / Related Condition Exemption Criteria Certification  
 Revision Date: 3/2021  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: Previous Editions Obsolete

**MENTAL ILLNESS/INTELLECTUAL/DEVELOPMENTAL DISABILITY/RELATED  
 CONDITION EXEMPTION CRITERIA CERTIFICATION**  
 Michigan Department of Health and Human Services  
 (For Use in Claiming Exemption Only)  
 Level II Screening

**INSTRUCTIONS:**

- Must be completed, signed and dated by a nurse practitioner, physician's assistant or physician.
- The patient being screened shall require a comprehensive LEVEL II evaluation UNLESS any of the exemption criteria below is met and certified by a physician's assistant, nurse practitioner or physician. Indicate which exemption applies.

Patient Name		Date of Birth	
Name of Referring Agency		Referring Agency Telephone Number	
Referring Agency Address (Number, Street, Building, Suite Number, etc.)			
City		State	Zip Code
<b>Exemption Criteria</b>			
<input type="checkbox"/> COMA:	Yes,	I certify the patient under consideration is in a coma/persistent vegetative state.	
<input type="checkbox"/> DEMENTIA:	Yes,	I certify the patient under consideration has dementia as established by clinical examination and evidence of meeting ALL 5 criteria below.	
	Yes,	I certify the patient under consideration does not have another primary psychiatric diagnosis of a serious mental illness.	
	Yes,	I certify the patient under consideration does not have an intellectual disability, developmental disability or a related condition.	
<b>Specify the type of dementia:</b>			
1. 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.			
2. Exhibits at least one of the following:			
+ 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 constructural			
+ Personality change: altered or accentuated pre-morbid traits.			
3. Disturbances in items 1 or 2 above significantly interfere with work, usual activities or relationships with others.			
4. The disturbance has NOT occurred exclusively during the course of delirium.			

Spec Info: