
Skilled Nursing Facility / Intermediate Care Facility Physician Recertification for Medi-Cal

Page updated: September 2020

Date of Initial Certification

Patient: _____

Medi-Cal Identification Number: _____

Recertification

I certify that skilled nursing facility, intermediate care facility (circle) services are required to be given on an inpatient basis because of the above-named patient's need for skilled nursing care and that I have reviewed and approved the above-named patient's plan of care.

Physician: _____

Date: _____

Recertification

I certify that skilled nursing facility, intermediate care facility (circle) services are required to be given on an inpatient basis because of the above-named patient's need for skilled nursing care and that I have reviewed and approved the above-named patient's plan of care.

Physician: _____

Date: _____

Recertification

I certify that skilled nursing facility, intermediate care facility (circle) services are required to be given on an inpatient basis because of the above-named patient's need for skilled nursing care and that I have reviewed and approved the above-named patient's plan of care.

Physician: _____

Date: _____

Recertification

I certify that skilled nursing facility, intermediate care facility (circle) services are required to be given on an inpatient basis because of the above-named patient's need for skilled nursing care and that I have reviewed and approved the above-named patient's plan of care.

Physician: _____

Date: _____

Note: Recertification of skilled nursing facility patients is required by Federal regulations 30, 60, and 90 days after initial certification and every 60 days thereafter.

Recertification of intermediate care patients is required 60 days, 180 days, 12 months, 18 months, and 24 months after initial certification and annually thereafter.