

## AFFIDAVIT

COMES NOW, the undersigned, who after being duly sworn, deposes and states as follows:

-1-

My name is [REDACTED], M.D.. I am over the age of eighteen (18) and have personal knowledge concerning the matters stated herein.

-2-

This affidavit is given in connection with an application for nursing home Medicaid for [REDACTED].

-3-

I am a medical doctor licensed to practice medicine in Tennessee and my current C.V. is attached to this Affidavit. My NPI number is [REDACTED] and my Medicaid ID number is [REDACTED]. In that capacity, on January 18, 2021, I completed and signed a PAE Certification Form in which I listed [REDACTED]'s relevant diagnoses as Alzheimer's disease, dementia, delusional disorder, psychosis, anxiety, auditory hallucinations, hypothyroidism, HTN, HLD, malnutrition and GERD. The listed diagnoses were based on my examination of Mrs. [REDACTED] and review of her medical records. It is my understanding that a PAE Certification form must be submitted to TennCare for approval to establish that a potential resident meets the medical criteria for nursing home care. It is also my understanding that TennCare approved Mrs. [REDACTED]'s PAE on January 25, 2021.

-4-

Progress notes submitted with Mrs. [REDACTED]'s PAE Certification form indicate she was admitted with Alzheimers and confusion and was unable to give a meaningful history when examined on January 11, 2021. They also indicate that, in addition to the diagnoses listed in the PAE Certification Form I signed, Mrs. [REDACTED] was diagnosed with Schizophrenia and was hard of hearing.

-5-

On April 27, 2021, I completed a Sworn Examination report for the Chancery Court for Hamilton County, Tennessee in connection with a petition for Conservatorship for Mrs. [REDACTED]. In that report I indicated that Mrs. [REDACTED] had Alzheimer's dementia with psychotic features, schizophrenia, hypertension and hyperlipidemia. I also reported she had impaired insight and judgment, and that she requires 24/7 supervision. I concluded that she is unable to function independently and needs 24/7 care.

-6-

Based on my education, experience and my examinations of Mrs. [REDACTED] beginning with her admission to [REDACTED] and ongoing, I can offer the following opinions based on my education, experience, examinations of Mrs. [REDACTED] and review of her medical records within a reasonable degree of medical certainty:

- [REDACTED], at all times since her admission to [REDACTED], lacked the ability to understand, in a reasonable manner, the extent, character or effect of financial transactions. If given a contract, it is my opinion she would not be capable of understanding its meaning or import.
- [REDACTED] was not capable of identifying her financial resources, much less managing them upon admission to [REDACTED] or at anytime thereafter.

- If Mrs. [REDACTED] had been shown forms necessary to liquidate insurance policies at any time from her admission to [REDACTED] or thereafter, she would not have understood them.
- If anyone had tried to explain to Mrs. [REDACTED] the reasons for liquidating her insurance policies, she would not have understood the conversation and would not have been capable of responding or rendering assistance.
- It is my opinion that Mrs. [REDACTED] lacks the ability to engage in relatively simple financial tasks such as balancing a check book, making change or even recognizing the significance of money. I do not believe Mrs. [REDACTED] had the ability to assist her caregivers in identifying her financial resources for the purpose of disclosing them to TennCare.
- In my experience, engagement in financial transactions is usually more complex and requires greater cognitive capacity than assisting health care providers in the health-care decision process and Mrs. [REDACTED]'s dementia and confusion was significant enough that she is unable to do either.
- In my opinion, Mrs. [REDACTED] has a physical and mental impairment which substantially limits more than one major life activities, has a record of such an impairment, and is regarded as having such an impairment. To the extent additional help should be given to someone who is handicapped, it is my opinion that Mrs. [REDACTED] needed that additional assistance.

FURTHER AFFIANT SAITH NOT.

Sworn to and subscribed this 12<sup>th</sup> day of July, 2022.

[REDACTED]

[REDACTED] M.D.

On the 12<sup>th</sup> day of July, 2022, personally came before me [REDACTED], M.D., known to be the individual described herein, who after being duly sworn, subscribed the foregoing instrument in my presence.

Ivelisse Alvarez  
 NOTARY PUBLIC  
 Name: Ivelisse Alvarez

My Commission expires: \_\_\_\_\_

**My Commission Expires  
 November 13, 2023**

