

Nursing Facility Applicant Name: _____

Applicant DOB: _____

This form must be included with the Level I submission if the EHD or categoricals are requested.

☐ **Request for Exempted Hospital Discharge** *(requires attending physician's signature)*

As allowable under Federal Code, an individual with a known or suspected serious mental illness, an intellectual disability, or a related condition may be exempt from preadmission PASRR activities under the Exempted Hospital Discharge provision (42 CFR §483.106(b)(2)) *only if* the individual's attending physician has certified before admission to a facility that the individual is:

- 1) Likely to require less than 30 days of NF services.
- 2) Being admitted to a NF directly from a hospital after receiving acute inpatient care.
- 3) Requires NF services for the condition for which they received care in the hospital.

The attending physician's signature below certifies their opinion that the individual meets the above criteria.

Attending Physician's Name: _____ Date: _____

Attending Physician's Signature: _____

As allowable under Federal Code (42 CFR §483.130), an individual with a known or suspected serious mental illness, an intellectual disability, or a related condition may be determined to meet criteria for one of the following categories approved by the State of Louisiana.

*As applicable, the Level I PASRR submitter should indicate the single category that applies to the individual. **Note:** The options below do not require a physician's signature.*

- ☐ **Request for 90-day Convalescent Care Categorical**
- ☐ **Request for Terminal Categorical**
- ☐ **Request for Serious Medical Categorical**
- ☐ **Request for Respite Categorical**
- ☐ **Request Due to Emergency Situation Requiring Protective Services**
- ☐ **Request for Provisional Admission due to Delirium**