

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: \_\_\_\_\_

REQUEST FOR EXEMPTED HOSPITAL DISCHARGE

As required under Federal Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability is exempt from PASRR under the Exempted Hospital Discharge provision only if the individual's medical practitioner certifies that the individual requires 30 or fewer calendar days of nursing facility services and that the additional provisions below also apply.

*My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:*

- 1) S/he is being admitted to a NF directly from a hospital after receiving acute medical care;
- 2) The need for NF is required for the condition treated in the hospital and meets standards specified in TN Code for nursing home level of care;
- 3) The individual requires less than 30 calendar days of NF services, and;
- 4) There is no current risk to self or others and behaviors/symptoms are stable

REQUEST FOR 60 DAY CONVALESCENT CARE

As required under Federal Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual requires 60 or fewer calendar days of NF services and that the additional provisions below also apply.

*My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:*

- 1) S/he is being admitted to a NF directly from a hospital after receiving acute medical care;
- 2) The need for NF is required for the condition treated in the hospital and meets standards specified in TN Code for nursing home level of care;
- 3) The individual requires less than 60 calendar days of NF services, and;
- 4) There is no current risk to self or others and behaviors/symptoms are stable

REQUEST FOR TERMINAL CATEGORICAL DECISION

As required under State Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual is terminally ill and that the additional provisions below apply.

*My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:*

- 1) S/he is terminally ill with life expectancy of less than 6 months;
- 2) Requires nursing care or supervision due to his/her physical condition, and;
- 3) There is no current risk to self or others and behaviors/symptoms are stable

REQUEST FOR SERIOUS MEDICAL CATEGORICAL DECISION

As required under State Code, an individual with mental illness, intellectual disability, or condition related to intellectual disability may be categorically permitted admission to a Medicaid certified nursing facility if the individual's medical practitioner certifies that the individual has a severe physical illness and that the additional provisions below apply.

*My signature below certifies that it is my opinion that the individual named above meets all of the following criteria:*

- 1) S/he has a severe physical illness which results in a level of impairment so severe that the individual could not be expected to benefit from specialized services,
- 2) Requires nursing care or supervision due to his/her physical condition, and;
- 3) There is no current risk to self or others and behaviors/symptoms are stable

Practitioner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner Printed Name: \_\_\_\_\_

Facility: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_