

Exempted Hospital Discharge
Physician Certification of Need for NF Services

Applicant's Name _____

SS# (last 4 digits) _____ Date of Birth _____

Name of Nursing Facility Requested: _____

Anticipated Discharge Date: _____

Name of Hospital Discharged From: _____

Level I Diagnostic Information

Level I Screen triggered Mental Illness: Yes

Level I Screen triggered Intellectual Disability or Developmental Disability: Yes

Exempted Hospital Discharge

An Exempted Hospital Discharge means:

- 1. The applicant is being admitted to a nursing facility after receiving acute inpatient care at the hospital; and Yes
- 2. The applicant requires nursing facility care for the condition for which s/he received care in the hospital; and Yes
- 3. The attending physician, upon signing this document has certified to the nursing facility that the applicant is likely to require LESS than thirty (30) days of nursing facility services. Yes

Attending Physician Signature _____

Date _____

NOTE: If an individual enters the nursing facility as an exempted hospital discharge AND is later found to require more than thirty (30) days of nursing facility care, a Level II PASRR shall be completed within forty (40) calendar days of admission. The nursing facility staff shall refer persons with Mental Illness, Intellectual Disability, or Developmental Disability for a Level II PASRR evaluation prior to the end of the exempt thirty (30) days by transmitting a copy of this form and a current 703 to Bock Associates. This allows ten (10) calendar days for the Level II PASRR to be completed. Failure to do so can result in a deficiency for the nursing facility.