



Nebraska Department of Health and Human Services
Categorical Determinations and Exemptions (PASRR)

****CONFIDENTIAL****

Phone: 833.840.9945 | Fax: 844.421.3626

Please submit this form directly to Kepro by attaching to the Atrezzo case or submit via fax

Complete this form only if the individual is considered to have a Serious Mental Illness, Intellectual Disability, Related Condition, or a Dual Diagnosis based on criteria identified on the Level I PASRR form.

Section I: Person Completing Form										
Name:				Facility:				Date:		
Phone #:				Fax #:						
Section II: Patient Information										
Name	<i>First</i>	<i>Last</i>		SS#				Date of Birth:		
Section III: Advanced Dementia *attach supporting documentation									YES	NO
Does the individual have a diagnosis of Serious Mental Illness, Intellectual Disability or a Related Condition and have a diagnosis is Dementia, Alzheimer's Disease or related disorder?									<input type="checkbox"/>	<input type="checkbox"/>
Is the diagnosis of Dementia, Alzheimer's Disease or related disorder considered the primary diagnosis?									<input type="checkbox"/>	<input type="checkbox"/>
Is the individual considered to be in the advanced stages of this condition and no longer able to participate in or benefit from Intellectual Disability/Developmental Disability or specialized services?									<input type="checkbox"/>	<input type="checkbox"/>
Section IV: Exempted Hospital Discharge										
The individual's physician certifies the following:										
<input type="checkbox"/> Admission to a NF directly from a hospital after receiving acute inpatient medical care at the hospital; and <input type="checkbox"/> Requires NF services for the medical condition he/she received care in the hospital; and <input type="checkbox"/> The attending physician has certified <u>prior to NF admission</u> that the individual will require less than 30 days services.										
Physician's Signature: _____							Date: _____			
Physician's Printed Name: _____							Phone #: _____			
Section V: Time-Limited Categorical Determinations *Attach validating documentation										
The following categories indicate the <u>individual requires NF services and does not require specialized</u> services for the time specified:										
<input type="checkbox"/> Emergency Protective Service: Individual is admitted to a NF pending further assessment, in an emergency for a stay not anticipated to exceed 7 days.										
<input type="checkbox"/> Respite: Admission to a NF is needed to care for individual to provide respite for in-home caregivers to whom the MI, ID/RC individual will return. Not to exceed 30 days.										
Section VI: Other Categorical Determinations (non-limited) *Attach records and/or physician's certification										
<input type="checkbox"/> Serious Medical: Individual has a diagnosis/medical condition of: Coma, ventilator dependence, function at a brain stem level or an end-stage medical condition which results in the inability to benefit from specialized services										
The following documentation has been attached:										
<input type="checkbox"/> Additional supporting documentation is attached/submitted <input type="checkbox"/> Physician's certification stating less than 30 day at nursing facility <input type="checkbox"/> Physician's certification/medical records indicating a Serious Medical Condition										
Notes:										