

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 <u>Serious Mental Illness</u>, <u>Intellectual Disability</u>,

<u>Related Condition</u>, or a <u>Dual Diagnosis</u> based on criteria identified on the Level I PASRR form.

Section I:	Person Completi	ng Form								
Name:			Facility:				Date:			
Phone #:			Fax #:					<u> </u>		
Section II: Patient Information										
Name	First	Last		SS#			Date of Birth:			
Section II	I: Advanced Dem	entia *atta	ch suppor	ting do	cumentati	on			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?										
Is the diagnosis of Dementia, Alzheimer's Disease or related disorder considered the primary diagnosis?										
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?										
Section IV: Exempted Hospital Discharge										
The individual's physician certifies the following:										
☐ Admission to a NF directly from a hospital after receiving acute inpatient medical care at the hospital; and										
☐ Requires NF services for the medical condition he/she received care in the hospital; and										
\Box The attending physician has certified <u>prior to NF admission</u> that the individual will require less than 30 days services.										
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Physician's Signature:Date:										
Physician's Printed Name:Phone #:										
Filysiciali	s Printed Name:						Phone	#:		_
	: Time-Limited Ca	ntegorical I	Determin	ations	*Attach va	lidating d		#:		
Section V							ocumentation			
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