

PASRR 30-DAY INFORMATION REQUIRED FOR PASRR EXEMPTION LETTER REQUEST

Fax to 608-267-7793

Please type into this fillable form.

The information collected on this form is used solely for the purpose of providing a 30-day recuperative care letter, when appropriate, for out-of-state residents being admitted to an in-state nursing facility.

PASRR Exemption Letter Requirements

Date of Exemption Request	Date Admitted to NH	Will this be a 30-day Recuperative Care Stay <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the Person Reside Out-of-State <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the person living with an intellectual disability or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	What hospital are they being discharged from?
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Was this a full hospital admission (not an observation bed, same day surgery, emergency department, visit, or rehab bed)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Will this be a direct admission from the hospital to the nursing facility with no interim return to the community?" <input type="checkbox"/> Yes <input type="checkbox"/> No

Resident Information

Name	Date of Birth	Age	Home Residence City	State
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What is the resident being admitted to recuperate from (medical diagnosis)?

What is the resident's intellectual disability or mental health diagnosis?

What psychiatric medication(s) are prescribed?

Insurance coverage (Medicare, Medicaid, other)?

Contact Information of Person/Facility Requesting this Letter

Name	Title
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Phone Number	Email Address
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Name of Facility

Facility Mailing Street Address	City	State WI	Zip
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County in which Facility is Located

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