



## Continued Stay Request

### Instructions for Submission

This request contains protected health information (PHI). Please submit via **encrypted** email to [NFAdmissions@la.gov](mailto:NFAdmissions@la.gov). If you are uncertain about your facility's capacity to send encrypted email, contact the Nursing Facility Admissions Unit at 337-262-1664 for instructions on using the Office of Aging and Adult Services encrypted email system. Sending PHI without using an encryption method is a violation of federal law and may result in a referral to the Health Standards Section.

If you are unable to submit via encrypted email, submit to Nursing Facility Admission Unit via RightFax (225-389-8198 or 225-389-8197).

Resident's Name (Print):	Resident's SSN:
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**Indicate Need(s) for Continued Stay. Check all that apply.**

ADL Assistance     
  Cognitive Impairment     
  Skilled Rehabilitation (PT, OT, ST)

Specialized treatments. Specify: \_\_\_\_\_
  Other. Specify: \_\_\_\_\_

Does the resident have a court order to remain in the nursing facility?     Yes     No

If yes, submit a copy of the court order with this request.

Has the resident received skilled nursing care in the last 14 days?     Yes     No

**All of the Following Supporting Documentation MUST be Attached**

- Resident Face Sheet
  - Medication Administration Record (MAR) for the last 7 calendar days prior to the request
  - Most recent complete MDS 3.0 (Quick Print version if available); (Admission MDS is acceptable for individuals who entered under a hospital exemption.)
  - Physicians' orders (active, telephonic and discontinued) for the last 14 calendar days prior to request or for the next 7 days if orders include PT, OT or ST
  - ADL flow sheets for residents for the last 7 calendar days prior to the request
  - Progress notes and/or visits from physicians in the last 14 calendar days prior to the request
  - Department notes from nursing services for the last 14 calendar days prior to the request
  - If applicable, Therapy Service Log Matrix for the last 7 calendar days prior to the request
  - If mental illness is known or suspected, send the following:
    - most recent history and physical
    - psychiatric evaluation if available
    - notes regarding mental health from any source (e.g., social services, NP or outside provider)
- NOTE: Refer to [www.ldh.la.gov/oaas](http://www.ldh.la.gov/oaas). Go to [Facility Based Programs](#) and scroll down to **Continued Stay Requests**.

**Note:** Please send only the documents requested. Do not send the 142, care plans, lab results, etc. Additional documents will be requested if they are needed for clarification or confirmation.

Resident's Signature:		Date:
Name of Resident's Legal Guardian (Print):	Resident's Legal Guardian's Signature:	Date:
<b>NOTE: An authorized representative's signature is required only if the resident is not capable of understanding the request and has no legal guardian. If a resident lacks capacity to understand and does not have an authorized representative, indicate that by writing "Not applicable" in the fields below.</b>		
Name of Resident's Authorized Representative (Print):	Authorized Representative's Signature:	Date:
Legal Guardian/Authorized Representative's Telephone Number(s):		
Does the legal guardian or authorized representative want to be present during a face-to-face interview with the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Facility:		
Parish:		
Name of NF Contact:		
NF Contact Title:		
Telephone Number:	Email:	
Signature:		Date:

**NOTES:**

1. If you have not received an email within two business days that indicates that the CSR has been forwarded for review by either the OAAS Regional Office, OBH or OCDD, please check your spam or junk mail folders and contact the NF Admissions unit at 337-262-1664.
2. Timelines for submission are:
  - a. 10 days for an individual admitted under a hospital exemption.
  - b. No earlier than 30 days in advance of the expiration of the 142 and no later than 15 days in advance of the expiration of the 142.