

**Preadmission Screening and Resident Review (PASRR)
Determination Notice: Evaluation Summary and Report**



Name: _____ Date: _____

Nursing facility (*Medicaid certified*): _____ #: _____

This is a: Pre-Admission, Level II Resident Review, Level II

Indicators of serious mental illness: _____

Diagnosis

- | | |
|--|--|
| <p>A. <input type="checkbox"/> Schizophrenia
 <input type="checkbox"/> Paranoid Disorder
 <input type="checkbox"/> Schizoaffective Disorder
 <input type="checkbox"/> Major Depression
 <input type="checkbox"/> Psychotic/Delusional Disorder</p> | <p><input type="checkbox"/> Bipolar Disorder
 <input type="checkbox"/> Severe Anxiety Disorder
 <input type="checkbox"/> Personality Disorder
 <input type="checkbox"/> Other (<i>May lead to chronic disability</i>): _____</p> |
|--|--|

B. Within the past three to six months, has the disorder made the person unable to do normal life activities for his or her developmental age? Yes No

C. Has the individual experienced at least one of the following? Yes No

- Psychiatric treatment more intensive than outpatient care more than once in the past two years;
- Significant disruption to the normal living situation requiring supportive services to return home; or
- Housing or law enforcement official intervention

If you marked a diagnosis and answered yes to B and C above, the PASRR is complete and you can stop here. Does this person meet PASRR criteria for having a serious mental illness (*identified diagnosis and "yes" to functional limitations and treatment criteria*)?

Yes No (*If no, further assessment is not required for PASRR*)

Determination

1. Level of care is appropriate? Yes* No

a. Meets categorical determination criteria for: _____

Convalescent care:

The individual is currently in an acute care hospital recovering from an illness or surgery. The likely stay in the nursing facility will not exceed 30 days. Resources necessary to meet the individual's needs after leaving the nursing facility are being or have been arranged.

Terminal illness:

The applicant's attending physician has certified, prior to nursing facility placement, an explicit terminal prognosis with a life expectancy of less than six months;

Severe physical illness:

The individual's severe chronic medical condition or illness precludes his or her from participating in or benefiting from specialized services. (*Examples: coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic SRR lateral sclerosis or congestive heart failure.*)

b. Individualized evaluation is complete.

2. Is psychiatric in-patient hospitalization needed? Yes No*

* Level of care must be appropriate and psychiatric in-patient hospitalization not needed for nursing facility admission.

3. Recommendations for mental health rehabilitative services with contact information:

Signature: _____ Date: _____

Organization: _____ Phone: _____