

PASRR/DETERMINATION NOTICE - EVALUATION SUMMARY AND REPORT

Name: _____

Date: _____

Nursing Facility(Medicaid Certified): _____

Pre-Admission-
Level II

Resident Review-
Level II

Indicators of Serious Mental Illness:

DIAGNOSIS

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

B. Does the disorder result in functional limitations in major life activities within the past 3 to 6 months that would be inappropriate for the individual's developmental age? ___Yes ___No

C. As the individual experienced at least one of the following: psychiatric treatment more intensive than outpatient care more than once in the past 2 years; or ...significant disruption to the normal living situation requiring supportive services to return home or ... intervention by housing or law enforcement officials?
 ___Yes ___No

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)

DETERMINATIONS

I. Level of care is appropriate? **Yes** * No

A. Meets Categorical Determination Criteria for _____

Convalescent Care:

The individual's currently in an acute care hospital recovering from an illness or surgery, the likely stay in the NF will not exceed 30 days and resources necessary to meet the individual's post NF needs are arranged or are being developed;

Terminal Illness:

The applicant's attending physician has certified, prior to NF placement, an explicit terminal prognosis with a life expectancy of less than 6 months;

Severe Physical Illness:

The individual has a severe chronic medical condition or illness that precludes participation in, or benefit from, specialized services (examples: coma, ventilator dependence, functioning at a brain stem level, chronic obstructive pulmonary disease, Parkinson's disease, Huntington's disease, amyotrophic lateral sclerosis, and congestive heart failure).

B. Individualized Evaluation Completed

II. Specialized Services Needed (Psychiatric In-patient Hospitalization) Yes **No** *

*** Both are required for Nursing Facility admission.**

Recommendations for Mental Health Rehabilitative Services with Contact Information:

Signature _____ Date _____

Organization _____ phone # _____

cc: AMH (attach to Level II evaluation)
 Individual/Legal Representative
 Discharging hospital, if applicable

Attending Physician
 Admitting or Retaining NF

