

PASRR Level II Check List - BH

Name _____

Evaluation Time Frames Met:

Date of Referral _____

Date Verbal Given _____

Date Report Sent _____

If Evaluation Time Frames NOT Met:

Letter of Explanation attached to Computer Summary Sheet?

Evaluation Performed by Approved Personnel:

PASRR certified evaluator

Physician's review and signature for medical/physical

All sections of evaluation completed

Individual/Guardian Rights:

Individual/Guardian signature obtained

Informed of appeal procedures

Complete Evaluation Report Sent To:

Individual

Legal Guardian

Nursing Facility

Cover Sheet and Review of Findings Sent To:

Attending Physician

Discharging Hospital (if applicable)

If Specialized Services Needed:

Individual informed of community placement options including how, when, and by whom specialized services will be provided

Recommended services through PASRR and evaluation sent to DBHDID

A board eligible psychiatrist counter-signature obtained

Completed Computer Summary Form Sent to DBHDID