

Instructions for Completing the PASRR Computer Summary Form

This form must be completed for every assessment, pre-admission, initial, or subsequent review. If the submission is for an updated disposition, check the update box and **only** complete the first **SEVEN** fields and the appropriate disposition.

Line 1: Date Submitted to DBHDID

Enter date summary submitted to the Department.

Line 2: Name of Evaluator

Enter the name of the evaluator who signed off on the evaluation.

Line 3: Region of the Evaluator

Check the box of the region where the evaluation was performed

Line 4: Applicant Identifying Number

Enter client social security or identification number.

Line 5: Name

Enter applicant's name (last name first).

Line 6: Birthdate

Enter applicant's birthdate and check the appropriate box to identify client's sex (M=male, F=female).

Line 7: Type of Evaluation

For Section 1:

Check the box whether a person has a behavioral health diagnosis, intellectual disability/developmental disability, or dual diagnosis. For DD/ID; a person may have one or both.

For Section 2, check appropriate box:

1. Pre-admission/initial (for all persons applying for admission to the nursing facility, or who were admitted under Provisional or Exempt hospital D/C status and are now due the first Level II, or individuals admitted to a nursing facility and the Level I did not trigger a Level II, but new information makes it necessary to have a Level II completed.)
2. Subsequent review (for all persons who have had previous Level IIs, and have experienced a significant change in condition).

Line 8: Timeframe

Pre-admissions/Initial/Subsequent Reviews

- a. Enter the date the decision was made that a Level II is indicated
- b. If applicable, enter the date verbal determination was given to the nursing facility. This must be done within five (5) working days of referral;
- c. Enter the date written report was sent to the nursing facility, resident, and appropriate others as noted in Manual, Part III, Section 3.a. Timeframes are cited in Section 3.5.
- d. Enter date of admission to the nursing facility (if known)

Note: If evaluations do not meet designated timeframes, please attach documentation addressing reason for non-compliance.

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Line 9: PASRR Referral Appropriate

Check the box Y=Yes or N=No

This section was created to eliminate referrals which did not result in a completed Level II evaluation from entering the PASRR data system. Computer summary sheet need only be submitted for those which an evaluation was begun; but later determined NOT to require a complete evaluation.

Line 10: Nursing Facility Level of Care

If Line 9 is "Yes", check the appropriate box related to facility level of care (Y=Yes or N=No). Also, place region number that identifies the Community Mental Health Center region where the client's nursing facility is located. Enter the number of the CMHC completing the evaluation if the applicant is going to a nursing home out-of-state.

Name of Nursing Facility

Enter the exact name of the nursing facility to which the applicant was admitted.
Please refer to the NF directory provided by DMS.

Line 11: Requires Specialized Services

Check the box Y=Yes or N=No

If "Yes," check box whether specialized service was recommended for behavioral health or intellectual disability/developmental disability (circle applicable option(s))

and

Check box whether specialized service treatment site will be in NF or in the community (anywhere other than NF)

and

Check the box whether resident has been in the facility more than thirty (30) months or less than thirty (30) months.

Line 12: Requires Services on a Lesser Intensity than Specialized Services

Check the box Y=Yes or N=No.

If evaluations contain recommendations for improving functioning of individuals and nursing facilities are capable of incorporating these recommendations; indicate "YES"

Line 13: If applicant/resident has intellectual disability or developmental disability; document whether the PASRR Committee agreed with the determinations

Line 14: Disposition

Disposition 1

This disposition should be checked if applicant:

- meets all criteria for admission to or continued stay in a nursing facility; and
- does not need specialized services.

Disposition 2

This disposition should be checked if applicant:

- meets all criteria for admission to or continued stay in a nursing facility;
- requires specialized services; and will receive those services in the nursing facility.

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Disposition 3

This disposition should be checked if applicant

- meets all criteria for admission to or continued stay in a nursing facility;
- requires specialized services, but refuses to receive specialized services.

Disposition 4

This disposition should be checked for an applicant who

- may or may not need nursing facility level of care; but
- requires specialized services and is recommended for admission to a state treatment facility or CMHC program.

Disposition 5

This disposition should be checked for an applicant who

- does not need nursing facility care; and needs specialized services and prefers to go to a private treatment facility or can be treated in a community program.

Disposition 6

This disposition should be checked for an applicant who

- does not meet all criteria for admission to or continued stay in a nursing facility; and does not need specialized services.

Disposition 7

This disposition should be checked if applicant

- is in a psychiatric hospital applying for admission to IMD; or on-going resident reviews continuing to stay in IMD.

Disposition 8

This disposition should be checked if applicant

- is going to a facility out-of-state. Indicate where.

Disposition 9

This disposition should be checked if client

- is already in the system, but has dementia since last evaluation;
- is referred for a Level II and is determined not to have a serious mental illness or intellectual disability/related condition; or
- does not meet criteria for nursing facility level of care; and/or is referred for a Level II and is determined to have dementia.

Disposition 10

This disposition should be checked if applicant

- is in the system; and
- deceased since last evaluation; ***Provide exact date when death occurred.***

Disposition 11

This disposition should be checked if applicant

- was discharged from the nursing facility since last evaluation; ***Provide name of NF, name of place discharged to and exact date*** (e.g. home, exact name of another nursing, SCL, or personal care facility, etc.).