KENTUCKY PASRR
Notification of Recommended PASRR Services

Name of individual _____

This evaluation contains recommendations made through the PASRR process. Please see below for the type of services recommended.

******** It is recommended that the nursing facility staff incorporate these services into the resident's treatment plan and extremely vital that they are implemented******* Examples of these services could include recommendations for a medication review, change in medication; or medical work-up for an underlying medical condition which might be contributing to the individual's mental status.

SPECIALIZED SERVICES

The Community Mental Health/Mental Retardation Center is responsible for implementing Specialized Services.

SERVICES OF LESSER INTENSITY

Mental illness___ Intellectual/Developmental Disability__

(The following section recommends services to best meet each individual's needs and **MUST** be part of the treatment plan to insure continuity of care)

Description of Services

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

SPECIALIZED SERVICES Mental Illness____ Intellectual/Developmental Disability _____
In-patient treatment has been recommended. A representative will visit to implement needed services.

_____

SIGNATURE OF PERSON COMPLETING THIS FORM