

**Kentucky PASRR
Response to Referral**

TO:
FROM:
DATE:

SUBJECT: Pre-admission Screening and Resident Review (PASRR)

Individual's Name: _____

Facility or Referral Source: _____

Applicant/Resident: _____

ID#: _____

On _____, this agency received a request for a Level II PASRR evaluation on the above named person.

Referral Information:

Reason(s) Level II is not indicated (comment if needed):

Based on a review of the referral **and/or consultation with referral source**, the person's case falls into one of the following categories:

- Diagnosis is not a major behavioral health diagnosis.
- No recent treatment.
- Does not meet level of impairment/significant disruption to normal living situation (circle choice(s))
- Primary diagnosis of dementia (does not exclude for intellectual disability/related condition)
- History does not indicate intellectual disability and/or ID cannot be validated.
- Does not meet criteria for related condition/developmental disability.
- Change of condition does not affect nursing facility or specialized services needed.

PASRR Evaluator _____ Date _____