

Kentucky PASRR Verbal Determination Form

Client Name: _____ **Date:** _____

Social Security No: _____

Birth date: _____

Referral Source: _____

Nursing Home Requested: _____

Diagnosis: _____

The Department for Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) and/or its designee (PASRR evaluator) has reviewed the Level II evaluation information and has made the following determination/recommendations:

The applicant is appropriate for admission to a nursing facility. Yes No

The current resident of the nursing facility continues to need the level of nursing care received in the nursing facility. Yes No

The current resident requires specialized services. Yes No

The complete evaluation and determination information will be provided and forwarded to the applicant/resident and/or his legal representative, the nursing facility and other appropriate persons.

NOTE: A verbal determination is not given to nursing facility for persons with ID/DD until the Review Committee has made a determination.

PASRR Evaluator: _____

PASRR Coordinator: _____