**Notification of Recommended Services**

**Name of individual:**

**Intended Nursing Facility**:

***NOTE: It is recommended by the PASRR Professional completing the evaluation, that the following supports and services be incorporated into the individual’s Nursing Facility plan of care. It is***

 ***extremely vital that these supports and services are implemented in order to meet their overall***

 ***care needs.***

**Examples of the services** **that could be recommended include Specialized Services, or services of a lesser intensity such as** medication changes or review; a medical work-up for an underlying medical condition which may be contributing to the individual’s mental, or behavioral health support need, Speech, Occupational, or Physical Therapy, Counseling etc.

**SPECIALIZED SERVICES** Mental Illness[ ]

In-patient treatment has been recommended. A representative will visit to implement needed services.

**SPECIALIZED SERVICES** Intellectual Disability/ Related Condition [ ]

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

**SERVICES OF LESSER INTENSITY**

Mental illness[ ]  Intellectual Disability/ Related Condition [ ]

Nursing Facilities are required by OBRA 1990, to provide mental health, intellectual disability/related condition services which are of a lesser intensity than specializes services, to all residents who need such services.

**42 usc 1396r Chapter 7, subchapter xix (b) (4) (A) (2) (v).**

The evaluator will identify and recommend specific services meeting each individual’s needs through the evaluation process.

**The following section recommends services to best meet each individual’s needs and MUST be part of the plan of care to insure continuity of care per Federal Regulation**

|  |  |  |  |
| --- | --- | --- | --- |
| Area of Concern | Recommended Service/Support | Recommended Frequency  | Provided by NFOr CMHC |
|   |   |   |   |
|   |   |   |   |
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