



The below client's submitted PASRR Level I Screen and supporting documentation has been reviewed by the DSAMH Mental Health Authority and a determination provided. Please read checked off determination and Narrative Summary Section.

Patient Name:		DOB:		Determination Date:	
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No further evaluation required:

Individual does not require additional evaluation due to the following determination and needs can be met at a NF:

The individual does not have a documented serious mental illness (Schizophrenia, Schizoaffective disorder, Major Depression, Psychotic/Delusional Disorder, Bi-Polar Disorder, and Paranoid Disorder) and the individual needs can be met in a NF.

The individual does have a documented serious mental illness (same as above) and the individual needs can be met in a NF without further evaluation (see details below).

The individual does have a documented serious mental disorder (Personality Disorder, Anxiety Disorder, Panic Disorder, or Depression (mild or situational), or is suspected of having a mental disorder illness, does not require further Level II screening at this time, and the individual needs can be met in a NF.

The individual may have a serious mental illness and may need specialized services, however, meets one of the categorical group determinations for admission to a NF. (Convalescent care, respite, delirium, emergency placement, terminal illness, and severe medical dependence)

The individual is diagnosed or suspected of having a substance use disorder without indication that serious mental illness is also present and requiring further assessment.

Further evaluation required:

Individual has a serious mental illness or suspicion of mental illness and is not appropriate for NF until a full Level II evaluation is completed.

Narrative Report:

Submitted Electronically by Nancy E Calhoun, RN, DSAMH Mental Health Authority



The below client's submitted PASRR Level I Screen indicated a full Level II evaluation was required. An Independent Evaluation was requested and completed. This evaluation and supporting documentation has been reviewed by the DSAMH Mental Health Authority and a final Level II determination provided below. Please read checked off determination and Narrative Summary Section.

Patient Name:		DOB:		Determination Date:	
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Determination:

- Individual does not require specialized services and needs can be met in a nursing facility (NF). Please provide recommendations below, if any, to NF for services recommended that are less intensive than specialized services (sometimes referred to as secondary mental health services to individuals primary need). **The individuals' needs can be met in a Nursing Facility.**
- Individual requires specialized services and needs can be met in a nursing facility (NF). Please see recommendations below. The Individuals' needs can be met in a **Nursing Facility with additional specialized services.**
- Individual is not appropriate for a nursing facility and can have needs met in the Home and Community Based Waiver program known as HCBS alternatives or needs can be met in community without HCBS supportive services. Please see recommendations below. **Nursing Facility Services are not appropriate at this time.**
- Individual is not appropriate for a nursing facility due to higher acuity than a nursing home can manage. Acute care recommended. **Nursing Facility Services are not appropriate at this time.**

Required Narrative Evaluative Report and Level II Summary:

Submitted Electronically by Nancy E Calhoun, RN, DSAMH Mental Health Authority