STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DEVELOPMENTAL DISABILITIES COMMUNITY SERVICES (DDCS)
PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

DDCS PASRR Cover Sheet

Today's Date:

Client:

Professional Evaluations Requested

- ☐ Physical Therapy:
- ☐ Occupational Therapy:
- ☐ Speech Therapy:
- ☐ Mental Health / Behavior Support:
- ☐ Other:

Evaluations and Updated Care Plan Due:

Any professional evaluations recommended by the PASRR Assessor are to be arranged by the nursing facility. Evaluation reports and nursing facility service plan are to be forwarded to the PASRR Assessor within 30 days of the date of this document. Any specialized rehabilitative services identified by the recommended professional assessments will be provided by the nursing facility per 42 C.F.R. §483.45.

Specialized Services: PASRR coordinates and updates nursing facility of status.

- ☐ Assistive Technology:
- ☐ Behavior Support and Consultation:
- ☐ Community Guide / Community Engagement:
- ☐ Community Inclusion:
- ☐ Family Mentor:
- ☐ Group Supported Employment:
- ☐ Habilitative Therapy Services:
- ☐ Individual Employment:
- ☐ Individual Technical Assistance:
- ☐ Life Skills:
- ☐ Nurse Delegation:
- ☐ Other DDA Services (specify in comments):
- ☐ Other Habilitative Services and Supplies:
- ☐ Other Service – Payment not DDCS authorized (specify in comments):
- ☐ Person-Centered Planning:
- ☐ Peer Mentor:
- ☐ Skilled Nursing:
- ☐ Specialized Equipment:
- ☐ Staff / Family Consultation and Training:
- ☐ Theraputic Equipment and Supplies:

COMMENTS	
ASSESSOR'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
FAX NUMBER (INCLUDE AREA CODE)	REGIONAL EMAIL **@dshs.wa.gov**