



**Division of Behavioral Health and Recovery (DBHR)
Pre-Admission Screening and Resident Review (PASRR)
Notice of Determination
INSTRUCTIONS**

When to use this form:

Upon completion of a PASRR Level 2 Initial Psychiatric Evaluation Summary.

The purpose of this form:

- To fulfill 42 CFR 483.128 distribution and determination notification requirements when a PASRR Level 2 evaluation has been performed and why.
- To provide written notification of the determination(s) made to the client and/or family member and SNF for inclusion into the medical record.
- To provide notification to the SNF that a written report is in process and is forthcoming.
- To provide notification to the client of community living options, their appeal rights, and instructions on how request a fair hearing

How to fill out this form:

1. Write in the Date
2. Write in Client Name
3. Check the appropriate box (referred for NF care etc.)
4. Discuss with the client if able (or POA etc.) the intent of the PASRR see bullets on form
5. ****IMPORTANT* Please discuss with the client that any recommendations from the evaluation do not require them to do anything. And that If any behavioral healthcare is recommended, it is THEIR decision if they want to accept behavioral health services.***
6. Check each appropriate box under (DBHR has determined) section:
7. Fill in guardian name etc.
8. Fill in your name etc.

Please provide a copy of this notice to:

The client (If appropriate and client is willing to accept it)

The referring facility/entity e.g. hospital social worker (to be included in the admission packet for the SNF).