

## Level 2 PASRR Invalidation

DATE OF REFERRAL

DATE OF INVALIDATION

DATE OF BIRTH

This form is to be used when an evaluator determines that a resident or nursing facility applicant, who has been identified as **positive** on a PASRR Level 1 screen, does not require a Level 2 Psychiatric Initial Evaluation or Follow-up. If an individual meets the criteria for serious mental illness he or she **must** be provided with an evaluation unless any one of the following invalidating conditions applies to that individual.

NAME: LAST FIRST MIDDLE

Current nursing facility resident. If checked, nursing facility placement and address:

Preadmission. If checked, name of site of invalidation:

**A Level 2 Initial Psychiatric Evaluation or Follow-Up is not required because of one of the following reasons:**

### 1. Categories for Invalidation

- 1. The individual has been discharged out of the nursing facility.
- 2. The individual has a primary diagnosis of severe medical illness which results in a level of impairment so severe that he/she could not be expected to benefit from specialized mental health treatment.  
List severe medical diagnoses:
- 3. The individual has a diagnosis of a major neurocognitive disorder (as defined in the Diagnostic and Statistical Manual of Mental Disorders DSM), because he/she meets all five of the following criteria (A through D) for major neurocognitive disorder as indicated below.
- 4. The individual appears to exhibit all five of the following symptoms (A through D) of a major neurocognitive disorder:
  - A. Evidence of significant cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:
    - 1) Concern of the individual, a knowledgeable informant, or the clinician that there has been a significant decline in cognitive function; and
    - 2) A substantial impairment in cognitive performance, preferably documented by standardized neuropsychological testing or, in its absence, another quantified clinical assessment.
  - B. The cognitive deficits interfere with independence in everyday activities (i.e., at a minimum, requiring assistance with complex instrumental activities of daily living such as paying bills or managing medications).
  - C. The cognitive deficits do not occur exclusively in the context of a delirium.
  - D. The cognitive deficits are not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia).
- 5. The individual DOES have one (or more) serious mental illness (SMI) diagnosis.  
List diagnoses and DSM code(s):

**AND does not have symptoms of serious mental illness as described on the following page in the CRITERIA FOR SEVERITY OF SYMPTOMS.**

### CRITERIA FOR SEVERITY OF SYMPTOMS

**Level of impairment:** The degree of symptoms of the mental disorder has resulted in functional limitations in major life activities within the past six months that were not appropriate for the person's developmental state. An individual typically has at least one of the following characteristics on a continuing or intermittent basis.

- 1) **Interpersonal functioning.** The individual has serious difficulty interacting appropriately and communicating effectively with other individuals; has a possible history of altercations, evictions, or loss of employment, fear of strangers; avoidance of interpersonal relationships and social isolation. The individual may be at risk of harm to self or others.
- 2) **Concentration, persistence and pace.** The individual has serious difficulty in sustaining focused attention and concentration in order to complete simple tasks commonly found in activities of daily living. The individual requires assistance or makes frequent errors in task completion.
- 3) **Adaptation to change.** The individual has serious difficulty in adapting to change, manifested by agitation, exacerbated by signs and symptoms of illness, withdrawal from the situation, or requiring intervention by mental health or judicial system due to difficulties in adapting to change.

### 2. Evaluator Comments

### 3. Evaluator Information

SIGNATURE		DATE
PRINT NAME	TITLE	COUNTY
CONTRACTOR'S NAME		
INDIVIDUAL'S NAME		