



**DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
Preadmission Screen and Resident Review
(PASRR)**

Review Process Information Document (RPID)

Date of Evaluation
Date of Birth

ASSESSMENT CATEGORY: (One box **MUST** be checked)

Current nursing facility resident
 Preadmission
 Follow-up
 Significant Change of Condition

To be completed by Evaluator:

NAME: LAST	FIRST	MIDDLE
------------	-------	--------

NURSING FACILITY PLACEMENT AND MAILING ADDRESS:

NAME OF SITE OF EVALUATION:

PRINT NAME OF PERSON COMPLETING EVALUATION:	TITLE:
---	--------

SIGNATURE OF PERSON COMPLETING EVALUATION:	DATE:
--	-------

CONTRACTOR:

To be completed by reviewing Psychiatrist:

Comments for: Evaluator DSHS/DBHR _____

Signature _____ Date of review _____

Quality Assurance Review:

Comments for: Evaluator DSHS/DBHR _____

Payment approved – Evaluation complete

Payment denied – Explanation: _____

Signature _____ Date of review: _____

Distribution of this document:

- Attach the RPID to the completed Level 2 PASRR Psychiatric Evaluation form and send to:
Dr. Kathleen Anderson or Dr. Judith E. Kaplan
- Upon completion of QA and Psychiatric review a copy of the completed RPID will be returned to the evaluator for record keeping purposes and/or follow up.
- Submit a copy of the RPID as evidence of work completed with the contractor-specific A-19 Invoice Voucher and PASRR Claim Worksheet to:
**DSHS/Division of Behavioral Health & Recovery
PASRR - Maureen Craig/Sharon Rushing
PO Box 45330
Olympia, WA 98504-5330**