



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 SNF resident	Preadmission	Significant Change of Condition	Follow-up
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NAME: LAST FIRST MIDDLE

NURSING FACILITY PLACEMENT AND MAILING ADDRESS:

IF PREADMISSION - LIST NAME AND ADDRESS OF SITE OF THE EVALUATION:

Evaluator Information

SIGNATURE:	DATE
PRINT NAME:	TITLE

EVALUATOR'S ADDRESS:

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

- 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/DBHR
 PASRR - Maureen Craig
 PO Box 45330
 Olympia, WA 98504-5330**