



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)

# DDA PASRR Significant Change Invalidation

DATE SIGNIFICANT CHANGE  
REPORTED TO DDA

NAME		ADSA ID NUMBER	
NURSING FACILITY NAME			
FACILITY ADDRESS		CITY	STATE ZIP CODE
GUARDIAN / NSA NAME		PHONE NUMBER (WITH AREA CODE)	
GUARDIAN ADDRESS		CITY	STATE ZIP CODE
1. Describe significant change reported:			
2. Does the reported change have a potential impact on PASRR determinations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. Why or why not?			
<b>If the reported significant change has a potential impact on PASRR determinations, a PASRR Level II Determinations Planned Action Notice is attached. The full Level II report will follow within 30 days.</b> <b>If no potential impact on PASRR determinations is identified, the current PASRR plan remains in effect. A new Level II is not needed at this time.</b>			
SIGNATURE OF PERSON COMPLETING EVALUATION		COMPLETION DATE	PRINTED NAME OF PERSON COMPLETING EVALUATION
ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER (WITH AREA CODE)		EMAIL ADDRESS	

Copies to: Nursing facility resident; Guardian/ NSA; Nursing facility