

Department of Human Services

Division of Mental Health and Addiction Services

**Instructions for Completing the Revised Level II
PASRR Psychiatric Evaluation Form**

- Please print and write legibly. If not legible, respondents may be required to re-submit forms.
- All questions must be answered (no blanks).
- If an answer to a question is not known or not applicable, NK or NA may be used. However, such is not appropriate when responding to questions about critical clinical information (e.g. list of medications, suicidal ideation).
- Avoid use of abbreviations or acronyms.

Section 1

This section can be completed by social workers, nurses, APNs PAs, or physicians.

Section 2 - Mental Illness Primary Dementia Exclusion

Complete section 2 **ONLY** if you are requesting the Primary Dementia Exclusion for an individual with a positive level I screen for Mental Illness; this requires that the individual's dementia is the confirmed primary diagnosis or has progressed beyond that of a co-occurring mental illness.

This section must be completed by a non-treating psychiatrist or psychiatric APN.

Fax sections 1 and 2 along with the level I screen and supporting documents to DMHAS at 609 341 2307.

If you complete section 2, do not proceed to the next section.

NOTE ...If you are **not** requesting for a primary dementia exclusion, **do not** complete section 2, proceed to section 3 and the rest of the form.

Section 3- Psychiatric Evaluation

This section **must** be completed by a non-treating psychiatrist or psychiatric APN conducting the evaluation. The evaluator is required to thoroughly review the individual's needs and obtain other needed information from any collateral resources available.

Section 4 – Medical and Functioning Assessment

This section must be completed by the psychiatrist or psychiatric APN who conducts the evaluation.

Information on the current medical diagnosis, laboratory and test results are required. List the current medications and check any medical, nursing and/or rehab services that the client will need. You are also required to rate client's capability to perform ADLs

Section 5 - Summary of Placement and Treatment
Recommendations

The psychiatrist/psychiatric APN must describe the basis for his/her recommendation, considering the clients' functional level and rehabilitative potential, the most appropriate setting that meets the clients' needs.

Section 6 - Certification of Need for Specialized Services for
Serious Mental Illness

The psychiatrist/psychiatric APN who examines the client must certify the recommendations and whether specialized services are needed.