

New Jersey Department of Human Services
 Division of Aging Services
 P.O. Box 807
 Trenton, NJ 08625-0807

**NOTICE OF REFERRAL FOR
 LEVEL II PRE-ADMISSION SCREENING AND
 RESIDENT REVIEW (PASRR) EVALUATION**

CONSUMER INFORMATION	
Name of Consumer	Date
Address of Consumer	
REFERRING PROVIDER / AGENCY / PROGRAM INFORMATION	
Name of Provider/Agency/Program	
Street Address	Telephone Number
City, State, Zip Code	Fax Number
<p>Attention: _____ (Name)</p> <p>Check One: <input type="checkbox"/> Consumer <input type="checkbox"/> Authorized Representative</p> <p>Preadmission Screening Resident Review (PASRR) Federal Regulation CFR 483.106 requires that individuals must be assessed <i>prior</i> to placement in a Medicaid Certified Nursing Facility to identify individuals with a Serious Mental Illness and/or Intellectual disability, or related condition to determine if the individual requires any specialized services for the condition(s) as checked below. This evaluation ensures that the individual is placed in the most appropriate setting for their needs; whether in the community or in a Nursing Facility. A review of clinical documentation for the above-named individual indicates evidence of the following conditions (screener please check all that apply) and a referral has been made to the indicated authority for a Level II PASRR evaluation and determination:</p> <p><input type="checkbox"/> Serious Mental Illness; Division of Mental Health and Addictions Services (DMHAS), Requirement: Psychiatric Evaluation Form completed by an independent or treating physician</p> <p><input type="checkbox"/> Intellectual Disability; Division of Developmental Disabilities (DDD) Requirement: DDD Intake Application completed by consumer/authorized representative</p> <p><input type="checkbox"/> Related Condition (Developmental Disability); Division of Developmental Disabilities Requirement: DDD Intake Application completed by consumer/authorized representative</p> <p>Your application for clinical eligibility and admission to a Nursing Facility <i>cannot be processed</i> until the Level II PASRR evaluation and determination are completed. Failure to comply with the requirements of DMHAS/DDD will prohibit the approval of clinical eligibility for admission to a nursing facility. Questions should be referred to the Department of Human Services, Division of Mental Health and Addiction Services at 1-800-382-6717 and/or the Department of Human Services, Division of Developmental Disabilities at 1-800-832-9173.</p>	
Name of Level I Screening Professional (<i>Print</i>)	Title of Screening Professional
Signature of Screening Professional	Date of Referral to Level II Authority(ies)