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| **Send to:**  DMH PASRR Unit | **From:** |
| **Company/Organization:**  Disability and Community Services  Commonwealth Medicine  UMass Medical School | **Company/Organization:** |
| **Fax number:**  508-856-7696  **Phone number:**  866-385-0933 | **Sender Phone number:**  **Sender Fax Number:** |
| **Re: PASRR** | **Date:**  **Total pages, including cover:** |

### **To Be Completed by Sender:**

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| Please identify the appropriate referral type and check-off the additional, required documentation you are attaching to this referral. Please submit this form, along with the completed PAS I form and all required documentation.   * Full Level II PASRR Evaluation/ Resident Review/ Expiration of CD or EHD   Psych evaluation, when available   * Advanced Dementia Exclusion   H&P  Medical Record documentation supporting dementia is advanced & primary over SMI, with signature from MD/NP/PA  Psych evaluation, when available   * Convalescent Care:   Admission note to hospital including primary diagnosis  H&P  Reason seeking convalescent care (i.e. requires rehab, or further nutritional support & education)  Psych evaluation   * Terminal Illness:   Hospice Election Benefit; or  Medical Record documentation supporting terminal illness, with signature from MD/NP/PA  Psych evaluation   * Severe Physical Illness:   H&P  Medical Record Documentation supporting severe physical illness  Psych evaluation, when available   * Provisional Emergency:   H&P  Statement from referral source identifying the need for emergency/protective services  Psych evaluation, when available   * Respite:   H&P  Statement from referral source identifying the need for respite & confirmation of plan for the individual to return to the caregiver  Psych evaluation, when available |