

Notification of Level II Screening Results

Department of Health and Hospitals

Office of Mental Health - PASRR

Identifying Information

To Applicant/Legal Representative: _____
To Applicant's Attending Physician: _____
To Discharging Hospital: _____
To Admitting or Retaining Nursing Facility: _____
Nursing Facility Applicant: _____
Applicant's Legal Representative: _____
Applicant's D.O.B: _____
SS#: _____
Current Location: _____
State Agency Issuing Final Placement Determination: _____

Level II Nursing Facility Placement Determination Results:

Approved on: _____
Denied on: _____
Temporary Nursing Facility Placement Approved on: _____
Length of temporary approval: _____
Comments:

Note:

It is the nursing facility's responsibility to assist this person in contacting the appropriate State Agency (Office of Mental Health, Office of Addictive Disorders, and Office for the Citizens with Developmental Disabilities) for specialized services, if such is recommended through the Level II screening process.

Level II authority contact information and Fair Hearing Rights are included within the report submitted by OMH.

Melanie Borek

OMH PASRR Coordinator

Date notification faxed/mailed: _____