

Checklist for Specialized Service

Department of Health and Hospitals

OBH/PASRR

Necessary documents for review

Name: _____

Date: _____

Please verify that all the data elements below are current, accurate and have been reviewed prior to a specialized service determination.

A comprehensive history and physical

A comprehensive drug history

A psychosocial evaluation

A comprehensive psychiatric evaluation

A functional assessment of the individual's ability to engage in ADLs and the level of support needed to assist the individual to perform these activities while living in the community. The assessment must address the following areas: self-monitoring of health status, self-administering and scheduling of medical treatment, self-monitoring of nutritional status, handling money, dressing and grooming.