OBH/PASRR Level II
Fax Cover Sheet
Fax to OBH ONLY:
877-652-4995

Date Faxed:

Facility Name:

Facility Contact for PASRR Level 2:

Contact Phone:

Contact Fax:

Contact Email:

Individual Name:

9-Digit SSN (000-00-0000):

DOB (MM/DD/YYYY):

Documents Included (check off what was submitted):

- ☐ CURRENT **Face Sheet** from requesting facility
- ☐ CURRENT **MDS (resident reviews)**
- ☐ CURRENT **Comprehensive history and physica**l with **complete medical history**, and in the case of abnormal findings which are the basis of NF placement, **additional evaluations conducted by appropriate specialists.**
- ☐ CURRENT **comprehensive medication history/record**
- ☐ CURRENT **comprehensive psychiatric evaluation** with **complete psychiatric history**, intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence of content of delusions) and hallucinations.
- ☐ Current **Psychosocial Assessment** (includes inpatient and outpatient treatment history for MH and SA issues and social history)
- ☐ CURRENT Documentation that supports the **need for nursing facility placement (i.e. physician letter, progress notes)**
- ☐ **Corroborative testing or other information available to verify the presence of and progression of dementia (ie. CT Scan, MRI, testing results...)**
- ☐ **Any additional documentation to support presence of SMI (social work notes, etc…)**
- ☐ **Any additional documentation that supports presence of functional needs that necessitate NF placement (PT, OT, ST notes, assessments, other unit notes…)**

*****OBH may not be able to process your request without the required Level 2 documents.**