

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
MEDI-CAL INDIVIDUAL**

1. CONTRACTOR: _____

2. EVALUATOR: _____

3. FACILITY: _____

4. INDIVIDUAL LAST NAME: _____

5. INDIVIDUAL FIRST NAME _____

6. DATE OF BIRTH: _____

7. MEDI-CAL ID NUMBER: _____

8. LEVEL I COMPLETION DATE: _____

9. LEVEL II COMPLETION DATE: _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named individual. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASRR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident’s chart, DMH requested that this form be included in the resident’s chart to document completion of the PASRR/MI Level II evaluation.

CONFIDENTIAL CLIENT/RESIDENT INFORMATION
See W & I Code Section 5328

See reverse for Non-Medi-Cal individual

**PASRR/MI LEVEL II EVALUATION – DOCUMENTATION OF COMPLETION
NON-MEDI-CAL INDIVIDUAL**

1. **CONTRACTOR:** _____

2. **EVALUATOR:** _____

3. **FACILITY:** _____

4. **INDIVIDUAL LAST NAME:** _____

5. **INDIVIDUAL FIRST NAME:** _____

6. **DATE OF BIRTH:** _____

7. **SOCIAL SECURITY NUMBER:** _____

8. **LEVEL I COMPLETION DATE:** _____

9. **LEVEL II COMPLETION DATE:** _____

Nursing Facility Administrator:

A contract mental health evaluator for the Department of Mental Health (DMH) has completed a PASRR/MI Level II evaluation on the above named individual. DMH requires that all evaluators complete Section X of the Level I form (DHS 6170: PAS/PASRR Screening Document) upon completion of the PASRR Level II evaluation. Since the evaluator could not locate the Level I form in the resident’s chart, DMH requested that this form be included in the resident’s chart to document completion of the PASRR/MI Level II evaluation.

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