|  |  |
| --- | --- |
| STATE OF WASHINGTON  DEPARTMENT OF SOCIAL AND HEALTH SERVICES  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  PRE-ADMISSION SCREENING AND RESIDENT REVIEW (PASRR)  **DDA PASRR Cover Sheet**  Today’s Date:  Client:  **Professional Evaluations Requested** | |
| Physical Therapy: | |
| Occupational Therapy: | |
| Speech Therapy: | |
| Mental Health / Behavior Support: | |
| Other: | |
| **Evaluations and Updated Care Plan Due:** | |
| Any professional evaluations recommended by the PASRR Assessor are to be arranged by the nursing facility. Evaluation reports and nursing facility service plan are to be forwarded to the PASRR Assessor within 30 days of the date of this document. Any specialized rehabilitative services identified by the recommended professional assessments will be provided by the nursing facility per 42 C.F.R. §483.45. | |
| **Specialized Services:** PASRR coordinates and updates nursing facility of status. | |
| Assistive Technology: | |
| Behavior Support and Consultation: | |
| Community Access: | |
| Community Engagement: | |
| Community Guide: | |
| Employment: | |
| Family Mentor: | |
| Habilitative Therapy: | |
| Individual Technical Assistance: | |
| Peer Mentor: | |
| Skilled Nursing: | |
| Specialized Equipment: | |
| Staff / Family Consultation and Training: | |
| Other DDA Services: | |
| COMMENTS | |
| ASSESSOR’S NAME | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| FAX NUMBER (INCLUDE AREA CODE) | REGIONAL EMAIL  **@dshs.wa.gov** |