

**LEVEL II PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)
 ASSESSMENT FOR PERSONS WITH MENTAL ILLNESS—PSYCHOSOCIAL EVALUATION AND
 FUNCTIONAL ASSESSMENT**

Name – Client

III. Psychosocial Evaluation Directions

- The object is to determine the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while in the community;
- The psychosocial evaluation requires the compilation of specific client information upon which the assessments in each category are based. The evaluation data ideally should cover a minimum of two (2) years. If the person has been institutionalized the past two years, provide information regarding functioning level prior to institutionalization;
- The following sections are provided to organize the information that can be compiled by staff trained to go through the person's records. **The assessment should be completed and signed off by a QMHP** and should include information pertinent to how the individual's mental illness has affected his/her functioning level. This section may be dictated and attached or inserted below.

A. Living Situation

Dates (approximate) or length of time in the living situation	Type of Provider (i.e., hospital; nursing home; CBRF; adult family home; RCAC; with relatives; independent, including room and board, or with home health services; or homeless). If known, include the name of the provider and location.

B. Education

Highest Grade/GED Completed	Year	List any Post-Secondary Education (place, credits, degrees, dates)
Special Education Classes		

C. Employment

Name of Employer	Position / Title	Dates/Duration

D. Social History and Supports

Marital Status (note dates and changes)	Names and Ages of Children

E. Substance Abuse/Illegal Drug Use

List the Types of Drugs Used and Indicate if Still Using or No Longer Using

F. Current Financial Support

List Sources of Funding

SIGNATURE – Qualified Mental Health Professional (QMHP)

Date Completed

IV. Functional Assessment

- **The objective is to determine the person’s ability to engage in activities of daily living;**
- Include the level of support which would be needed to assist the person to perform these activities while living in the community and where that level of support can be provided;
- Data for this part of the assessment should be completed and signed off by any member of the team who meets the QMHP requirements.

Note: If the individual is dually diagnosed, completion of the Level II for Persons with Developmental Disabilities (F-20852) meets the requirements for this section.

	What level of support would this person need to assist him/her to perform this activity in the community?	Can this level of support be provided to the individual in an alternative community setting? If so, what setting?	Is this level of support such that nursing facility placement is required?
1. Self-monitoring of health status (including monitoring and supervising one’s own health status, self-administering medication, and scheduling medical treatment).			Yes
2. Self-monitoring of nutritional status (eats balanced diet, appropriate snack foods, and fluids).			Yes
3. Handling money (does not do or has skills but does not have opportunity to do).			Yes
4. Dressing appropriately (on a daily basis; wears weather related clothing).			Yes
5. Grooming (personal hygiene, combs hair, brushes teeth).			Yes
SIGNATURE – Qualified Mental Health Professional (QMHP)		Date Completed	