

PASRR Clinical Continuity of Care Plan/Agreement

Client Name _____ Date _____

Date of Birth _____ Telephone # _____

Medicaid Medicare Self Insurance _____

Current location _____

Original mental health provider _____

Potential receiving skilled nursing facility _____

Potential receiving mental health services provider _____

Nursing Facility/Mental Health Service Provision Agreement Completed _____

Required PASRR Specialized Services from the Level II Evaluation

Intervention	Frequency	Focus
Individual Therapy		
Psychosocial Rehabilitation		
Medication Management		
Case Management		
Behavior Management		
Dual Diagnosis (MI/SA)		
Group Therapy		
Transition Assessment		
Other		

Certification Status

27-65 Certification Involuntary medications
 Type of certification _____ County _____

Date of expiration _____

MHC accepting certification _____

Doctor accepting certification _____

BHO delegated responsible person and title _____

Current Behavioral Health Organization (BHO) _____
BHO approval to contracted mental health provider to provide PASRR services _____
Hospitalization covered by current BHO until _____
Current BHO responsible person and title _____
Receiving BHO _____

BHO responsibility will change when Medicaid is switched to receiving county. Current BHO is responsible for payment for Specialized Services until Medicaid is switched

Signature and title of person completing form Date

The PASRR Clinical Continuity of Care Plan/Agreement is a reporting form to be used as part of the PASRR Level II evaluation process. The form may also be used by mental health providers as an example of a comprehensive continuity of care plan.

The purposes for this plan/agreement are:

- To garner assurance that required mental health services will be provided at the required frequency/focus/level.
- To ensure that involved parties are aware of their role and responsibility in the provision of the required services.

The OBRA Coordinator at each mental health center will be responsible for completing this form with input from relevant entities such as the continuity of care coordinator, clinical supervisor, level II evaluator and/or hospital liaison.