

<p style="text-align: center;"><b>Pre-Admission Screening and Resident Review Need for Specialized Services</b></p>
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**NAME:**

**DOB:**

**DATE Completed:**

**People providing information:**

**Agency providing service:**

**Number of hours per week recommended:**

Specialized Services:

- Support provided by trained Developmental Disability Agency staff within and/or outside the nursing facility setting.
- Needs are connected to the individual's intellectual/developmental disability or related condition.
- Face to face, unless HCBS are being coordinated for discharge back to a community setting.
- The number of hours for support are determined by individual's need through a review of this needs assessment, based on the nursing facility setting.
  - Any need area which requires intervention to address which would not be practicable for the nursing facilities to provide due to the intensity of the intervention.
  - The needs assessment for PASRR support services should include input from nursing facility staff.
  - Support services rate is inclusive of direct support, service coordination, and transportation.

**Please identify the need, level of need (none, minimal, moderate, significant), and how the need will be met in each of the below categories of support.**

**Behavior:**

**Communication:**

**Community Supports (within and outside):**

**Work Supports:**

**Service Planning & Coordination:**

**Other:** Please specify:

**What are other resources for these supports (including natural supports)?**

**Additional Comments:**