DIVISION OF BEHAVIORAL HEALTH AND RECOVERY
Level 2
Preadmission Screen and Resident Review (PASRR)

Invalidation
Interrupted Evaluation

DATE OF REFERRAL:
DATE OF INTERRUPTED INVALIDATION:
DATE OF BIRTH:

INSTRUCTIONS: This form is to be used **only** when a Level 2 Evaluation is terminated (see criteria below). **An Invalidation must be completed and filed in the patient record**. If the evaluation is terminated after fifteen minutes or more, (not to exceed 60 minutes) this Interrupted Evaluation form should be completed, attached to a copy of the Invalidation, and submitted to DBHR with an A19 voucher.

NAME: LAST:	FIRST:	MIDDLE:
NURSING FACILITY:		

Criteria

The evaluation was terminated after _____ minutes (use 15 minute increments, not to exceed 60 min.)
Check one of the following

- ☐ did not meet the criteria for serious mental illness; ***or***
- ☐ did meet the criteria for major neurocognitive disorder; ***or***
- ☐ did meet criteria for severe medical illness

Evaluator Information

SIGNATURE:	DATE:
PRINT NAME:	TITLE:
CONTRACTOR:	COUNTY: