

471-000-231 Instructions for Completing Form DPI-OBRA9, "PASARRP Summary of Findings Report"

Use: Form DPI-OBRA9 is used to provide the final determination and recommendations for each individual being evaluated through the PASARRP. The HHS/Contractor via this form, ensures that –

1. The evaluation corresponds to the individual's current functional status as documented by the Level II evaluation; and
2. Each evaluation represents an interdisciplinary approach.

Number Prepared: One original of Form DPI-OBRA9 is prepared. Additional copies are made as needed for distribution.

Completion: Form DPI-OBRA9 is a stored document completed by the HHS/Contractor to provide information on the final determination.

Distribution: The HHS/Contractor sends Form DPI-OBRA9 to the nursing facility, HHS, and the CMHR or CBDDSP, and retains a copy.

Retention: Form DPI-OBRA9 is retained for four years.

**Nebraska  
PASARP Summary of FINDINGS Report**

Last Name:  
Facility:  
Address:

First Name:  
Soc. Sec. #:  
Medicaid ID #:

1. *Provisional DSM-III-R Diagnosis:*

Axis I:

Primary  
Secondary  
Tertiary

Axis II:

Primary  
Secondary  
Tertiary

Axis III:

2. *Summary:*

A. Case Abstract (include recommendations concerning NF medical eligibility)

B. Strengths/Positive Traits:

C. Weaknesses/Problems:

D. Cognitive Assessment (if MR/RC)

3. *Placement Recommendations:*

4. *Service Recommendations and Rationale:*

5. *Evaluation Completed By:*

Evaluator:

Evaluation Date:

Validating Professional:

Validation Date:

I certify that the above assessment has been completed and, to the best of my knowledge, the information reported is accurate.

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date