

CMHC Record Request

Date: _____

To Whom it May Concern:

Name: _____

DCN: _____

DMH ID: _____

The above individual has been referred to Bock Associates for a Level II screening for admission/continued stay in a long-term care facility in compliance with Federal PASRR legislation (42 CFR 483.100 - 483.138). To complete this evaluation, Bock Associates is requesting the following documents:

- Current or most recent **Individual Treatment Plan (ITP)**
- Most recent **Psychiatric Intake/Evaluation**
- **Crisis Intervention Plan** (if applicable)
- **Daily Assisted Living Activities Evaluation (DLA-20)** (if applicable)

Please send the above information to Bock Associates by fax to (573)634-7317 or email to bock.missouri@bock-associates.com

If you have any concerns please contact Bock Associates at 573-634-7309.

Per PASRR regulations, evaluations must be completed within 7-9 days. Failure to provide requested records may result in the assessor's inability to fulfill the minimum data requirements for PASRR evaluations and may delay the PASRR process.

The information contained in this request is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this transmission is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify Bock Associates by calling (573)634-7309.