

(Example Review Results Letter)

Review Results

**TO: Joe Smith
Good Samaritan Hospital**

RE: Mary Smith

Date: 12/4/2003

Information regarding the above name individual was reviewed in order to provide the following determination. Please feel free to call if you have any questions or need additional information.

PAS Review:

Not Applicable

No Indication of serious mental illness or mental retardation/developmental disabilities

Indications of serious mental illness; referral has been made to:

Local MH evaluator

Ohio Department of Mental Health, Columbus

Indications of mental retardation/developmental disability; referral has been made to:

Local MR/DD evaluator

Ohio Department of Mental Retardation/Developmental Disabilities, Columbus

Level of Care review outcome:

Effective Date: 7/25/2003

Intermediate LOC

This level of care is not an authorization for Medicaid nursing facility payment. Consult with your local county department of human services for the decision on nursing facility payment.

Individual requires

Delayed Assessment, Assessment, or No Assessment (one of these is listed on actual letter)

Comments:

Susie Smith

PAA Reviewer