

Non-Availability of Recommended Mental Health Services Form

(See 22 VAC 40-72-500 E)

Resident's Name:	Date of Admission:
<p>If mental health services were requested of the CSB or other mental health agency by the facility for a resident, but the services cannot be provided in a time frame acceptable to the facility and/or resident, the facility must address the following areas:</p> <ol style="list-style-type: none"> 1) The ability of the facility to continue to meet all other needs of the resident. 2) How the facility plans to ensure that the failure to obtain the recommended services will not compromise the health, safety, or rights of the resident and others who come in contact with the resident. 3) The efforts of the facility to obtain mental health services for the resident. Include the names of offices, agencies and/or individuals the facility contacted to request mental health services and the outcome of the contact. 4) Additional steps the facility will take to find alternative service providers to meet the resident's needs. 5) The efforts to initiate discharge plans if the facility has determined that to continue to retain the resident without the needed mental health services would place the resident or others at risk for harm. 	
Additional Comments:	
Signature of Facility Administrator (or Designee): _____	Date: _____