STATE OF VERMONT
PRE-ASSESSMENT SCREENING AND RESIDENT REVIEW (PASRR): LEVEL I
FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY, OR RELATED CONDITION

Federal regulations require that a pre-admission screening be completed **before** any individual who is known to have, or possibly may have, a serious mental illness and/or intellectual/developmental disability, or related condition, is admitted to a Medicaid participating nursing facility (NF), **regardless of the source of payment for the NF services, and regardless of the individual's known diagnoses.**

Individual's Name: _____ DOB: _____

Exemption
If the individual is found to meet the conditions of this exemption, the individual may be admitted to a nursing facility without further screening.

Hospital Discharge for Short-Stays (30 days or less)

Is this individual being admitted to a nursing facility directly following an acute hospitalization for treatment of a condition that he/she was hospitalized for? (The attending physician must certify by signing below, before admission, that the individual is likely to require less than 30 days in the nursing facility to qualify for this exemption.)

If it is later decided the individual will exceed the 30 days, another Level I form screening for serious mental illness (SMI) and intellectual/developmental disability (ID/DD) and/or a related condition (RC) must be completed by the admitting nursing home and submitted to the Department of Mental Health. Please be sure to send completed copies of this form to the hospital of record, nursing facility, and individual/legal guardian(s).

Name of Attending Physician Completing Form: _____

Signature: _____ Date: _____

Hospital: _____

Phone Number: _____