STATE OF VERMONT
PRE-ASSESSMENT SCREENING AND RESIDENT REVIEW (PASRR): LEVEL 1
FOR MENTAL ILLNESS, INTELLECTUAL DISABILITY, OR RELATED CONDITION

Individual's Last/First Name: _____ DOB: _____

Where is the individual currently located? _____

To which Nursing Facility is the individual seeking admission? _____

PART A - 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 before admission that the individual is likely to require less than 30 days in the nursing facility in order to qualify for this exemption).

☐ Yes

_____
(Physician's Signature Required)

If it is later decided the individual will exceed the 30 day stay, this form must be completed by the admitting nursing home in full and submitted.

Please list all diagnoses (medical, psychiatric, developmental):

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Part B – Mental Illness

1. Does this individual have one of the following diagnoses?
   - ☐ Schizophrenia
   - ☐ Mood Disorder (Depression, Bipolar Disorder)
   - ☐ Delusional Disorder (Paranoid Disorder)
   - ☐ Personality Disorder
   - ☐ Somatoform Disorder
   - ☐ Psychotic Disorder (Schizoaffective Disorder; Atypical Psychosis; Schizophreniform Disorder; Brief Reactive Psychosis)
   - ☐ Anxiety Disorder (Panic Disorder; Phobia; Obsessive-Compulsive Disorder; Post-Traumatic Stress Disorders; Severe Anxiety)
   - ☐ Substance Use Disorder
   - ☐ None

2. Has this individual had a disability or significant impairment in major life functions in the past 6 months due to a psychiatric disorder or substance use disorder? Check YES if any of the subcategories below are checked.
   Yes ☐ No ☐ Unknown ☐

   ☐ **Interpersonal Functioning**: This individual has serious difficulty interacting appropriately and communicating effectively with other people, may have a history of evictions or altercations with others, fear of others, avoidance of interpersonal relationships and social isolation, and unstable employment.

   ☐ **Completing Tasks:** This individual has serious difficulty sustaining focused attention, completing tasks, difficulties with concentration, inability to complete simple tasks within an established time period, makes frequent errors, or requires assistance to complete tasks.

   ☐ **Adapting to Change:** This individual has serious difficulty in adapting to typical changes in work, school, family, or social interactions, may have excessive irritability or agitation, exacerbated signs and symptoms associated with the illness checked above, withdrawal from situations, self-injurious behaviors, self-mutilation, suicidal behavior, physical violence or threats, appetite disturbance, delusions, hallucinations, serious loss of interest in hobbies or activities, and sustained tearfulness.

3. Has this individual had a hospitalization for a psychiatric condition or substance use disorder within the past few years? OR Has this individual required intensive psychiatric treatment (partial hospitalization/day treatment, crisis bed, in-home supportive services) to maintain his/her functioning in the community?
   Yes ☐ No ☐

Does this person have a current or recent mental health provider? Please list name, program and contact information: _____

Diagnosis of Dementia
If the primary diagnosis for nursing home level of care is dementia, the individual is exempt from further PASRR Mental Health evaluation. Is dementia considered to be the primary diagnosis?
☐ Yes ☐ No
If yes, please attach documented evidence (for example, work-up, comprehensive Mental Status Exam)

Please forward a copy of this form to Department of Mental Health, Attn: MH PASRR Coordinator, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010 or Fax (802) 241-0100 or call (802) 241-0090.

If ALL the responses to questions 1 – 3 in Part B are YES, a LEVEL II MENTAL HEALTH PASRR evaluation is required. Please notify the MH PASRR Field Coordinator or Department of Mental Health to schedule a LEVEL II evaluation.

If the responses to questions 1 & 2 are YES, the PASRR Coordinator will review this form and further information may be requested in order to determine if a Level II evaluation is needed.

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Part C – Intellectual Disability or Related Condition

1. Does this individual have a diagnosis of intellectual/developmental disability? Yes☐ No☐
   Age when diagnosis was established _____ Unknown☐

2. Does this individual have a "related condition" (e.g. cerebral palsy, epilepsy, brain injury - resulting in significant impairment in intellectual functioning and adaptive behavior)? Yes☐ No☐
   Age of onset _____ Unknown☐

3. Does this individual have a history of intellectual/developmental disability or related condition? Yes☐ No☐

4. Is there presenting evidence (cognitive or behavioral) that indicates this individual may have an intellectual/developmental disability or a related condition: Yes☐ No☐

   If yes, explain: _____
   _____
   _____

5. Was this individual referred by or receiving services from an agency that serves individuals with intellectual/developmental disabilities and/or related conditions? Yes☐ No☐

If yes, name of agency: _____

NOTE: If response to ANY question in Part C is YES, a LEVEL II DEVELOPMENTAL DISABILITIES PASRR is required. Notify the DDS PASRR Coordinator, 280 State Drive, HC 2 South, Waterbury, VT 05671-2030 or FAX (802) 241-0410, or call (802) 289-0015.

Completed copies of this form have been distributed to:

☐ hospital of record
☐ nursing facility
☐ individual/legal guardian(s).

Name & Title of Person Completing Form: _____
(*Please Print*)
Signature of Person Completing Form: _____

Hospital / Facility Address: _____

Phone #: _____ Email: _____ Date: _____

As noted above, Please mail or fax all original signed LEVEL I PASRR forms to: Department of Mental Health, Att'n MH PASRR Coordinator, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010 or FAX (802) 241-0100.