

PASRR – Preadmission Screening/ Resident Review

Brandi Potts

Green Belt

3/28/2016



Making Ohio Better

DEFINE PHASE

Our Team

- Lead-Kelsey Gallagher
- Sponsor -Tonya Hawkins
- Owner -Kimberly Donica
- Members: Terry Watts, Jeff Ryan, Donna Paterson, Joe Pichert, Deb Arnett, ShaRhonda Sly, Rick Hoover, Megan McClaskie, Cheryl Guyman

Project CTQ

- Customer- Residents in the NF, ODM, ODA, DODD, OMHAS
- There needs to be a quick and effective PASRR process.
- ODA- “The wait times for information are too long. We do not receive the required information in order to make a timely determination.”
- OMHAS- “We continue to receive too many faxed applications. In addition there are still too many incorrectly completed /incomplete applications.”

Opportunity Statement

- To reduce the inefficiencies in the current PASRR process that has created unnecessary rework and long delays in the ability for individuals to enter the NF and local Agencies who perform the work.



Voice of the Customer

- long wait times for approvals
- Mistakes/Duplications
- Incomplete/Inaccurate information
- Everyone involved in the process does not understand others roles in the process
- New forms are needed/ Confusing and long
- Delays in many areas of the process

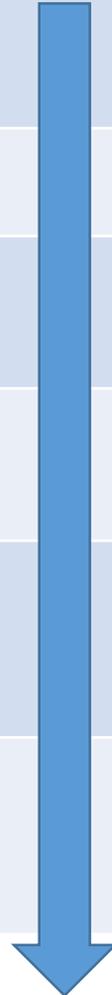


Project Charter

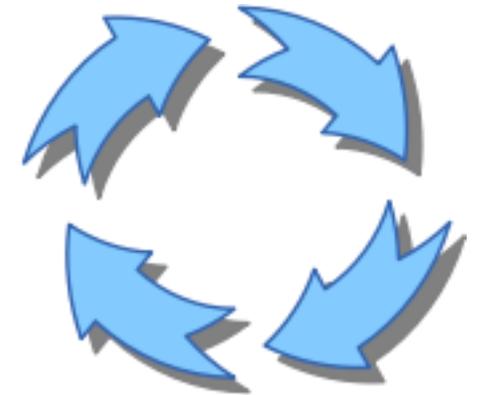
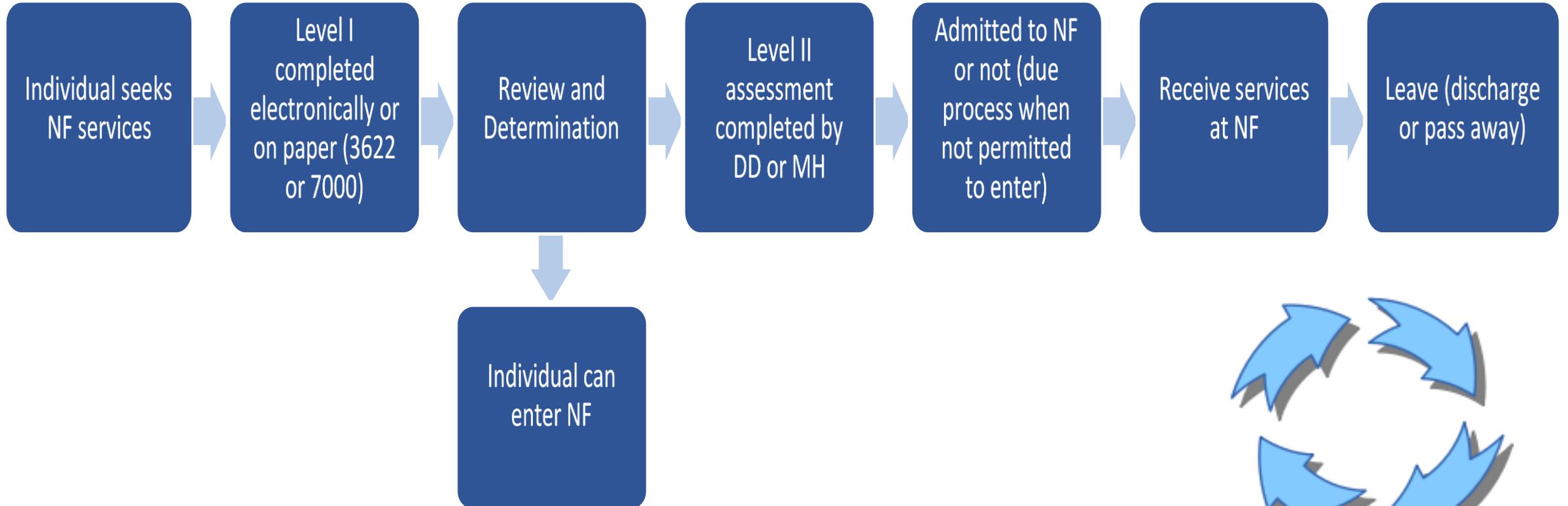
Project/Event Title	Improving the PASRR Process				
Project Facilitator	LeanOhio				
Agency/Organization	Ohio Department of Medicaid				
Project Mentor	Felicia Sherman				
Charter Last Updated Date	3/1/2016				
Project Background					
Pre-Admission Screening and Resident Review (PASRR) is a federally mandated requirement that any individual, regardless of payer source, must be screened for indications of a serious mental illness (SMI) or developmental disability (DD) prior to being admitted to a nursing facility. The Ohio Department of Medicaid (ODM) has ultimate oversight over the PASRR program, both legally and financially. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Developmental Disabilities are responsible for issuing determinations for individuals related to mental health and developmental disabilities respectively. Each of the state authorities (OhioMHAS, DODD, and the Ohio Department of Aging) utilizes other organizations to perform some of their PASRR functions (the PASSPORT Administrative Agencies perform the Level I - PAS/ID work; KEPRO performs the Level II evaluation work for OhioMHAS, and the County Boards of Developmental Disabilities perform the Level II evaluation work for DODD). Due to the number of agencies and organizations involved in the process, as well as several confusing steps and rules along the way, the overall PASRR process is not as efficient or transparent as it could be for those involved. The outcome of the current process is long delays between agencies, missing or incorrect information, and unnecessary rework.					
Problem/Opportunity Statement					
Reduce inefficiencies in current PASRR process that has created unnecessary rework and long delays in the ability for individuals to enter the NF and local agencies who perform the work.					
SCOPE (define boundaries)	First step in the process: Individual, regardless of payer source, seeks admission to an Ohio nursing facility.				
	Last step in the process: Individual is discharged from the NF or becomes deceased before discharge.				
Project Goals					
1. Develop new PASRR future state					
2. Re-design the PASRR forms (ODM 3622 and 7000) and the extension request process					
3. Gain better understanding of business process to develop the requirements for future IT system procurement.					
Project Boundaries					
42 CFR 483.100-138 https://www.gpo.gov/fdsys/pkg/CFR-2010-title42-vol5/pdf/CFR-2010-title42-vol5-sec483-100.pdf					
§1919(e)(7) of the Social Security Act					
Ohio Revised Code (ORC) 5164.02, 5119.40, 5162.03, 5165.03, 5123.021, 5123.04					
Soft boundary - OAC rules (though these can be changed if we change our processes)					
No new money, no new people.					
Performance Metrics:					
What measures will tell you if you are successful.		Performance Metrics			
		Current	Goal	Final	% Change
Reduce number of defects associated with submission of PASRR forms (ODM 7000 and ODM 3622)		74.7 per day	14 per day		
Current number of steps in the process vs. Future number of steps in the process (decrease number of steps in process)		128 steps	28 steps		
Identify and reduce number of gaps in current process where grey areas occur (lose track of individual in NF)		47 handoffs	20 handoffs		
Reduce number of extension requests received for same individual - unnecessary rework		65 repeat requests	0 repeat requests		
Projected Benefits					
Increased efficiency across state agencies and local partners, better accuracy when completing work, less confusing and time consuming forms, and data sharing between agencies, organizations and workers so that the individual seeking NF admission has a smoother process with less hurdles, less work, and less burden on them and/or their family members.					
Project Team					
Team Lead:	Kelsey Gallagher				
Team Champion/Sponsor:	Tonya Hawkins				
Process Owner:	Kimberly Donica				
Team Members:	Tonya Hawkins, Kelsey Gallagher, Cheryl Guyman, Deanna Clifford, Terry Watts, Jeff Ryan, Amy Coey				
Subject Matter Experts:	Joe Pichert, Natalie Brown, Jim Rosmarin, Deb Arnett, Morgan Pavol, Deb Ebberts, Jeff Wahl, Chantal Hunt, Brandon Sturgill, Barb Hennis, Michele Giess, Ann Marie Riley, Rebecca Boeckling				
Project Champion/Sponsor and Process Owner Sign-Off:					
<i>I am committed to supporting this project and implementing the teams improvements.</i>					
Sponsor Signature:					
Process Owner:					

SIPOC

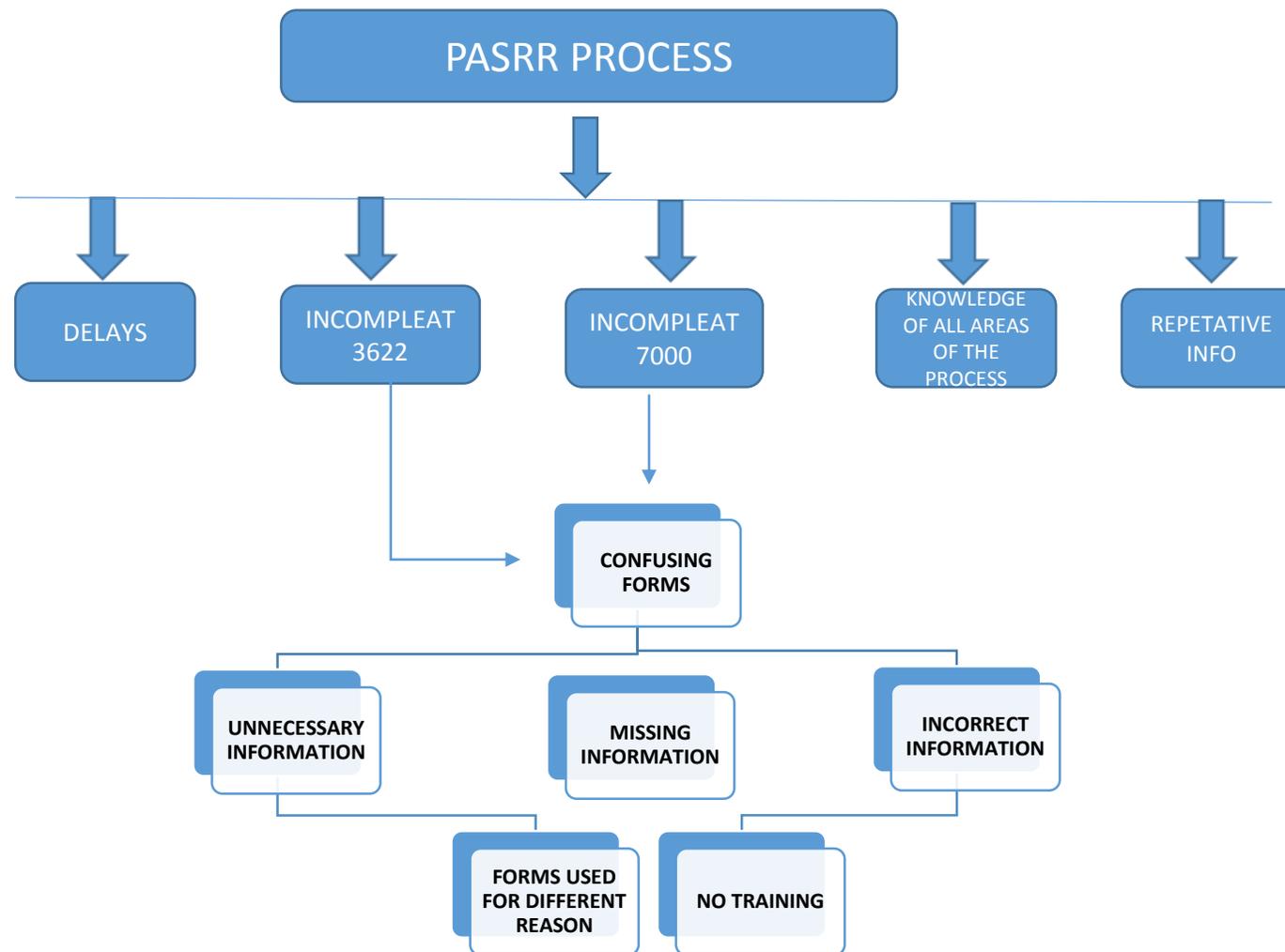
SUPPLIERS	INPUTS	PROCESS	OUTPUTS	CUSTOMER
ODM ODA DODD	FORM 7000 FORM3622 EXTENTION FORM		LEVEL II DETERMINATION LEVEL I DECISION RECOMMENDATIONS(LETTERS)	INDIVIDUAL APPLICANT
FAMILIES/INDIVIDUAL	KEPRO PAA EMPLOYEES		ADMISSION TO NF APPEALS	LONGTERM CARE PLANNERS
HOME HEALTH ODJFS/BSH	HENS PIMS		HEARINGS COMPLAINTS	NF HOSPITAL
MHAS NF	HOSPITAL EMPLOYEES STATE EMPLOYEES		LAWSUITS PAYMENT WITHHOLDING	QUALITY of CARE FAMILIES
HOSPITAL KEYPRO	LEVEL II PROCESS RULES (CFR/ STATE)		NF DISCHARGE COMPLIANCE W/OLMSTEAD	ODH
CBDD AAA's/PAA's	NF EMPLOYEES			



PROCESS



CT FLOWDOWN



KAIZEN EVENT

KAIZEN

LEANOhio

PASRR

Apr. 4 – 8th, 2016

SIMPLER. FASTER. BETTER. LESS COSTLY.

Event Background

- Why are we doing this event?
 - The PASRR process is inefficient with unnecessary work and long delays for individuals in entering the NF and for local agencies that do the work
- What needs to change?
 - Forms 3622 and Form#7000
 - PASSR extension request needs change and develop an end to the process
 - Inefficiencies in the process

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Event Goals

Define a maximum of three goals for your project:

- 1. Develop new PASRR future state
- 2. Re-design forms 3622, Form#7000, and PASSR extension
- 3. Gain better understanding of business process to develop the requirements for future IT systems.

Be specific, measurable, achievable, realistic, and time bound

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Event Measures

- What metrics do you want to improve (ex: process time, backlog reduction, customer form errors)?
 - Reduce rework associated with not having the correct information at first submission
 - Identify and reduce the number of gaps in the process where grey areas occur (lose track of individual in NF)
 - Reduce the number of extension requests received for the same individual

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Event Out of Scope

Money: We will not improve by throwing money at the problem. The focus will be on eliminating waste, however after redesigning the process the team may consider and make a business case for an investment that increases effectiveness or has a positive return on investment.

People: We will not improve by simply assigning more people to do the work. This does not mean that people may not be redistributed to other parts of the process when it makes sense as part of the redesigned flow, or to temporarily reduce a backlog.

IT Solutions: We will not improve by automating the existing process. After the team has eliminated waste and designed a more efficient work flow the team may consider and develop a business case for implementing an IT solution. In fact a Kaizen Event can be an effective way to develop the requirements for an IT project, but the process must be improved first.

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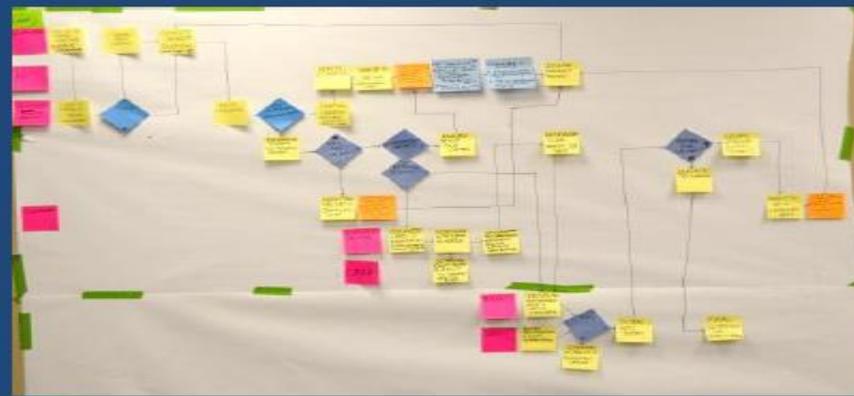
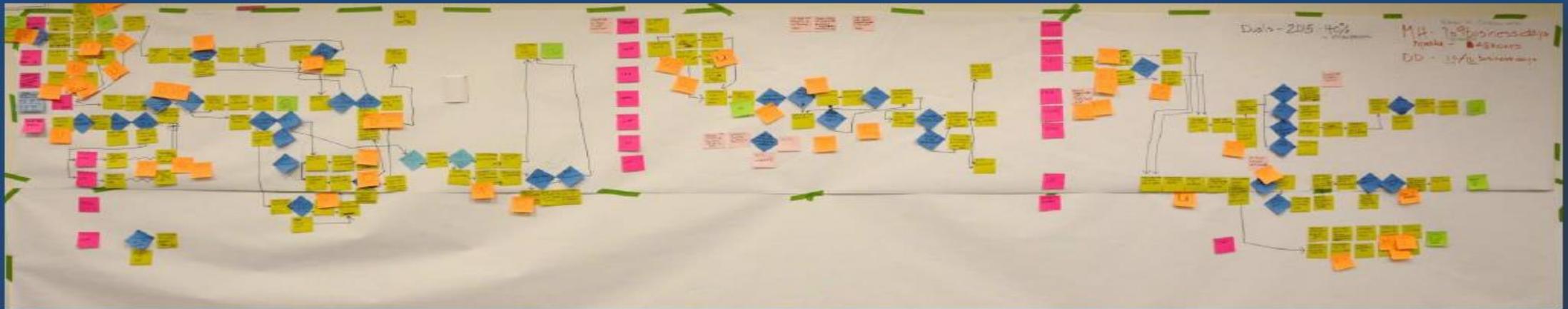
Post Event Expectations

- 30, 60, 90 day follow up meetings with the entire team
 - Action Register Progress
 - Success and Road Blocks
- Continuous communication as needed with Sponsor(s) and Team Leader(s)

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Current vs Future



Summary Scorecard

Measure	Current Level	NEW	Change
Process Steps	128	26	80%
Decision Points	28	7	75%
Handoffs	47	20	57%
Loopbacks	6	2	66%
Delays	13	3	77%
Process Lead Time	3 Processes	1 Process	66%

Implementation Plans

Communication

Policy Changes

Forms

IT System Requirements

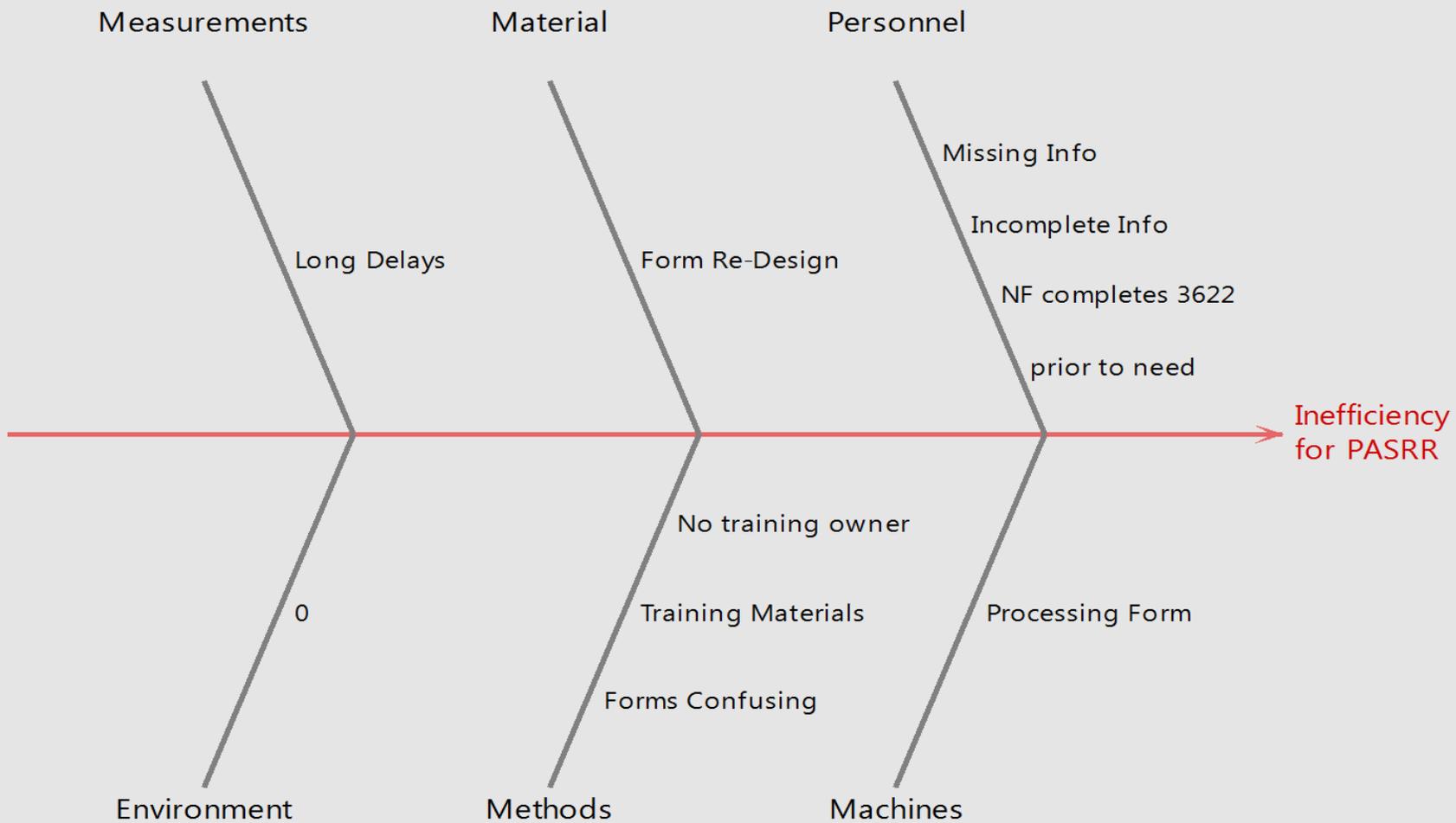
Interim Process



MEASURE PHASE



PASRR FORM FISHBONE



Data Collection

- There is baseline data that needs to be collected to help improve the 7000 and 3622 forms used in the PASRR process. The most effect way to collect this data is to have those that process the forms track the number of defects on the currant forms that are being used.
- A defect is defined as:
 - Missing information on the form
 - Incorrect information on the form
 - Unnecessary information on the form (not needed to process)
 - The form having to be sent back in order to further process
- For the next 7 days it is vital to track these defects so that we can move forward with form revisions. I have attached a form that we will be using to track such defects. Please take the time to use the form for the next 7 days while processing all 7000 or 3622 paper forms. It will be very simple to complete with each form processed. Please include:
 - The date you processed the form
 - Your name
 - The form number
 - The total number of defects that you encountered while processing the form
- You can return completed forms to me via email (Brandi.Potts@medicaid.ohio.gov) or fax to my attention (614-995-5959) no later than 4/21/2016.
- Thank you for taking the time to improve the PASRR process. If you have any questions feel free to contact me any time Brandi Potts 614-752-3855

Base Line Data Collection Cont.

	DATE	PROCESSERS NAME	7000 OR 3622	NUMBER OF DEFECTS
1.	4-13-16	Jennifer Reid	3622	3 (Sec. D1, 2 + DX)
2.	4-13-16	Jennifer Reid	3622	3 (Sec. D1, 3, 5)
3.	4-13-16	Jennifer Reid	3622	3 (D-1, 2, 3)
4.	4-14-16	Jennifer Reid	3622	1 (Signature)
5.	4-14-16	Jennifer Reid	3622	1 (SS#)
6.	4-14-16	Jennifer Reid	3622	1 (D-1)
7.	4-14-16	Jennifer Reid	3622	8 (D2-5, E7, H1, 2)
8.	4-14-16	Jennifer Reid	3622	1 (NOT coded)
9.	4-15-16	Jennifer Reid	3622	1 (D-5 wrong)
10.	4-15-16	Jennifer Reid	3622	3 D-1, + 2 DX
11.	4-15-16	Jennifer Reid	3622	6 (Medicare, ERV)
12.	4-18-16	Jennifer Reid	3622	5 (Sec. B, D, E) - corrections to correct
13.	4-18-16	Jennifer Reid	3622	2 (DX's - D-1)
14.	4-18-16	Jennifer Reid	3622	3 (DX's, D-1)
15.	4-18-16	Jennifer Reid	3622	2 none - DX
16.	4-19-16	Jennifer Reid	3622	3 (D-1, DX's)
17.	4-19-16	Jennifer Reid	3622	3 (D-1, DX)
18.	4-19-16	Jennifer Reid	3622	1 (D-5 - blank)
19.	4-19-16	Jennifer Reid	3622	7 (Sec. E + DX)
20.	4-20-16	Jennifer Reid	3622	1 B-1 blank
21.	4-20-16	Jennifer Reid	3622	3 (B-1, H-1, Payor)
22.	4-20-16	Jennifer Reid	3622	1 (D-1)
23.	4-20-16	Jennifer Reid	3622	1 (E-5)
24.	4-21-16	Jennifer Reid	3622	1 (B-1)
25.	4-21-16	Jennifer Reid	3622	5 (codes, D-1 + DX)
26.	4-21-16	Jennifer Reid	3622	2 (C-1, DX)
27.	4-21-16	Jennifer Reid	3622	2 (codes)
28.	4-21-16	Jennifer Reid	3622	3 (DX added)
29.	4-21-16	Jennifer Reid	3622	2 (DX added - 2)
30.	4-21-16	Jennifer Reid	3622	3 (D-1, 2 DX)



Data Analysis

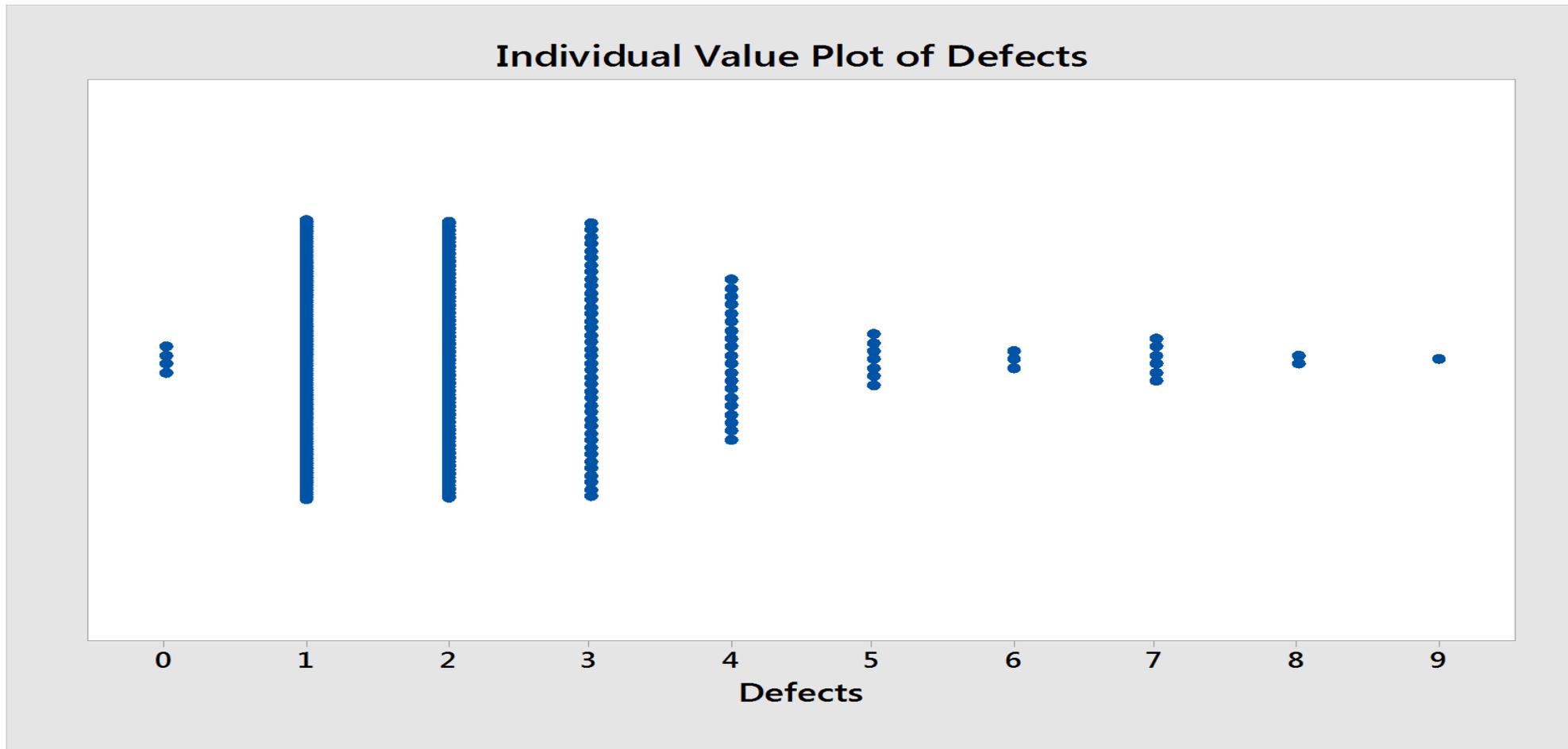
(Short term)

Total Defects	Total Days	Defective Rate					
Question 1: How many of the forms had a defect?				99.00% of 403 forms had defects			
Question 2: How many total defects?				747			
Question 3: How many days did you collect?				10			
Question 4: How many defects per day?				74.7			



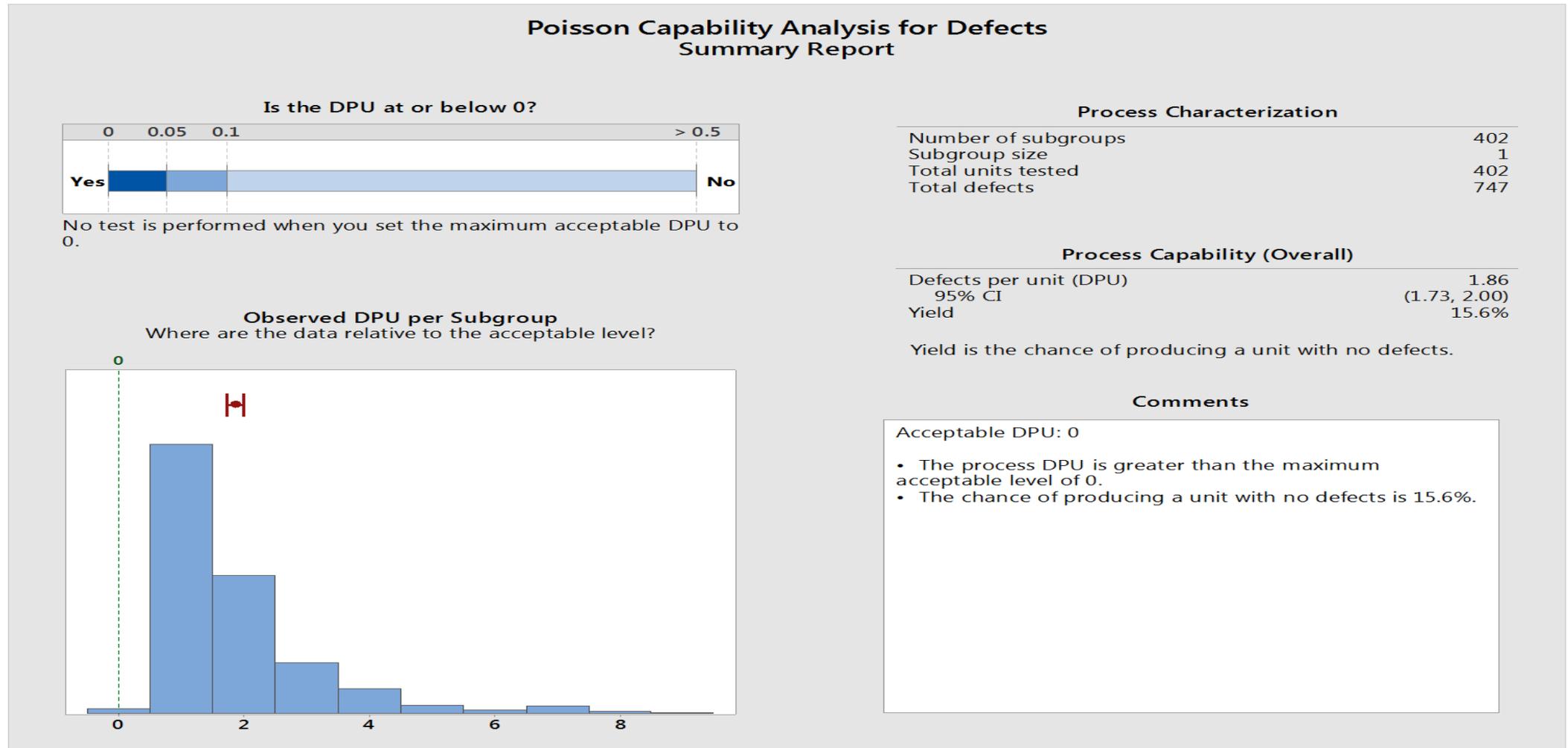
Data Analysis Cont.

(Short Term)



Data Analysis Cont.

(Short Term)

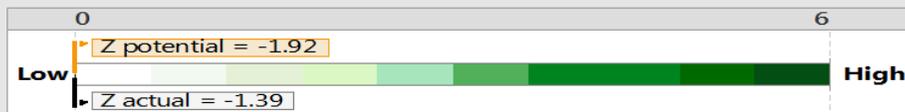




Data Analysis Cont. (Long Term)

Capability Analysis for Defects Summary Report

How capable is the process?



Customer Requirements

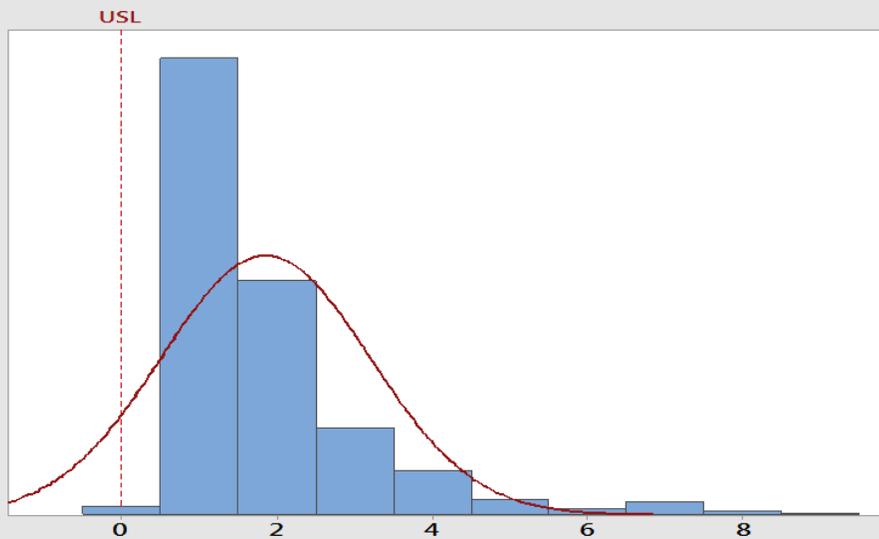
Upper spec	0
Target	*
Lower spec	*

Process Characterization

Mean	1.8582
Standard deviation (overall)	1.3408

Actual (overall) capability	
Pp	*
Ppk	-0.46
Z.Bench	-1.39
% Out of spec	91.71
PPM (DPMO)	917107

Actual (Overall) Capability
Are the data below the limit?



Comments

- The defect rate is 91.71%, which estimates the percentage of parts from the process that are outside the spec limits.

Actual (overall) capability is what the customer experiences.

Potential (within) capability is what could be achieved if process shifts and drifts were eliminated.

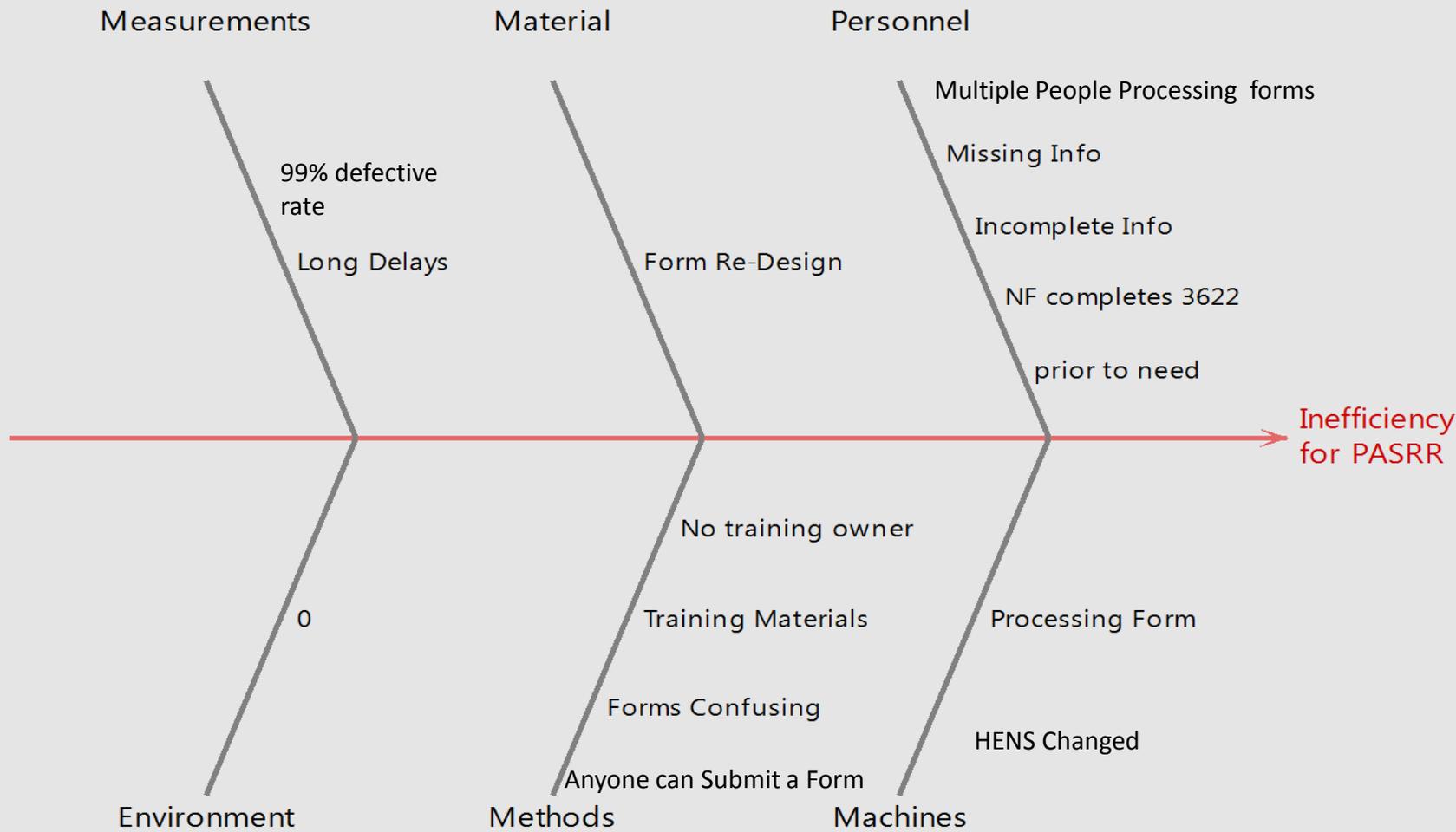
Redesign Expectations

- POKA-YOKE GOALS:
 - Determine why section B and D are the most commonly defected
 - To design a PAS form (3622A)
 - To design a RR form (3622B)
 - To process PASRR applications with no more than a 2% defect rate.
 - To reduce the number of defects from 74.7 per day to 14 per day.



ANALYZE

PASRR FORM FISHBONE



Prioritized List of X's

- Top 5 X's that can be tested
 - Forms need re designed 24.41%
 - Forms cant be changed with our HENS 16.29%
 - Missing /incomplete info on forms 9.05%
 - Confusion forms 9.05%
 - No training materials 7.92%

Rating of Importance to Customer		10	8	8		
#	X's from Fishbone	Customer wants zero Processing Defects	Customer wants both forms Electronic	Need PASS form and Resident Review	Total	% Rank
1	Forms need redesigned	10	10	10	260	29.41%
2	Long Delays processing form	6	0	0	60	6.79%
3	missing / incomplete info	8	0	0	80	9.05%
4	confusing forms	8	0	0	80	9.05%
5	No training materials	7	0	0	70	7.92%
6	NF 3622 early submission	2	0	0	20	2.26%
7	No training owner	2	0	0	20	2.26%
8	Form cannot be changed without HEN	0	10	8	144	16.29%
10	Multiple people processing form	5	0	0	30	3.39%
11	Anyone can submit forms	10	0	0	60	6.79%
12	99% defective rate on sections B & D	10	0	0	60	6.79%
					884	

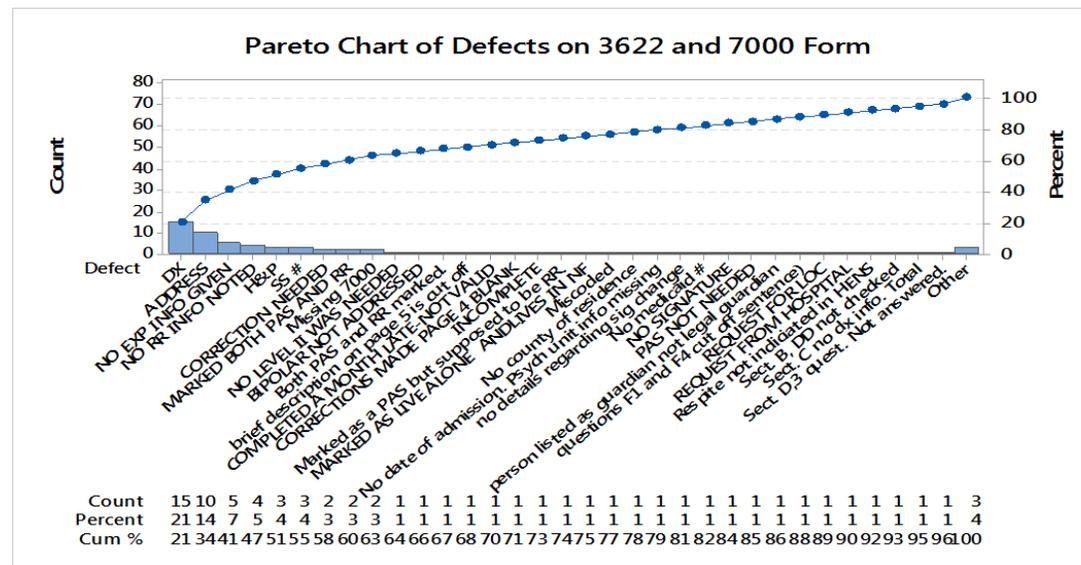
List of Vital X's – Significant X's

Number	Identified X	Can X be measured?	Measurement	How can you test this x?	Statistical Test Used	What will test show?	Significant?
X1	Missing information	Yes	Count Defects	track missing info pre redesign -track missing info post redesign 399 defects out of 403 forms; place all the defects in a column and then do a 1 Sample T comparing to Zero	1 Sample % defective	It will show defect rate is high and probably be significant	Yes
X2	incomplete Information	Yes	Count Defects	track missing info pre redesign -track missing info post redesign 399 defects out of 403 forms; place all the defects in a column and then do a 1 Sample T comparing to Zero	1 Sample % defective	It will show defect rate is high and probably be significant	Yes
X3	forms confusing	Yes	use a survey to find out what sections are causing confusion	use a survey to determine what is confusing on the forms. This was completed and the users came back with Section B & D. Further study why B & D are bad.	NA	What sections of the form need revised	Yes
X4	NF completes 3622 prior to needing it	Yes	pull the data on how many 3622 were submitted	run comparison on how many 3622 are being submitted verses how many patients are being admitted.	Two Sample T - difference in means	how much unnecessary work is being done.	Needs data
X5	training materials	Yes	Known	Clean up training materials	NA	NA	NA
X6	long delays processing form	yes	How long it takes to process the form	time to complete submission currently -time to complete submission post or simply how long does the submission process take. Can you get this information?	Two Sample T - difference in means	The mean for before is higher than the mean after/post	Yes
X7	Form needs re-designed	yes	# of defects	Talk about 99% defective rate 399/403 = 99% Total Defects in 10 days was 747 defects - compare column of defects to target of zero	1 Sample T	Test will show if mean is > target of zero	Yes
X8	no training owner	Yes	Known	Kelsey took on project owner and developed group to do Quarterly training	NA	NA	NA



Analysis Findings

- X1 – Missing Information
- X2 - Incomplete Information
- X3 – Forms are confusing



- Sent survey to processors and the data concluded that Dx (Diagnosis) was number one problem.
- #2 problem was addresses

Analysis Finding

- X4-NF submits 3622 prior to instructions require
 - Working with Kelsey to get data. Will be requesting all 3622 submissions for a 60 day time frame. We will track how many of those submissions resulted in a nursing home Admit after exceeding the original discharge date from the hospitals 7000 submission.



Analysis Finding

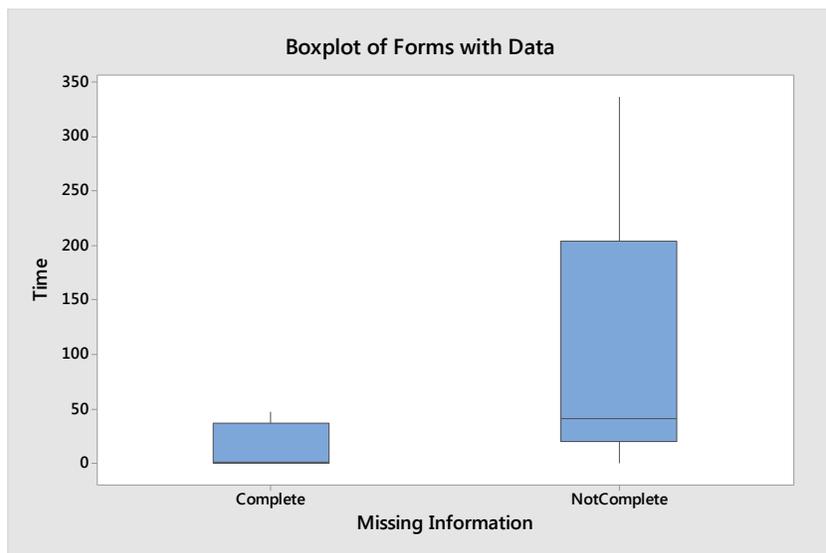
- X5-Training materials
 - Kelsey took on ownership of cleaning up the training materials at the quarterly training meetings.





Analysis Findings

- X6-Long delays processing the form
 - Result Boxplot shows that there are very high potential with long delays if the process is not improved.



This is a problem

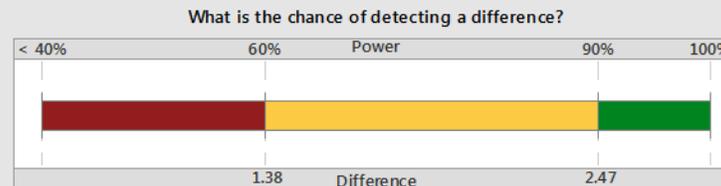


Analysis Finding

- X7 – Form needs redesigned
 - 1 Sample T Test indicates that there is a 90% chance that every form will have defects greater than 2.47 with no change to the forms.



1-Sample % Defective Test for Test Items Diagnostic Report



For $\alpha = 0.05$ and sample size = 403:
 If the true % defective were greater than the target by 1.38, you would have a 60% chance of detecting the difference. If it were 2.47 greater, you would have a 90% chance.

What difference can you detect with a sample size of 403?

Difference	Power
1.38	60%
1.64	70%
1.97	80%
2.47	90%

Power is a function of the sample size and the % defective. To detect smaller differences, consider increasing the sample size.

Analysis Findings

- X8 – No Training Owner
 - Kelsey took ownership and developing quarterly training with the help of a few other agencies.



Training Programs



IMPROVE

Summary Proposed Solution

- The following is being proposed to fix the PASRR Process
 - Create a new form to eliminate the missing/incomplete information
 - Work with Hens to get an electronic form
 - Figure out why DX is the biggest issue on the form
 - Find out why address and diagnostics is a sore thumb
 - Train/Educate users on how and when to correctly submit the forms.



Summary Piloted Solution

- Build a form
- Send form to users and trial it for a couple weeks.
- Continue working with sister Agency's on training.





Draft of PASSRR Form

- All information was revised based on the information provided by the survey monkeys and the information from the Kaizen event.

**Ohio Department of Medicaid: HOSPITAL EXEMPTION/
PREADMISSION SCREENING/RESIDENT REVIEW (PASSRR)**

Last Name		First Name		MI
Sex	M = Male F = Female	Date of Birth (mm/dd/yyyy)	Social Security Number	
Medicaid Recipient	Yes	Managed Care	Pending	No
Medicaid Number (if data is applicable)		Managed Care Plan Name (if applicable)		
YES	NO	Does applicant/resident have additional health care insurance with another company? If so, name of insurance company		
Living arrangement/options at the time of the request for PASSRR: (Check one below)				
Independent Living Option		Institutional Setting		Community-Based Residence
<input type="checkbox"/> Own/Leases Home/Apartment-Lives Alone		<input type="checkbox"/> (CF)/ID		<input type="checkbox"/> Group Home(Non (CF)/ID)
<input type="checkbox"/> Lives with Others (Friends/Family)		<input type="checkbox"/> Private Psychiatric Hospital (Hospital Name)		<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Home Owned/Leased		<input type="checkbox"/> Regional Psychiatric Hosp (Hospital Name)		<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Homeless		<input type="checkbox"/> Prison		
		<input type="checkbox"/> Nursing Facility		
HOSPITAL DISCHARGE STAFF:				
Hospital Name		Discharge Planner phone #		
Discharge Planner Name		Discharge from Psychiatric Unit to NFI <input type="checkbox"/> Yes <input type="checkbox"/> No		
Preadmission Screening Codes (If seeking admission into nursing facility)				
<input type="checkbox"/> 1 - Ohio resident seeking nursing facility admission.				
<input type="checkbox"/> 2 - Individual residing in a state other than Ohio, seeking nursing facility admission.				
INSTRUCTIONS: IF #1 OR #2 ABOVE IS SELECTED, GO TO SECTION C.				
<input type="checkbox"/> 3- Expired Time Limit for Hospital Exemption (skip to B)				
<input type="checkbox"/> 4- Expired Time Limit for Emergency (skip to B)				
<input type="checkbox"/> 5- Time Limit for Respite Admission - Expired (skip to B)				
<input type="checkbox"/> 6- NF Transfer, No Previous PASSRR Records (skip to B)				
<input type="checkbox"/> 7- Significant Change in Condition (Check either a, b, or c to identify the change in condition)				
<input type="checkbox"/> a) Decline				
<input type="checkbox"/> b) Improvement				
<input type="checkbox"/> c) Admission to psychiatric unit If admission to psychiatric unit, provide hospital name: _____ phone #: _____				
3. Check either D, E, or F to identify length of stay being sought				
<input type="checkbox"/> D)- Seeking approval for an <u>unspecified</u> period of time				
<input type="checkbox"/> E)- Seeking approval for a <u>specified</u> period of time				
<input type="checkbox"/> F)- Seeking an <u>extension</u> to an approved RR for a <u>specified</u> period of time				



Draft Page 4

- The draft has been passed on to the PASRR project manager. He will continue to work with our sister Agencies to insure implementation of the new PASRR Form.

**Ohio Department of Medicaid: HOSPITAL EXEMPTION/
PREAMMISSION SCREENING/RESIDENT REVIEW (PASRR)**

2) If No to this question go to Question E(6). If YES, please specify AND answer Questions E3 through E7. Specify:

Does the individual have a severe, chronic disability that is attributable to a condition other than mental illness?
 Yes No

3) Did the disability manifest before the individual's 22nd birthday? Yes No

4) Is the disability likely to continue indefinitely? Yes No

5) Did the disability result in functional limitations, prior to age 22, in 3 or more of the following major life activities.
 Yes No

Check all that apply:

<input type="checkbox"/> a) Self Care	<input type="checkbox"/> e) Mobility
<input type="checkbox"/> b) Economic Self-Sufficiency	<input type="checkbox"/> f) Understanding and Use of Language
<input type="checkbox"/> c) Self Direction	<input type="checkbox"/> g) Learning
<input type="checkbox"/> d) Capacity for Independent Living	

6) Does the individual currently receive services from a County Board of DD? Yes No

7) NOTE: The individual has indications of DD or related condition if the individual received a

- Yes to Question E (1); OR
- Yes to all of the following in this Section: Questions 2, 3, 4 AND 5; OR
- Yes to Question E (6)

Yes NO Does the individual have indications of DD or related condition?

8) If the individual has a guardian or legal representative (e.g., Power of Attorney), please provide the following information about the guardian/legal representative.

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____ Telephone No. _____

Fax Number _____ Email Address _____

9) If the individual is an applicant to or resident of a nursing facility, please provide the name and address of the nursing facility.

Name of Nursing Facility _____

Street Address _____

City _____ State _____ Zip _____ Ohio County of Residence (First 4 letters) _____

Telephone No. _____

10) If the individual is being discharged from a hospital, and the submitter is not employed by the discharging hospital, please provide the name of a contact person and the name and address of the discharging hospital.

Last Name _____ First Name _____

Street Address _____

Draft Page 2

- The forms as are consist of a total of 10 pages.

**Ohio Department of Medicaid: HOSPITAL EXEMPTION/
PREADMISSION SCREENING/RESIDENT REVIEW (PAS/RR)**

YES NO) Does the individual have a documented diagnosis of dementia, Alzheimer's disease, or some other organic mental disorder as defined in DSM-5 (or most recent version)?

If this is a Resident Review, please complete the remainder of this section.

Please list below the top six medical diagnoses at time of admission if different from the resident review request.

Diagnosis 1 _____	Diagnosis 2 _____	Diagnosis 3 _____
Diagnosis 4 _____	Diagnosis 5 _____	Diagnosis 6 _____

1) Was there an adverse PASRR determination within the past 60 days? YES NO If so, indicate date of most recent adverse PAS/RR determination: _____ (mm/dd/yyyy)

**The date of most recent adverse PAS/RR is only applicable for persons with diagnoses of SMI and/or DD as indicated in this section. Call the State authorities if unable to verify via local records (OhioMHAS: 314-466-1063 and/or DODD: 800-617-5733).*

2) Does the individual have a diagnosis of any of the mental disorders listed below? Yes No

<input type="checkbox"/> a) Schizophrenia	<input type="checkbox"/> f) Personality Disorder
<input type="checkbox"/> b) Depression/Anxiety	<input type="checkbox"/> g) Other Psychotic Disorder
<input type="checkbox"/> c) Delusional (Paranoid) Disorder	<input type="checkbox"/> h) Another mental disorder other than DD that may lead to a chronic disability.
<input type="checkbox"/> d) Panic or Other Severe Anxiety Disorder	
<input type="checkbox"/> e) Somatoform Disorder	If so, describe _____

3) Within the past six (6) months, DUE TO THE MENTAL DISORDER, has the individual experienced one or more of the following functional limitations on a continuing or intermittent basis? YES NO

Check all that apply

<input type="checkbox"/> a) Maintaining Personal Hygiene	<input type="checkbox"/> g) Performing Household Chores
<input type="checkbox"/> b) Dressing Self	<input type="checkbox"/> h) Going Shopping
<input type="checkbox"/> c) Walking/Getting Around	<input type="checkbox"/> i) Using Available Transportation
<input type="checkbox"/> d) Maintaining Adequate Diet	<input type="checkbox"/> j) Managing Available Funds
<input type="checkbox"/> e) Preparing/Obtaining Own Meals	<input type="checkbox"/> k) Securing Necessary Support Services
<input type="checkbox"/> f) Maintaining Prescribed Medication Regimen	<input type="checkbox"/> l) Verbalizing Needs

4) Within the past (2) years, has the individual received payments from SSI or SSDI due to mental impairment? Yes No

NOTE: The individual has indications of Serious Mental Illness if the individual answered YES to AT LEAST two questions of D(2), or D(3) - OR - YES to D(4).

5) Does the individual have indications of Serious Mental Illness? Yes No

f) If YES to this question, go to Question E (3) and answer Questions E 3 through E7

Does the individual have a diagnosis of developmental disability (mild, moderate, severe or profound) as described in the AAIDD manual "Intellectual Disability: Definition, Classification and Systems of Supports" (2009 or more recent version)?

Yes No

Draft Page 3

- The draft form is Condensed to 4 pages. Containing the accurate Information the Customers need to Process the application.

**Ohio Department of Medicaid: HOSPITAL EXEMPTION/
READMISSION SCREENING/RESIDENT REVIEW (PAS/RR)**

City	State	Zip	Section No.
4) Please provide the following information about the individual's attending physician.			
Last Name	First Name		
Street Address			
City	State	Zip	Telephone No.
As the individual's physician (MD or DO), I certify that the individual:			
<ul style="list-style-type: none"> is discharged to a nursing facility directly from a hospital after receiving acute patient care at the hospital; and requires nursing facility services for the condition for which he/she received care in the hospital; and as the physician, I certify, no later than the date of discharge, that the individual requires fewer than 90 days of nursing facility services.			
Physician's Printed Name			License #
Physician's Signature			Date (mm/dd/yyyy)
In order to process the screen the submitter must provide his/her name and address and sign below. Complete the form fully and with accuracy. Incomplete forms may be returned with a request for further information. The nursing facility may not admit or retain individuals with indications of Serious Mental Illness and/or DD or a related condition without further review by OhioMHAS and/or DODD (OAC rules 5160-3-15.1 and 5160-3-15.2).			
Last Name	City		First Name
Street Address		State	
Zip Code	County	Telephone No.	
I understand that this screening information may be relied upon in the payment of claims that will be from Federal and State funds, and that any willful falsification or concealment of a material fact may be prosecuted under Federal and State laws. I certify that to the best of my knowledge the foregoing information is true, accurate and complete.			
Signature		Title	Date (mm/dd/yyyy)
Employer			



CONTROL

Control Plan

- PASRR LTC hired a Project Manager to follow the 30-60-90 action registers.
- He has developed a project charter to accomplish the work.



Translation Opportunities



Other LTC initiatives can use Kaizen Event to streamline process.

Lessons Learned

- Continued business excellence and growth in State government requires extreme patience.
- There is a lot of great ideas that people have if you allow them the chance to voice them.
- With the right tools in place any process can be significantly improved in the work place.
- Believe in the tools and methodologies LeanOhio has to offer they work.

