

**Name:** «First» «Last»                      **Room #**      «Room\_»

**Payor:** «Program»                      **MyCare Ohio Plan?:**

**Age:** «Age»                      **Possible county of origin:**

**Guardian name** (if applicable/known): «Guardian\_Name\_», «Phone\_»

**Family member name**(if applicable/known): «Family\_Member», «Family\_Phone»

Alz? «Alzheimers»                      Dementia? «Dementia»      Anxiety? «Anxiety\_»

Depression? «Depression»

Bipolar? «Bipolar»                      Psychotic? «Psychotic»      Schizophrenia?

«Schizophrenia»                      PTSD? «PTSD»

**S.O. Registry?**

**Proposed discharge:**

**Connected to HC?**      «Connected\_to\_HOME\_Choice», «HOME\_Choice\_comments»

**RSS eligible?** , «RSS\_Eligible», «RSS\_Comments»

**MH Level II Outcome:** «Initial\_MHAS\_data\_PCS\_record»

**ODA PASRR Review:** «PASRR\_Review\_by\_ODA»

**Next action:** «Next\_Action»

**Comments:** «Comments»

## Notification

**Date of notification:**

**Relocation representative:**

Explain letter and termination information: May 23rd is decertification date; June 22nd will be final date of payment from M/M. *Explain that if they have a MyCare Plan, their plan care manager will be in touch with additional assistance.*

Anyone you want to move with? (roommate, family)

Any preference on where you might want to move? (nearness to family, hometown, etc)

Any obstacles to move (either told or observed)

Any concerns – possessions, medication, special equipment?

Anyone other than the person listed as your family contact we should notify?

Before you came to the nursing home did you receive services through any agencies/providers in the community, and if so, who?

Have you been in any other local nursing home(s)?

Veteran? \_\_\_\_\_

Smoker? \_\_\_\_\_

Impression of capacity:

Impression of less institutional possibilities:

Action items for follow up:

HC App DONE / NEEDED

RSS App DONE / NEEDED