

E-form Guidelines

Detroit-Wayne County Community
Mental Health Agency

E-form Name: OBRA LEVEL II INTAKE

Division: Clinical and Program Services

Approved By: Altha J. Stewart, M.D.

E-FORM TIPS:

An "E-form" is merely an electronic form that captures information about a member.

All e-forms **MUST** be linked to a specific member.

To begin with a blank e-form, go to the bottom of the e-form and select the "Clear Data" button.

When completing an e-form, use the "Tab" button to travel from line to line.

This e-form is "NOT Locked". This means that once the e-form is submitted, you CAN edit or add information to that e-form.

All date formats are MM/DD/YYYY.

All time formats use a 24-hour clock. So please refer to 3:10 PM as 15:10

The entire provider network can view all of the data in every e-form submitted.

OVERVIEW:

The purpose of the e-form is to accrue data regarding specific mental health services provided to persons who have met OBRA criteria and are either candidates for nursing facility placement, or are currently living in nursing facilities

TARGET POPULATION:

Wayne County members in all age categories – children, adolescents, young adults, adults, and older adults who meet the OBRA criteria and who have a Mental Illness or a Developmental Disability.

These members must also be either candidates for nursing facility placement, or are currently living in nursing facilities

STANDARDS:

A new e-form is to be submitted whenever Level II Assessments, which are performed at least annually, are completed and a Final Level II Determination by Michigan Department of Community Health (DCH) is made. For the annual OBRA Level II Intake, complete all fields except the last field in the E-form entitled "Reason for OBRA Activity termination". If there is a change in the member's condition or eligibility, open the most recent annual assessment e-form, change the "Valid To" field and complete the last field.

PROCEDURES:

GENERAL INFORMATION:

If you have any questions, please contact Clinical and Program Services at (313) 833-2386.

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Provider Name

Enter the Name of the provider agency/facility/entity completing this e-form.

Provider ID Number

Enter the identification number representing the **provider** agency/facility/entity completing this e-form.

Provider Site ID Number

Enter the identification number representing the **site** of the provider agency/facility completing this e-form.

Final Level II Determination

Select from drop-down menu the current Michigan Department of Community Health (DCH) Final Determination. This information is provided by DCH.

Date Of Most Recent Final Determination for Level II from DCH

Enter date assigned by DCH for Final Determination (MM/DD/YYYY).

Valid To

Enter date which is one year after the Date of Most Recent Final Determination for Level II from DCH. If the member leaves the nursing facility permanently, the end date of residence is to be entered into this field (MM/DD/YYYY).

30 Month

Select from drop-down menu if the member meets the 30-Month Rule. This pertains only to members identified as OBRA members living in nursing facilities prior to 1994 and meet the 30-Month Rule criteria (see DCH OBRA Manual).

Waiting for Placement

Select from drop-down menu based on the Level of Care Determination that is part of the DCH Final Determination and if the members has met the appropriate criteria for the 30-Month Rule.

Appealing DCH Final Determination

Select from drop-down menu based on if member files an appeal or has an appeal in process with the DCH OBRA office and the Administrative Judge. (Note: This pertains to the appeal regarding the DCH Final Determination only and **not** the local appeal process)

IF THIS E-FORM IS FOR THE ANNUAL LEVEL II ASSESSMENT, STOP HERE.

TO SUBMIT THE E-FORM, SELECT THE "DONE" BUTTON AT THE BOTTOM OF THE E-FORM.

IF THERE HAS BEEN AN OBRA ACTIVITY TERMINATION, CHANGE THE "VALID TO" DATE ABOVE TO THE APPROPRIATE DATE, AND COMPLETE THE DATA FIELD BELOW.

Reason For OBRA Activity Termination:

Select from drop-down menu the appropriate identifier if an OBRA assessment is longer being completed for this client. If reason for termination is other than Death or Community Placement, please describe in box provided.

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