All participants will be muted.

Questions can be submitted through the WebEx Q&A panel.

Training will be available on the [DSD training archive page](#).
Introductions
• Intro
• What is OBRA?
• Pre-Admission Screening and OBRA Level I
• OBRA Level II
• OBRA Level II Updates
• OBRA Level II Process, Updated
• Process Stories
• Resources and Tools
After attending this training, the learner will be able to:

• Summarize the history of OBRA and how it connects to the work being done by Counties and Tribal Nations.

• Describe the current steps for completing the OBRA process.

• Identify upcoming OBRA process changes and system updates.

• Leave with resources to reference and contact information if there are further questions.
• BI: Brain Injury Waiver
• CAC: Community Alternative Care Waiver
• CADI: Community Access for Disability Inclusion Waiver
• CFR: County of Financial Responsibility
• COL: County of Location
• CMS: Centers for Medicare and Medicaid Services
• DD: Developmental Disabilities Waiver
• DD/RC: Developmental Disabilities/Related Condition
• DHS: Department of Human Services
• HCBS: Home and Community Based Services
• LOC: Level of Care
• LTC: Long Term Care
• MA: Medical Assistance
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCO:</td>
<td>Managed Care Organization</td>
</tr>
<tr>
<td>MI:</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>MMIS:</td>
<td>Minnesota Management Information System</td>
</tr>
<tr>
<td>MSC+:</td>
<td>Minnesota Senior Care Plus</td>
</tr>
<tr>
<td>MSHO:</td>
<td>Minnesota Senior Health Options</td>
</tr>
<tr>
<td>NF:</td>
<td>Nursing Facility</td>
</tr>
<tr>
<td>OBRA:</td>
<td>Omnibus Reconciliation Act</td>
</tr>
<tr>
<td>PAS:</td>
<td>Pre-Admission Screening</td>
</tr>
<tr>
<td>QDDP:</td>
<td>Qualified Developmental Disability Professional</td>
</tr>
<tr>
<td>SNBC:</td>
<td>Special Needs Basic Care</td>
</tr>
<tr>
<td>SILS:</td>
<td>Semi-Independent Living Services</td>
</tr>
<tr>
<td>SLL:</td>
<td>Senior LinkAge Line</td>
</tr>
<tr>
<td>SSI:</td>
<td>Supplemental Security Income</td>
</tr>
<tr>
<td>SSIS:</td>
<td>Social Services Information System</td>
</tr>
</tbody>
</table>
What is OBRA?
In 1987, Ronald Reagan signed the Omnibus Reconciliation Act (OBRA) of 1987 into law.
OBRA:

• Created a set of national minimum standards of care and rights for people living in nursing facilities

• Changed society’s expectations of nursing homes and those in their care

• Each resident can “attain and maintain their highest practicable physical, mental, and psychosocial well-being.”
Important Provisions of OBRA

- Emphasis on quality of life as well as the quality of care
- New opportunities for services inside and outside of a nursing home for people with developmental disabilities or mental illnesses
  - Services could include employment services, Semi-Independent Living Services (SILS), etc.
Who is Involved in the OBRA Process?

• Hospital staff
• Nursing facility staff
• Senior LinkAge Line staff
• Qualified Developmental Disability Professionals (QDDPs)
• Certified Assessors
• DHS staff
What does the OBRA Process Entail?

- A person with a suspected or known developmental disability or mental illness
  - Is admitted to a hospital AND
  - Is referred to a nursing facility for further care
Steps in the OBRA Evaluation Process

• This process consists of the following steps:
  • Pre-Admission Screening (PAS)
    • OBRA Level I
  • OBRA Level II Evaluation
Referral to a nursing facility triggers a chain of events to determine:

- If the person has a Developmental Disability or Mental Illness
- AND if yes, whether that person requires services above and beyond the type of services provided by the nursing facility

Federal law mandates this PAS to ensure that people receive the services they need while in the nursing facility.
Pre-Admission Screening and OBRA Level I
What is a Pre-Admission Screening (PAS)?

• A Pre-Admission Screening (PAS), must be submitted prior to admission to the nursing facility. Hospital staff complete this with Senior LinkAge Line (SLL) staff through the online form:
What is the Purpose of the PAS?

• The PAS:
  • Establishes the need for nursing facility level of care for the person.
  • Identifies those with a suspected or diagnosed Mental Illness or a Developmental Disability entering a nursing facility.

• Medical Assistance will not pay for the stay in a nursing home without a PAS.
Who Must Have a PAS?

- Pre-Admission Screenings must be requested for all admissions, regardless of length of stay or payer source into the following:
  - MA-certified nursing facility
  - Hospital “swing bed”
  - Certified boarding care
- The Pre-Admission Screening must be completed prior to admission to the nursing facility
Who can Request a PAS?

• Pre-Admission Screening must be requested by the health care professional seeking admission into the facility
  • Hospitals
  • Clinics
  • Hospice providers
• The Senior LinkAge Line (SLL) reviews the level of care determination.

• The SLL sends the Pre-Admission Screening (PAS) & OBRA Level I results to the county, tribal nation, and/or Managed Care Organization (MCO).

• The county, MCO or tribal nation completes the required OBRA Level II activities and referrals as needed.
Unable to Determine Level of Care

• When the SLL is unable to make a final determination regarding the person’s need for nursing facility level of care, the SLL makes a referral to the county or tribal nation.

• The county or tribal nation then completes a MnCHOICES assessment to determine level of care.
When does the SLL not complete OBRA Level I?

- Managed Care Enrollees
  - SNBC, MSHO, MSC+
- Waiver Enrollees - Except DD waiver
- Individuals under age 21
  - Face-to-face assessment and approval by DHS required prior to admission
Inter-facility transfers

• A second PAS does not have to be done when transferring from:
  • One MN nursing facility to another MN nursing facility
  • A MN nursing facility to a hospital, and back to the same or different MN nursing facility.
Questions
The OBRA Level II Evaluation determines the person’s need for:

- Nursing facility care and
- Specialized services
The OBRA Level II Evaluation:

• Requires an in-person visit with the person

• Creates a plan for the person’s nursing facility stay, including their anticipated length of stay
• The OBRA Level II Evaluation also documents the person’s:
  • Diagnosis
  • Need for Nursing Facility level of care
  • Need for specialized services
• **Specialized services**: Services provided to a person with a developmental disability or related condition diagnosis that result in *active treatment* (e.g., day training and habilitation).

• **Active treatment**: Aggressive, consistent implementation of a 24-hour program with specialized and generic training, treatment, health services and other related services.
Questions
OBRA Level II Process Updates
OBRA Level II Process - What is New?

• Counties and tribal nations now will have the ability to leave a waiver open when a nursing facility stay will be less than 30 days.

• When a person experiences a stay longer than originally anticipated, counties and tribal nations now have the ability to update the date span in MMIS for approval.

• The DD Screening Document will automatically route to DHS for approval in MMIS.
OBRA Level II Process- What is New? Continued

• The OBRA Level II form has been updated to a dynamic online form, allowing the form to be sent directly to DHS; reducing the amount of information that the county or tribal nation has to enter into MMIS.

• Evaluative Report OBRA Level II

**OBRA Level II Evaluative Report (DHS-4248-ENG)**

for people with developmental disabilities or related conditions

The lead agency (county, tribal nation, or in some cases, the managed care organization) completes this form for all referrals for an OBRA II. This form must be completed and submitted before the person’s admission to a nursing facility.
The updated form makes it easy for the lead agency to:

- Create a plan for the NF stay with the person
- Obtain plan approval and signatures
- Provide appeal rights to the person
- Gather all the necessary information for lead agencies to submit the document to DHS for approval
• A MnCHOICES assessment is required to take place within 80 days from the person’s admission to the nursing facility.

  • Now, people under 65 who will reside in a nursing facility will have the ability to waive future annual assessments for two straight years.
  
  • People over the age of 65 will be able to waive future annual MnCHOICES assessments.

• An in-person OBRA Level II Evaluation is still required annually.
• DD Screening Document has been updated to have an action type specific to OBRA.
Questions

If the person has a suspected diagnosis or history of developmental disabilities or related conditions, then:

• The Qualified Developmental Disability Professional (QDDP) verifies the person’s diagnosis by doing the following:
  • Reviews the information from the Senior Linkage Line
  • Reviews records in SSIS
  • Reviews records in MMIS
  • Enters information into the DHS 4248
  • Interviews the key people as needed
• Qualified Developmental Disability Professional (QDDP):

• Individual qualified to work as an expert with people with developmental disabilities or related conditions. The QDDP has a four-year college degree in an area related to developmental disabilities and a minimum of one-year experience working in that field. For more information on QDDP standards, see CFR Title 42, sec. 483.430.
• The QDDP schedules an in-person meeting with the person and their legal representative, if any, within 9 days of receiving the PAS from the SLL.
If the person has a verified diagnosis or history of developmental disabilities or related conditions, the QDDP:

1. Meets with the person and updates the OBRA Level II evaluative report DHS-4248
2. Determines if the level of care provided in a nursing facility is appropriate
3. Determines the person’s need for specialized services

Once a plan is agreed upon, the QDDP has the person sign the OBRA Level II evaluative report signature sheet (DHS-4248A), and provides the person with their appeal rights.
Unable to Verify the DD/RC Diagnosis

• If the QDDP cannot verify that the person has a diagnosis or history of DD/RC, they would still need to schedule a meeting with the person and their legal representative within 9 days of receiving the PAS from the SLL.
If the QDDP cannot verify the person’s diagnosis or history of developmental disabilities or related conditions, then the QDDP:

1. Meets with the person to obtain more information about them and their potential diagnosis.
2. Adds the pertinent information to the OBRA Level II evaluative report DHS-4248
3. Determines if the level of care provided in a nursing facility is appropriate
4. Determines the person’s need for specialized services
Once a plan is agreed upon, the QDDP has the person sign the OBRA Level II evaluative report signature sheet (DHS-4248A), and provides the person with their appeal rights.
After the in-person meeting, the QDDP will:

1. Complete the OBRA Level II evaluative report and submit it to DHS

2. Summarize the information gained from the OBRA Level II in a DD Screening Document, DHS-3067 (PDF) and enter that information in MMIS

3. Send copy of OBRA Level II evaluative report (DHS-4248) to the person and nursing facility

CFR receives PAS from the SLL

QDDP is assigned, file review begins

QDDP starts DHS 4248

Develops plan of care with the person and sign the plan using DHS 4248A

Meets with the person- reviews LOC and need for specialized services

Schedules meeting with the person

Finishes DHS 4248 and submits to DHS

- Sends the person and the NF the plan and signature page
- Summarize DHS 4248 into the DD screening document
- Enters DHS 3067 into MMIS for DHS approval
- COL completes an in-person MnCHOICES assessment within 80 days of admission
- CFR monitors NF stay
- DHS reviews OBRA Level II evaluation and approves the DD SD in MMIS
If the person is known to the county and the QDDP determines that the person does not have a diagnosis or history of developmental disabilities or related conditions, the QDDP:

1. Completes a thorough review of the information maintained by the lead agency

2. Completes the Evaluative Report Level II Preadmission Screening for Persons with Developmental Disability or Related Conditions, DHS-4248 with information about the person’s diagnosis, and submits it to DHS.

3. Sends a copy of the DHS-4248 to the nursing facility.
Process Flow: No Diagnosis or History of DD/RC

QDDP completes file review

Summarize findings on DHS 4248

Finishes DHS 4248 and submits to DHS

CFR monitors NF stay for people aged 64 and under

DHS reviews DHS 4248 and approves the DD SD in MMIS

Send copy of DHS 4248 to NF

COL completes an in-person MnCHOICES assessment within 80 days of admission

CFR monitors NF stay for people aged 64 and under
If the person is not known to the county or tribal nation, the QDDP from the CFR reviews the person’s records for DD/RC diagnosis and history.

The process does not differ from the scenario for when someone is known to the county/tribal nation.
• If the county or tribal nation is not able to verify but suspects a diagnosis or history of DD or related condition, the county or tribal nation:

  1. Offers the person the choice to proceed with the process to determine if the person qualifies for DD services AND

  2. Follows the steps for a person known to the county or tribal nation with a diagnosis or history of DD/related condition.
• If the QDDP has evidence to dispute the diagnosis of a developmental disability or related condition, the QDDP should document their findings on the OBRA Level II evaluation and submit it to DHS.
If a person is Residing in a Nursing Facility

• OBRA Level II reviews are required annually for all people with developmental disabilities or related conditions.

• If the person is under age 65:
  • They are offered a MnCHOICES assessment every year (required at least every three years).

• If the person is over age 65:
  • The person may request a MnCHOICES assessment at any time.
Managed Care Organizations (MCOs):

• When a physician refers a person for a nursing facility stay and they have a suspected DD diagnosis, the MCO must send the OBRA Level I to the County of Financial Responsibility.

• The CFR completes the face-to-face OBRA Level II evaluative report.
What if a Person Returns to the Hospital?

If a person needs to go back to the hospital, does the county, tribal nation, or MCO need to complete another OBRA Level II Evaluation?

No.

BUT, if the person returns home and then needs to go back to the Nursing Facility, then another OBRA Level II Evaluation would need to be completed.
Questions
Meet Kate

Kate, 45
• Kate has had a stroke, and was admitted to the hospital on June 1\textsuperscript{st}. Her doctors believe she will need care in a nursing facility for rehabilitation for at least six weeks.

• Knowing Kate’s primary diagnosis of Down Syndrome, the hospital staff submits the Pre-Admission Screening (PAS) referral to the Senior LinkAge Line (SLL) online.

• The hospital staff also sends a referral to Kate’s chosen nursing facility, informing them of Kate’s needs for rehabilitation.
• The SLL receives the PAS, and determines that Kate’s needs meet the criteria for nursing facility level of care and that she does have a DD diagnosis.

• The SLL makes a referral to the County of Financial Responsibility (CFR), who will complete the OBRA Level II Process.

• The CFR will assign a Qualified Developmental Disability Professional (QDDP) to work with Kate and her brother.
The QDDP researches whether Kate is known to the county—since she receives DD Waiver services in that county, she is known to them.

The QDDP verifies that Kate has a DD diagnosis as well, prompting them to reach out to Kate and her brother to set up a meeting prior to the transfer to the nursing facility. The QDDP will:

• Begin filling in the DHS Form 4248, the OBRA Level II evaluative report.

• Meet with Kate and her guardian on June 10th, to discuss whether Kate will need any specialized services while in the nursing facility.
Kate and her brother work with the QDDP to create a plan for her while in the nursing facility, and sign the plan when complete. The QDDP provides Kate and her brother with Kate’s appeal rights as well. Kate is admitted to the nursing facility for rehabilitation on June 14th. While Kate is working to get well in the nursing facility, work is being done behind the scenes by the QDDP to complete the DHS Form 4248.
OBRA Level II Process Forms- Kate

Evaluative Report OBRA Level II

DEPARTMENT OF HUMAN SERVICES

OBRA Level II Evaluative Report (DHS-4248-ENG)
for people with developmental disabilities or related conditions

The lead agency (county, tribal nation, or in some cases, the managed care organization) completes this form for all referrals for an OBRA II. This form must be completed and submitted before the person’s admission to a nursing facility.
### OBRA Level II Process Forms - Kate’s Personal Information

#### Information

Date of in-person evaluation (m/d/yyyy format)

- 6/10/2019

#### PERSON

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First name</td>
<td>Kate</td>
</tr>
<tr>
<td>Last name</td>
<td>Michaels</td>
</tr>
<tr>
<td>Date of birth (m/d/yyyy format)</td>
<td>8/8/1973</td>
</tr>
<tr>
<td>8-digit PMI number</td>
<td>12345678</td>
</tr>
<tr>
<td>Lead agency’s name</td>
<td>Ramsey</td>
</tr>
<tr>
<td>Does person have a legal representative?</td>
<td>☑ Yes</td>
</tr>
<tr>
<td>Legal representative's name</td>
<td>Barry Michaels</td>
</tr>
<tr>
<td>Legal representative's phone number? (format: 555-555-5555)</td>
<td>612-555-1212</td>
</tr>
</tbody>
</table>
# OBRA Level II Process Forms - QDDP and Nursing Home Information

## QDDP

<table>
<thead>
<tr>
<th>First and last name</th>
<th>Sharon Jones</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number</td>
<td>612-555-5555</td>
</tr>
<tr>
<td>Ext. (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:s.jones@county.mn.us">s.jones@county.mn.us</a></td>
</tr>
</tbody>
</table>

## NURSING FACILITY

<table>
<thead>
<tr>
<th>Facility name</th>
<th>St Joseph's Nursing Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td>123 Elm St</td>
</tr>
<tr>
<td>City</td>
<td>South St Paul</td>
</tr>
<tr>
<td>State</td>
<td>MN</td>
</tr>
<tr>
<td>Zip code</td>
<td>55555</td>
</tr>
<tr>
<td>Phone number</td>
<td>651-555-4444</td>
</tr>
</tbody>
</table>
Diagnoses

Does person have developmental disabilities, related conditions and/or mental illness?

- Yes
- No
- Unknown

What are the person’s known diagnoses? (check all that apply)

- [x] Developmental disabilities
- [ ] Related condition(s)
- [ ] Mental illness
- [ ] Other

List developmental disabilities diagnoses

Down’s Syndrome
## Data and elements

### INTERVIEWS

List people/sources used to gather information about the person.

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME/SOURCE</th>
<th>RELATIONSHIP</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/9/19</td>
<td>Joan Stevens</td>
<td>Hospital social worker</td>
<td>651.441.5555</td>
<td><a href="mailto:jstevens@hospital.org">jstevens@hospital.org</a></td>
</tr>
<tr>
<td>6/10/19</td>
<td>Kate Michaels</td>
<td>self</td>
<td>612-777-7878</td>
<td></td>
</tr>
</tbody>
</table>

Summarize the information you gathered.

Kate had a stroke. She requires a 6 week stay in the NF for rehabilitation. Kate has a primary diagnosis of Down Syndrome with moderate developmental delays. Kate is on the DD Waiver as well. It is expected that Kate will return to the waiver once she is discharged home.

Would you like to add additional lines to list more people/interviews?

- [ ] Yes
- [ ] No
<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME/SOURCE</th>
<th>RELATIONSHIP</th>
<th>PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/10/19</td>
<td>Barry Michaels</td>
<td>brother</td>
<td>612-555-1212</td>
<td></td>
</tr>
</tbody>
</table>

Summarize the information you gathered.

Kate lived with her brother prior to her stroke. It is expected that she will be able to return home after rehab services.
OBRA Level II Process Forms- Kate’s Physical and Mental Status

Check each area below to indicate your review of the following:

- **Physical status** (diagnoses, medical history, prognosis, medical problems or concerns)

  **Comments**
  
  Kate is experiencing weakness on the right side of her body. She is expected to improve use of her right side with rehab therapies.

- **Current medications** used by the person (including hypnotics, antipsychotics, mood stabilizers, antidepressants, anti-anxiety-sedatives, anti-Parkinson’s agents, etc.) and the current response of the person to medications

  **Comments**
  
  Kate takes medication for hypothyroidism. She is now taking a blood thinner as well.

- **Mental status** (e.g., diagnoses, date of onset, medical history, likelihood that the person may be a danger to himself/herself or others, etc.), any identifiable behavioral dysregulation of the person

  **Comments**
  
  This area is not applicable.
The person's ability to self-monitor health status, to self-administer and schedule medical treatments and to self-monitor nutritional status

Comments
Kate takes her medication independently prior to her stroke. She now will need assistance in administering her medication.

The person's ability to participate in activities of daily living, including toileting, dressing, grooming and eating

Comments
Kate needs assistance in dressing and grooming due to right side weakness. Kate has trouble chewing and swallowing and requires supervision to prevent choking.

The person's sensorimotor skills (e.g., ambulation, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, etc., and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the person's functional capacity)

Comments
Kate requires support to ambulate since her stroke.
The person's **communication skills** (e.g., expressive language [verbal and nonverbal], receptive language [verbal and nonverbal], the extent to which non-oral communication systems can improve the person's functional capacity, auditory functioning, and extent to which amplification devices [e.g., hearing aid] or a program of amplification can improve the person's functional capacity)

### Comments

Kate can communicate her preferences.

☑️ The person's **social skills** (e.g., such as interpersonal skills, recreation-leisure skills and relationships with others)

### Comments

Kate is a warm person with a great sense of humor. She is very social and enjoys being around people.
The person's academic/vocational skills (including functional learning skills and vocational development, including present vocational skills)

Comments

Kate works part time at Valspar sorting and delivering mail.

The person's ability to participate in activities of independent-living (e.g., meal preparation, budgeting and personal finances, survival skills, mobility skills [orientation to the neighborhood, town, city, etc.], laundry, housekeeping, shopping, bed making, care of clothing, and orientation skills [for people with visual impairment])

Comments

Kate relies on her brother to assist her in paying her bills and arranging transportation. Kate is able to help around the house and takes care of basic chores. These will be harder for her until her rehab is complete.

The person's ability to direct his/her care (e.g., making judgments and independent decisions, etc.)

Comments

Kate and her brother work together to make larger decisions.
OBRA Level II Process Forms- Recommendations for Kate

Recommendations for professional evaluations

It is expected that the QDDP reviews the following areas with the person to determine if these services should be explored further. (Some of these typically are provided by the nursing facility.)

As the QDDP, I recommend the following professional evaluations (check all that apply).

- Physical therapy
  - Reasoning: Kate would benefit from increasing her strength on her right side

- Occupational therapy
  - Reasoning: Kate would benefit from increasing her strength on her right side
OBRA Level II Process Forms- Recommendations for Kate, Continued

☐ Speech therapy

☐ Behavioral therapy

☐ Other

Additional supports

What additional supports does the nursing facility need to provide to the person, (e.g., prompting, physical assistance, coaching, etc.)?

- The nursing facility will need to assist Kate in dressing, grooming, and provide close supervision while Kate is eating. Kate is very schedule driven, the nursing facility will need to provide assistance for Kate to complete her desired tasks, such as calling her mom daily.
OBRA Level II Process Forms- Kate’s Situation

SITUATION
Check the applicable situation (select only one response)

1. The person experiences delirium
2. The person is too ill to participate in active treatment
3. The person has dementia with a severe level of impairment
4. This person’s medical and health care needs are so severe that, in the judgment of the QDDP, the person cannot be expected to benefit from active treatment.
5. No additional unmet needs identified
6. DD/RC needs being met by other supports (describe)
7. This person requires active treatment. The county/tribal nation has included all active treatment needs have been specified in this evaluative report and confirms that these needs will be met while this person resides in the nursing facility.

Share your reasoning

Kate requires continued consistent services to maintain her current functioning level.
Recommendations for specialized services (cont.)

After discussion with the person, the following specialized services are recommended: (check all that apply)

- Assistive technology funded through Medical Assistance
- Employment supports funded by the county/tribal nation

Does the person decline this service? ☐ Yes ☐ No

- Environmental accessibility adaptations funded through waiver program
- Day training and habilitation services (DT&H) funded by the county/tribal nation
- Relocation service coordination (targeted case management)
Describe next steps to implement recommended specialized services identified and chosen by the person.

Kate’s work is very important to her. It is recommended that she continues with her employment supports. Kate works from 9a-12p Monday through Friday. Kate’s brother will assist her in arranging transportation to and from work. Her employment support provider will stay with Kate throughout this time providing assistance as needed.

Final determination of length of stay

What information did you gather from the investigative process?

- As determined by the physician, this person requires recuperative care from for an acute physical illness or surgery for which hospitalization was required within the past two weeks. This person does require nursing facility (NF) services and will be admitted to the NF for a time-limited stay of 150 days or less.

- This person has a terminal illness and/or requires hospice services. Based on a signed statement from a physician, this person’s life expectancy is six months or less. This person does require NF services and will be admitted to the NF for long-term care.

- This person requires an NF stay of less than 30 days and the person is expected to return to the community following the brief NF stay. This person requires NF services and will be admitted to the NF.

- This person has ongoing medical and health needs and requires NF services. This person will be admitted to the NF for a stay of 151 days or more.
This person does not have developmental disabilities or related conditions. Submit this form and DHS will help you with the determination.

Proposed date of admission (m/d/yyyy)  6/14/2019
Anticipated discharge date (m/d/yyyy)  7/15/2019

Submission

You are finished:

1. Select "print" to save a copy for your records and to send to the admitting nursing facility.
2. Select "submit" to send this form to DHS.
The QDDP creates a DD Screening Document, DHS-3067 (PDF), and records the information from the DHS Form 4248 into MMIS.

Following the DD Screening Codebook scenario appropriate for Kate, the QDDP would follow the scenario to exit Kate from the DD Waiver, as she will be living in the nursing facility for at least six weeks.

When complete, the QDDP would send a copy of the DHS Form 4248 to the nursing facility for their records.
• DHS receives the DD Screening Document in MMIS and the DHS Form 4248 for approval.

• DHS will communicate with the QDDP as needed, and will complete the approval in MMIS.
OBRA Level II Process - Kate

• The QDDP makes a timely referral within their lead agency to a Certified Assessor to complete the required MnCHOICES assessment.
  • A MnCHOICES assessment needs to be completed within 80 days of Kate’s admission to the nursing facility (within 80 days of June 14\textsuperscript{th}).

• The Certified Assessor meets with Kate and her guardian on July 12\textsuperscript{th} to complete the MnCHOICES assessment.

• Kate is discharged from the nursing facility on July 15\textsuperscript{th}, to return to her brother’s home with DD Waiver services.
Meet Karl

Karl, 52
• Karl has had a stroke, and was admitted to the hospital on June 1\textsuperscript{st}. His doctors believe he will need care in a nursing facility for rehabilitation for at least six weeks.

• Knowing that Karl receives supportive services, the hospital staff submits the PAS referral to the SLL online.

• The hospital staff also sends a referral to Karl’s chosen nursing facility, informing them of Karl’s needs for rehabilitation.
• The Senior LinkAge Line receives the PAS, and determines that Karl’s has a suspected DD diagnosis.

• The Senior LinkAge Line makes a referral to the County of Financial Responsibility (CFR), who will complete the OBRA Level II Process.

• The CFR will assign a Qualified Developmental Disability Professional, or QDDP, to work with Karl.
The QDDP researches whether Karl is known to the county—since he has a brain injury, he is known to them.

The QDDP determines through the Diagnostic Determination process that Karl does not meet the threshold for DD services, and completes the DHS 4248 form.

When complete, the QDDP would send a copy of the DHS Form 4248 to the nursing facility for their records.
OBRA Level II Process Forms - Karl

DETERMINATION

Will the person:

☑ Be admitted to any NF directly from a hospital after receiving acute inpatient care at the hospital?
☑ Require NF services for the condition for which he or she received care in the hospital?
☐ Certified before admission to the facility by his/her attending physician saying the person is likely to require less than 30 days of nursing facility services?

Diagnoses

Does person have developmental disabilities, related conditions and/or mental illness?

☐ Yes
☐ No
☐ Unknown
Determination

Select the true statement(s):

- The person will be admitted to an NF directly from a hospital after receiving acute inpatient care at the hospital.
- The person requires NF services for the condition he/she received care for in the hospital.
- The attending physician has certified in the PAS online referral that the person is likely to require fewer than 30 days of nursing facility services.

FINAL DETERMINATION OF LENGTH OF STAY

What information did you gather?

- This person does not have developmental disabilities or related conditions. Submit this form and DHS will help you with the determination.
- The person has developmental disabilities or related conditions and meets one of the following conditions:
  - As determined by the physician, this person requires recuperative care from for an acute physical illness or surgery for which hospitalization was required within the past two weeks. This person does require nursing facility (NF) services and will be admitted to the NF for a time-limited stay of 150 days or less.
  - This person has a terminal illness and/or requires hospice services. Based on a signed statement from a physician, this person’s life expectancy is six months or less. This person does require NF services and will be admitted to the NF for long-term care.
  - This person requires an NF stay of fewer than 30 days and the person is expected to return to the community following the brief NF stay. This person requires NF services and will be admitted to the NF.
  - This person has ongoing medical and health needs and requires NF services. This person will be admitted to the NF for a stay of 151 days or more.

Proposed date of admission (m/d/yyyy) ____________________________
Anticipated discharge date (m/d/yyyy) ____________________________
The QDDP creates a [DD Screening Document, DHS-3067 (PDF)](https://example.com), and enters the information from the DHS Form 4248 into MMIS.

Following the DD Screening Codebook scenario appropriate for Karl, the QDDP would follow the scenario, and send an email to the DHS OBRA email box, [DSD.OBRA@state.mn.us](mailto:DSD.OBRA@state.mn.us), explaining that Karl does not have a developmental disability.
• DHS receives the DD Screening Document and the DHS Form 4248 for approval.

• DHS will communicate with the QDDP as needed, and will complete the approval in MMIS.
• Karl is admitted to the nursing facility on June 14th.

• The QDDP makes a timely referral within their lead agency to a Certified Assessor to complete the required MnCHOICES assessment.
  • A MnCHOICES assessment needs to be completed within 80 days of Karl’s admission to the nursing facility (within 80 days of June 14th).

• The Certified Assessor meets with Karl on July 12th to complete the MnCHOICES assessment.

• Karl is discharged from the nursing facility on July 15th, to return home with BI Waiver services.
Meet Naomi

Naomi, 59
• Naomi has had a stroke, and was admitted to the hospital on June 1\textsuperscript{st}. Her doctors believe she will need care in a nursing facility for rehabilitation for at least six weeks.

• Knowing Naomi’s primary diagnosis of Hydrocephalus with moderate developmental delays, the hospital staff submits the PAS referral to the SLL online.

• The hospital staff also sends a referral to Naomi’s chosen nursing facility, informing them of Naomi’s needs for rehabilitation.
The Senior LinkAge Line receives the PAS, and determines that Naomi’s needs meet the criteria for nursing facility level of care and that she may have a DD diagnosis.

The Senior LinkAge Line makes a referral to the County of Financial Responsibility (CFR), who will do additional research.

The CFR will assign a Qualified Developmental Disability Professional, or QDDP, to work with Naomi and her brother.
The QDDP researches whether Naomi is known to the county, and finds she is not known to them.

The QDDP will begin filling in the DHS Form 4248, The OBRA Level II evaluative report.

The QDDP sets up a meeting with Naomi and her guardian on June 10th, to determine if Naomi has a DD diagnosis. Naomi’s brother provides information to the QDDP showing that Naomi received special education services throughout her time in school.
The QDDP also reviews whether Naomi will need any specialized services while in the nursing facility. Naomi declines to receive any specialized services.

The QDDP provides information to Naomi and her brother about DD services, and the process to obtain them. This ensures that Naomi and her guardian can make an informed choice about their options. The QDDP provides Naomi and her brother with Naomi’s appeal rights as well.

The QDDP obtains signatures from Naomi and her guardian on the DHS 4248B form, confirming that they received their options from the QDDP.

When complete, the QDDP will send the DHS Form 4248 to the Nursing Facility for their records.
Naomi is admitted to the nursing facility for rehabilitation on June 14th.

The QDDP creates a **DD Screening Document, DHS-3067 (PDF)**, and enters the information from the DHS Form 4248 into MMIS.

Following the DD Screening Codebook scenario appropriate for Naomi, the QDDP will enter the appropriate information into MMIS.

DHS receives the DD Screening Document in MMIS and the DHS Form 4248 for approval.

DHS will communicate with the QDDP as needed, and will complete the approval in MMIS.
The QDDP makes a timely referral within their lead agency to a Certified Assessor to complete the required MnCHOICES assessment.

- A MnCHOICES assessment needs to be completed within 80 days of Naomi’s admission to the nursing facility (within 80 days of June 14th).

The Certified Assessor meets with Naomi and her guardian on July 12th to complete the MnCHOICES assessment.

Naomi is discharged from the nursing facility on July 15th, to return home with the support of her family. Naomi will be receiving no formal services.
Meet Nathan

Nathan, 62
• Nathan has had a stroke, and was admitted to the hospital on June 1st. His doctors believe he will need care in a nursing facility for rehabilitation for at least six weeks.

• The hospital staff submits the Pre-Admission screening referral to the Senior LinkAge Line online.

• The hospital staff also sends a referral to Nathan’s chosen nursing facility, informing them of Nathan’s needs for rehabilitation.
• The Senior LinkAge Line receives the PAS, and determines that Nathan’s needs meet the criteria for nursing facility level of care and that he may have a DD diagnosis.

• The Senior LinkAge Line makes a referral to the County of Financial Responsibility (CFR), who will do additional research.

• The CFR will assign a Qualified Developmental Disability Professional, or QDDP, to work with Nathan.
The QDDP researches whether Nathan is known to the county, and finds he is not known to them.

The QDDP will begin filling in the DHS Form 4248, The OBRA Level II evaluative report.

The QDDP sets up a meeting with Nathan on June 10th, to determine if Nathan has a DD diagnosis. Nathan has never been suspected of having a developmental disability or related condition, but was diagnosed with Amyotrophic Lateral Sclerosis (ALS) a year ago.
• The QDDP provides information to Nathan about the process to obtain an assessment to explore community support options. This ensures that Nathan can make an informed choice about his options.

• The QDDP obtains signatures from Nathan on the DHS 4248A form, confirming that he received his options from the QDDP. The QDDP provides Nathan with his appeal rights as well.

• When complete, the QDDP will send the DHS Form 4248 to the Nursing Facility for their records.

• Nathan is admitted to the nursing facility for rehabilitation on June 14th.
The QDDP creates a DD Screening Document, DHS-3067 (PDF), and enters the information from DHS Form 4248 into MMIS.

Following the DD Screening Codebook scenario appropriate for Nathan, the QDDP will enter the appropriate information into MMIS.

DHS receives the DD Screening Document in MMIS and the DHS Form 4248 for approval.

DHS will communicate with the QDDP as needed, and will complete the approval in MMIS.
The QDDP makes a timely referral within their lead agency to a Certified Assessor to complete the required MnCHOICES assessment.

- A MnCHOICES assessment needs to be completed within 80 days of Nathan’s admission to the nursing facility (within 80 days of June 14th).

The Certified Assessor meets with Nathan on July 12th to complete the MnCHOICES assessment.

Nathan is discharged from the nursing facility on July 15th, to return home with the support of his family. Nathan will be receiving no formal services.
Questions
• Link to PAS form: https://mnhelpreferral.revation.com/

• DD Screening Document: https://edocs.dhs.state.mn.us/lfsserver/Public/DHS-3067-ENG

• Evaluative Report, Level II Preadmission Screening for Persons with Developmental Disabilities or Related Conditions, Online: http://surveys.dhs.state.mn.us/snapwebhost/s.asp?k=155181051705

• Evaluative Report, Level II Preadmission Screening for Persons with Developmental Disabilities or Related Conditions, PDF: https://edocs.dhs.state.mn.us/lfsserver/Public/DHS-4248-ENG
Resources

• **OBRA CBSM page**

• QDDP Standards: [CFR Title 42, sec. 483.430](https://www.access.gpo.govDragging__(CFR_Title_42,Sec_483.430)?)

• Upcoming Bulletin re: Pre-Admission Screening

• [DSD Training Archive](#)
Contact Resources

• OBRA email box: DSD.OBRA@state.mn.us

• Response Center email: DSD.ResponseCenter@state.mn.us

• Senior Linkage Line website
Thank You!

DSD.OBRA@state.mn.us