

OBRA Scenarios

This section contains the more frequently used sequencing charts for

1. OBRA Annual Review for Persons Residing in a Nursing Facility
2. OBRA Nursing Facility Level II Preadmission Screening
3. OBRA Level II Preadmission Screening Community with No Waiver Services to Nursing Facility
4. OBRA Level II Preadmission Screening DD Waiver to Nursing Facility
5. OBRA Level II Preadmission Screening Community ICF/DD to Nursing Facility

Acronyms:

CAC = Community Alternative Care Waiver

CADI = Community Alternatives for Disabled Individuals

CFR = County of Financial Responsibility

DD = Developmental Disability

FSG = Family Support Grant

ICF/DD = Intermediate Care Facility for Persons with Developmental Disabilities

METO – Minnesota Extended Treatment Option

NF = Nursing Facility

OBRA = Omnibus Budget Reconciliation Act

PMIN = Person Master Index Number

RC = Related Condition

RTC = Regional Treatment Center

SILS = Semi-Independent Living Services

TBI = Traumatic Brain Injury

7.1 DD SCREENING DOCUMENT SCENARIO: OBRA Annual Review for Persons Residing in a Nursing Facility

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Team Convened Date				
(24) Action Type:	01 or 02				
(39) Risk Status:	02				
(41) Current Services:	19 30 Other				
(42) Planned Services:	If stay in NF: 19 30 other If discharge from NF: WS RES				
(46) Final Action Planned:	***				
(47) Current MA Program:	05				
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:	No				
Manually:	Yes to 570				
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:	Reviewer Edits: 725, 230, 221				

Note: If the person chooses Relocation Service Coordination, do not code case management "19". See [Relocation Service Coordination \(PDF\)](#).

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>
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7.2 DD SCREENING DOCUMENT SCENARIO: OBRA Nursing Facility Level II Preadmission Screening

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Team Convened Date				
(24) Action Type:	01 or 02				
(39) Risk Status:	02				
(41) Current Services:	WS RES Other				
(42) Planned Services:	19 30 Other				
(46) Final Action Planned:	***				
(47) Current MA Program:	Current MA program as of the day the screening				
CM Comments:	Note waiver-out date/in-date to NF; medical needs - length of stay needed, explanation for late SD				
ROUTING FOR APPROVAL					
Automatically:	No				
Manually:	Yes to 570				
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):					
DHS Use Only:	Reviewer Edits: 725, 230, 221				

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>
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Note: Pay close attention to the length of stay authorized. In the event the stay is determined to be longer than originally authorized, an action type 01 must be submitted along with a level II assessment.

If edit 725 posts in the Full team screening document because The Current Medicaid Services Program and the Risk Status, values are inconsistent, place 570 in the ovr loc blank near the bottom of the add 1 screen in MMIS. Edit 725 will be taken care of when the Waiver-out and Full Team Screening Documents are entered

KEY
WS = Waiver Services Codes
RES = Residential Codes
*** = Field 46 Corresponds with Field 42 Planned Services
N/A = Not Applicable
Other = Other services as appropriate

7.3 DD SCREENING DOCUMENT SCENARIO: OBRA Level II Preadmission Screening Community with No Waiver Services to Nursing Facility

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Team Convened Date	Nursing Facility In-Date			
(24) Action Type:	01	03			
(39) Risk Status:	02	02			
(41) Current Services:	19 RES Other	19 30 Other			
(42) Planned Services:	19 30 Other	19 30 Other			
(46) Final Action Planned:	08	08			
(47) Current MA Program:	00	05			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:	No	No			
Manually:	Yes to 570				
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):	Yes				
DHS Use Only:	Reviewer Edits *				

*Note: Pay close attention to the length of stay authorized. In the event the stay is determined to be longer than originally authorized, an action type 01 must be submitted along with a level II assessment. If the nursing facility placement is approved, DHS will make any necessary technical changes and approve the “01” document.

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>
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7.4 DD SCREENING DOCUMENT SCENARIO: OBRA Level II Preadmission Screening DD Waiver to Nursing Facility

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	Team Convened Date				
(24) Action Type:	01				
(39) Risk Status:	02				
(41) Current Services:	19 WS RES Other				
(42) Planned Services:	19 30 Other				
(46) Final Action Planned:	08				
(47) Current MA Program:	01 or 02				
CM Comments:	Note waiver-out date/in-date to NF; medical needs –length of stay needed, explanation for late SD				
ROUTING FOR APPROVAL					
Automatically:	No				
Manually:	Yes to 570				
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):	Yes				
DHS Use Only:	Reviewer Edits				

*Note: Pay close attention to the length of stay authorized. In the event the stay is determined to be longer than originally authorized, an action type 01 must be submitted along with a level II assessment. DHS will then complete a waiver-out (action type “05”) document and sequence it as needed prior to approval of the action type “01” document for nursing facility placement.

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>
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7.5 DD SCREENING DOCUMENT SCENARIO: OBRA Level II Preadmission Screening Community ICF/DD to Nursing Facility

DD Screening Document Sequence	1st	2nd	3rd	4th	5th
COUNTY ENTERED FIELDS					
(23) Action Date:	End of Coverage Date	Team Convened Date			
(24) Action Type:	03	01			
(39) Risk Status:	01	02			
(41) Current Services:	19 28 Other	19 30 Other			
(42) Planned Services:	19 30 Other	19 30 Other			
(46) Final Action Planned:	08	08			
(47) Current MA Program:	04	05			
CM Comments:					
ROUTING FOR APPROVAL					
Automatically:		No			
Manually:		Yes to 570			
DHS ENTERED FIELDS					
Payment Authorized (Reviewer):		04			
DHS Use Only:		Reviewer Edits			

Note: Pay close attention to the length of stay authorized. In the event the stay is determined to be longer than originally authorized, an action type 01 must be submitted along with a level II assessment. If the nursing facility placement is approved, DHS will make any necessary technical changes and approve the “01” document.

<p>KEY WS = Waiver Services Codes RES = Residential Codes *** = Field 46 Corresponds with Field 42 Planned Services N/A = Not Applicable Other = Other services as appropriate</p>
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