

Omnibus Budget Reconciliation Act (OBRA)

Electronic Design of DCH 3877 & 3878 Forms

Thank you to the PASARR Design Team, our IT guys (HTA) and DTMB that have devoted hours and years in making this new process a reality!

Training Sections

1. Administrator User Role Responsibilities, Definitions and understanding of “user” roles, access and registration to MILogin ([Slides 3 – 39](#)).
2. Consumer Application ([Slides 40 – 179](#))
 - How to start a Consumer Search
 - Navigating the Consumer Detail Screen including Consumer History
 - Adding a New Consumer, Creating a new 3877 and 3878 Level I ([Slide 84](#))
 - Process Flow for HED Case ([Slide 115](#)) and Screening Types ([Slide 137](#)).
3. OBRA Coordinator Actions ([Slides 185 – 200](#)). Access only for OBRA



The Facility Administrator Role

- ❑ All Hospital types, All Nursing Facility types, Home Healthcare agencies, Hospice programs, Medical Clinics, Community Mental Health Authorities, Correctional Facilities, etc. should identify a designated person who would act as “**Facility Administrator**” for a specific Facility Group that is predefined in the OBRA system.
- ❑ Once a “Facility Administrator” is identified, it is also recommended to identify a backup person for this role. In essence, there should be at least two “Facility Admins” for the designated Facility Group.
 - User Type: **3877/78 Admin**
 - User Role: **Facility Admin**

Role and Responsibilities

The “Facility Administrator” is responsible to ensure the facility users in the Facility Group has the following:

- Approve user registrations in the OBRA system for facility staff who would be designated to submit Level I forms in the OBRA system under a facility in a Group
- Ensure all user accounts are current. (Example: If any facility staff is no longer an employee, then the Facility Admin is responsible to inform the OBRA office so that the user account(s) can be deactivated).
- Edit user details such as: phone number, qualifications, user type (e.g. change the type of user from Role-3877 to a “View Only” user).
- Ensure that registration applicants are qualified for the user role that they are requesting.

Role and Responsibilities (Continued)

Administrator Role – Status Changes

- ❑ When a facility needs to change the Administrative Role and status of the position.
 - Any status changes in a facility's Administrative Role will require a written resignation submitted to the OBRA Division. The OBRA Division will then provide the technical procedure to make the change in the OBRA database.
- ❑ Adding or removing a facility/referral source to an established "Group."
 - Group Administrator informs the OBRA Division of the new facility by providing facility name, address, county, facility type, group name and phone number in writing. The OBRA Division will verify the information and add new facility to the OBRA database.

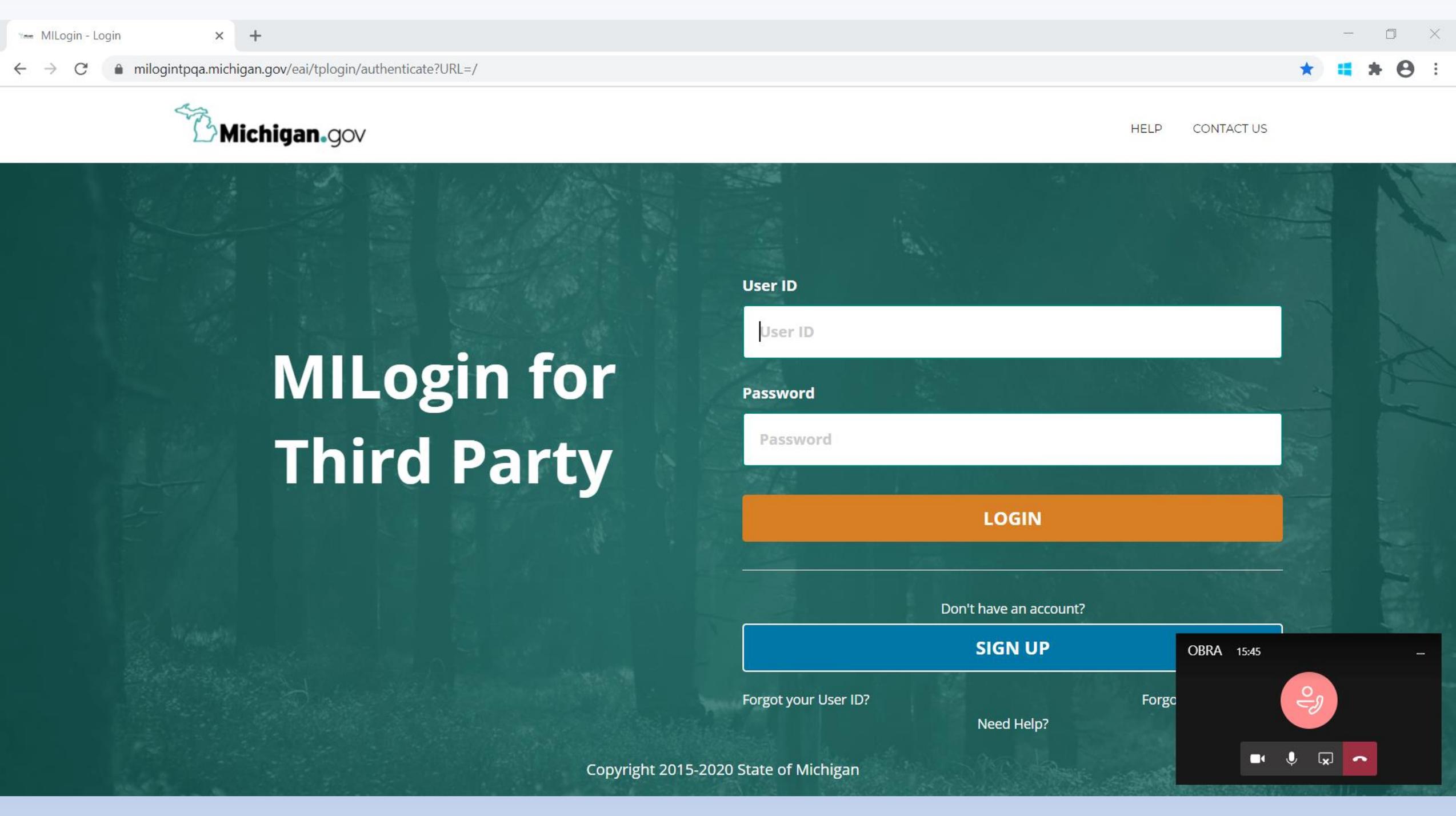
Accessing the OBRA application (MILogin)

MILogin is the State of Michigan Identity, Credential and Access Management (MICAM) solution. The MILogin solution will provide enhanced single sign-on (SSO) capabilities in addition to meeting many other business requirements and security and compliance needs. MILogin will improve overall functionality, security and compliance with federal and state regulations, such as HIPAA.

If you are a new user to the MILogin State of Michigan MICAM solution, you must register to create your User ID and Password.

MDHHS Employees and Contractors with a SOM network ID and SOM email address (@michigan.gov) will access MILogin through this link <https://miloginworker.michigan.gov>. Employees and Contractors who are logged into their computer through LAN (local access network) or VPN will not need to separately sign in to MILogin.

MDHHS Providers or Advocates without a SOM network ID and SOM email address will access MILogin through this link <https://milogintp.michigan.gov>. Current Providers and Advocates will use their Single Sign-On user ID and password to sign in to MILogin and access their applications



MI Login for Third Party

User ID

Password

LOGIN

Don't have an account?

SIGN UP

[Forgot your User ID?](#)

[Need Help?](#)

[Forgot](#)

OBRA 15:45

MILogin for Third Party

HOME

REQUEST ACCESS

UPDATE PROFILE

SECURITY OPTIONS

CHANGE PASSWORD

LOGOUT

Home Page of Raa FacilityUse

Your password will expire in **365** days

Access your applications by clicking on the application links below

You do not have access to any application. You can request access by clicking on [Request Access](#) link.

Accessing the OBRA application (MILogin) & Requesting access to the OBRA application

After successfully logging in to MILogin, click the **Request Access** button as shown above highlighted in orange to request access to the OBRA application.

Once clicked, the system will display the **Request Access** screen as shown below. Follow the guidelines/steps listed on the screen to select MDHHS OBRA and click the **Request Access** button to submit.

Step 1: Type MDHHS OBRA and the application will populate in the drop down below.

MILogin for Third Party

- HOME
- REQUEST ACCESS
- UPDATE PROFILE
- SECURITY OPTIONS
- CHANGE PASSWORD
- LOGOUT

Request Access

- 1 Search Application
- 2 Additional Information
- 3 Confirmation

Search Application

Search for an application with a keyword or select an agency to view its applications

1

MDHHS OBRA

-- Select Agencies --

Step 2: Click on MDHHS OBRA on the drop down. The MDHHS section will appear as shown below.

Step 3: Click on the name of the application (MDHHS OBRA).

Search Application
Search for an application with a keyword or select an agency to view its applications

2

MDHHS OBRA

-- Select Agencies --

3

MDHHS Michigan Department of Health & Human Services (MDHHS)

MDHHS OBRA

The screenshot shows a web interface for searching applications. At the top, there is a search bar with the text "MDHHS OBRA" and a magnifying glass icon. To the right of the search bar is a dropdown menu with the text "-- Select Agencies --" and a downward arrow. Below the search bar, there is a section for the search results. The first result is for the "Michigan Department of Health & Human Services (MDHHS)", which is highlighted with a blue border. Underneath this section, there is a list of applications, with "MDHHS OBRA" being the first and highlighted with a blue background. A circular arrow icon is visible in the bottom right corner of the results area.

Step 4: Please read and click on the “I agree to the terms & conditions” radio button.

Step 5: Click the “Request Access” button to initiate the request for access.

The screenshot shows a web form titled "MDHHS OBRA" with a teal header containing the MDHHS logo. The main content area contains a detailed paragraph about the OBRA program. Below this is a scrollable "Terms & Conditions" section. At the bottom, there are two radio buttons: "I agree to the terms & conditions" (selected) and "I do not agree". A red box highlights the "I agree" option, with a red circle containing the number "4" next to it. To the right of the radio buttons is a red circle containing the number "5". At the bottom right, there are two buttons: "CANCEL x" and "REQUEST ACCESS".

MDHHS OBRA

The Office of Specialized Nursing Homes/OBRA Programs was originally established in response to the provisions of the federal Omnibus Budget Reconciliation Act (OBRA) of 1987. Its primary function has been to assure the implementation of those provisions of OBRA which address the relationship of nursing facilities to person who are seriously mentally ill (SMI) or have an intellectual/developmental disability (ID/DD). The preadmission screening/annual resident review (PASARR) required by OBRA is the major function of the OBRA office. Under the PASARR program, all persons seeking admission to a nursing facility who are SMI or ID/DD are required to be evaluated to determine whether the nursing facility is the most appropriate place for them to receive services and whether they require specialized behavioral health services. In addition, persons residing in a nursing facility who are SMI or ID/DD are required to undergo a similar review annually or when there is a significant change in condition to again determine whether they continue to require the services of a nursing facility or whether they require specialized services

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format

I agree to the terms & conditions
 I do not agree

CANCEL x **REQUEST ACCESS**

Request Access

Additional Information

Provide following information to submit your access request

* Required

* Email Address

tst@facility.com

Mobile Number

* Work Phone Number

6

SUBMIT

RESET

Step 6: Click the Submit button.

The system will display a confirmation screen as shown below indicating that the request for access has been successfully submitted.

Request Access



Confirmation

✓ Success

The request for your access has been successfully submitted.

You will see the updated list of application(s) on your home page once it is processed.

HOME



Once your subscription request to the MDHHS OBRA application has been processed (approximately one business day), the application link will be available the next time you login to your MILogin account.

The screenshot shows the MILogin for Third Party interface. At the top, there is a teal header with the text "MILogin for Third Party". Below the header is a navigation bar with several menu items: HOME, REQUEST ACCESS, UPDATE PROFILE, SECURITY OPTIONS, CHANGE PASSWORD, and LOGOUT. The main content area is titled "Home Page of Raa FacilityUse". Below the title, there is a notification: "Your password will expire in 365 days". Underneath, it says "Access your applications by clicking on the application links below". A horizontal line separates this section from the application links. The first application link is for "Michigan Department of Health & Human Services (MDHHS)", which includes a small MDHHS logo. Below this, there is a link for "MDHHS OBRA", which is highlighted with an orange border. A blue arrow points from the text below to this link.

Click the “MDHHS OBRA” link as shown above to proceed further and access the application.

Terms & Conditions

MDHHS OBRA

Terms & Conditions

The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using assigned or entrusted access controls and passwords for any purpose other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms.

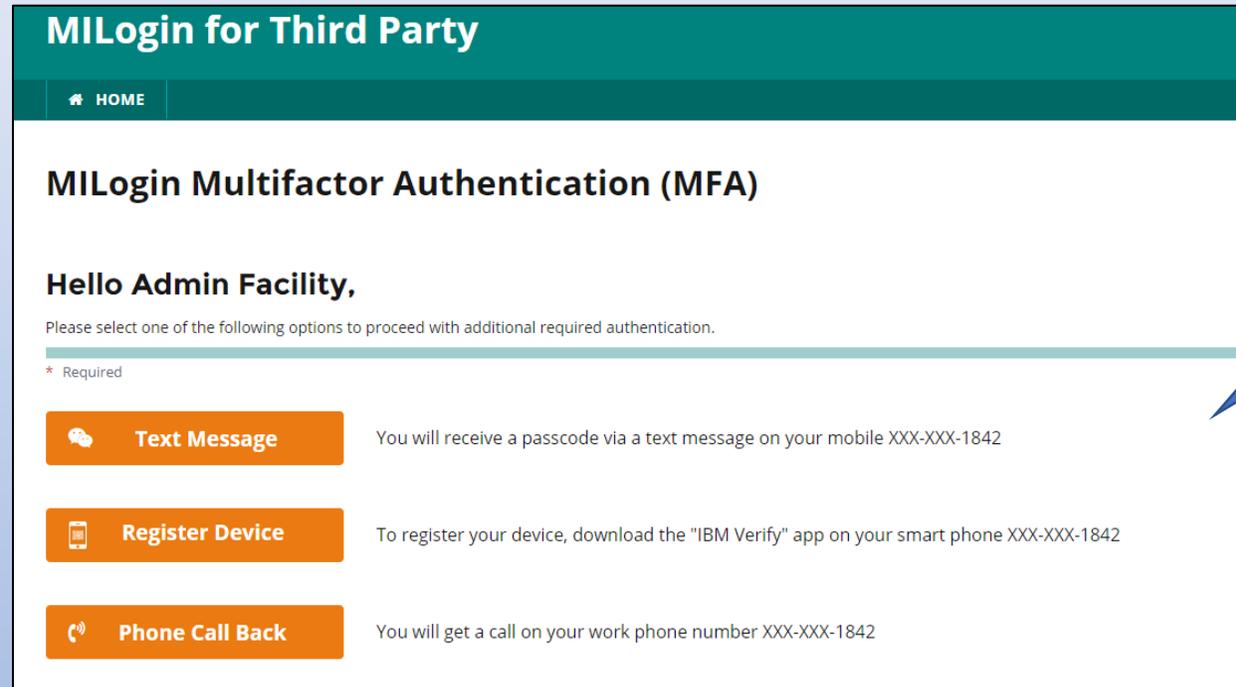
CANCEL ✕

Acknowledge/Agree

Click the Acknowledge/Agree button to proceed with MI Login Multifactor Authentication.

Requesting permissions to the OBRA application

Select one of the following options to proceed with the MILogin Multifactor Authentication.



MILogin for Third Party

HOME

MILogin Multifactor Authentication (MFA)

Hello Admin Facility,

Please select one of the following options to proceed with additional required authentication.

* Required

 Text Message	You will receive a passcode via a text message on your mobile XXX-XXX-1842
 Register Device	To register your device, download the "IBM Verify" app on your smart phone XXX-XXX-1842
 Phone Call Back	You will get a call on your work phone number XXX-XXX-1842



If you move around for your workday using the text option is the best option

Once successfully authenticated, the system will present the user with their respective **Main Dashboard** based on their assigned role or with the message indicating that Registration is required.

Note: It is important the appropriate User Type is selected based on the role/function that is being performed/provided.

User Registration

[Home](#) / [User Registration](#)

*** First Name** **MI** *** Last Name**

Phone no.

*** User Type**
MDHHS-OBRA Staff
CMH
Qualified Professionals
CMH/Qualified Professional
3877/78 Admin
3877/78 User
3877/78 View Only

*** Position/Title**

Agency

Qualification

*** By checking this box, I accept the Terms & Conditions**

User Types and Roles

- ❑ **MDHHS-OBRA Staff:** This User Type is reserved for only MDHHS OBRA staff.
- ❑ **CMH:** This User Type is reserved for those providing the CMH Coordinator and CMH Clerk functions.
- ❑ **Qualified Professionals:** This User Type is reserved for those performing the Qualified Professional / Assessor role.
- ❑ **CMH/Qualified Professional:** This User Type is reserved for those performing both the CMH Coordinator function and Qualified Professional/Assessor roles.
- ❑ **3877/78 Admin:** This User Type is reserved for those providing administrative functions for a Facility Group which is a collection of facilities.
- ❑ **3877/78 User (Licensed) :** This User Type is reserved for those entering 3877 Forms, 3878 Forms, referring for admission to nursing facilities (hospitals, doctor's clinics, home health agencies) and consumers/residents in nursing facilities following the OBRA guidelines for ARR's, CIC's and sending the Level-I screening to the OBRA Coordinator or CMH Agency.
- ❑ **3877/78 View Only (Unlicensed):** This User Type is reserved for clerical staff who needs to only view the completed 3877 and 3878 Forms in a facility.

**** PLEASE NOTE, APPROPRIATE LICENSURE IS MANDATED FOR THE 3877 AND THE 3878 USERS**

User Selects 3877-78 Admin as User Type



User Registration

[Home](#) / [User Registration](#)

*** First Name** **MI** *** Last Name**

Phone no. **Email**

*** User Type** *** Position/Title**

CMH Board **Agency**

*** User Role** **License**

*** Facility Group** [View Facilities](#)

Qualification

*** Authorization Document** [Attach File](#)

*** I hereby acknowledge that as a Facility Administrator that I am responsible and liable for granting access to Facility users into OBRA application.**

Sign Up Instructions

Getting signed up with us is very simple all we need is a few details and you are good to go. Please make sure all details you have entered are correct.

* indicates Required Fields

Contact Us

Contact the OBRA Administrator at (517)-241-5881 for additional information.



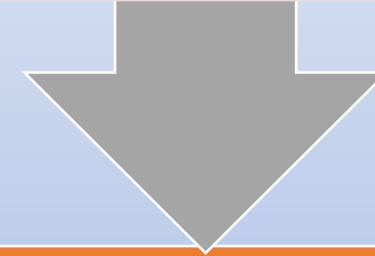
3877/3878 Administrator User Type

The following events happen when the User type is 3877/78 Admin:

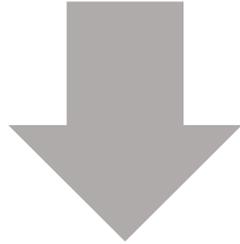
CMH Board and Agency fields will be greyed out

User Role field appears and is mandatory.

Facility Group drop down appears with capability to select only one group and with a “View Facilities” link next to it



Once the User Role is selected as Facility Admin, choose your Facility Group from the drop-down box. Click on “View Facilities” link to view a list of facilities within that Facility Group.



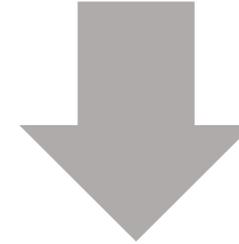
*** User Role**
Facility Admin X

License
License Number

*** Facility Group**
County Group

Qualification
Qualification

[View Facilities](#)



Care facilities

- Holland Hospital - 602 Michigan Ave, Holland, OTTAWA - 49423
- Holland Hospital - 602 Michigan Ave, Holland, OTTAWA - 49423
- Hospice of North Ottawa Community - 18525 Woodland Ridge Dr, Spring Lake, OTTAWA - 49456
- Hospice of North Ottawa Community - 1061 S Beacon Blvd, Suite 200, Grand Haven, OTTAWA - 49417
- Laurels of Hudsonville - 3650 Van Buren, Hudsonville, OTTAWA - 49426
- North Ottawa Community Hospital - 1309 Sheldon Rd, Grand Haven, OTTAWA - 49417
- North Ottawa In Home Care Nursing - 1061 S Beacon Blvd Suite 100, Grand Haven, OTTAWA - 49417
- Riverside Nursing Centre - 415 Friant St, Grand Haven, OTTAWA - 49417
- Spectrum Health Zeeland Community Hospital - 8333 Felch St, Zeeland, OTTAWA - 49464
- Sunset Home Services - 725 Baldwin St, Jenison, OTTAWA - 49428

OK

- ❖ As a Facility Admin User Role, an “Authorization Document” is mandatory. It can be in a PDF, .doc, or .docx format.

* User Role
Facility Admin X

License
License Number

* Facility Group
County Group [View Facilities](#)

Qualification
Qualification

* Authorization Document
Attach File

* I hereby acknowledge that as a Facility Administrator that I am responsible and liable for granting access to Facility users into OBRA application.

Submit Cancel

You must check the box "I hereby acknowledge that as a Facility Administrator User Role I am responsible and liable for granting access to Facility users into OBRA application" to submit the registration.

Authorization Document Template

(Your organization's Letterhead)

OBRA Division
Office of Quality Management and Planning
Lansing, MI 48893

Subject: OBRA Facility Administrator User Registration

I _____ *(Please Insert First and Last Name)* would like to register as Facility Administrator.

I hereby acknowledge that as a Facility Administrator that I am responsible and liable for granting access to Facility users into OBRA application.

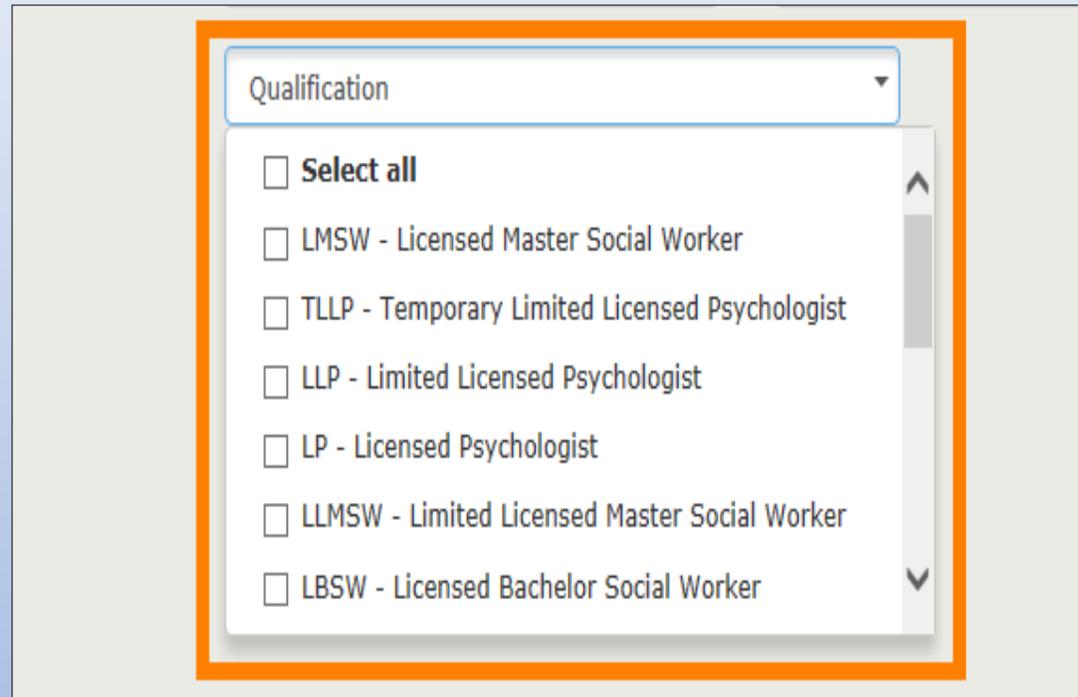
Sincerely,

(Insert Signature)

Print Name and Facility Address Here

Please utilize this example and upload to the database

Note: Likewise, select ALL valid Qualifications that apply. Listed qualifications are not required for the Administrator User Role.



The image shows a screenshot of a web form. At the top, there is a dropdown menu labeled 'Qualification'. Below the dropdown, there is a list of checkboxes, each followed by a qualification name. The list is enclosed in a white box with a grey border and a vertical scrollbar on the right. The qualifications listed are: 'Select all', 'LMSW - Licensed Master Social Worker', 'TLLP - Temporary Limited Licensed Psychologist', 'LLP - Limited Licensed Psychologist', 'LP - Licensed Psychologist', 'LLMSW - Limited Licensed Master Social Worker', and 'LBSW - Licensed Bachelor Social Worker'. The 'Select all' checkbox is currently unchecked.

- Select all
- LMSW - Licensed Master Social Worker
- TLLP - Temporary Limited Licensed Psychologist
- LLP - Limited Licensed Psychologist
- LP - Licensed Psychologist
- LLMSW - Limited Licensed Master Social Worker
- LBSW - Licensed Bachelor Social Worker

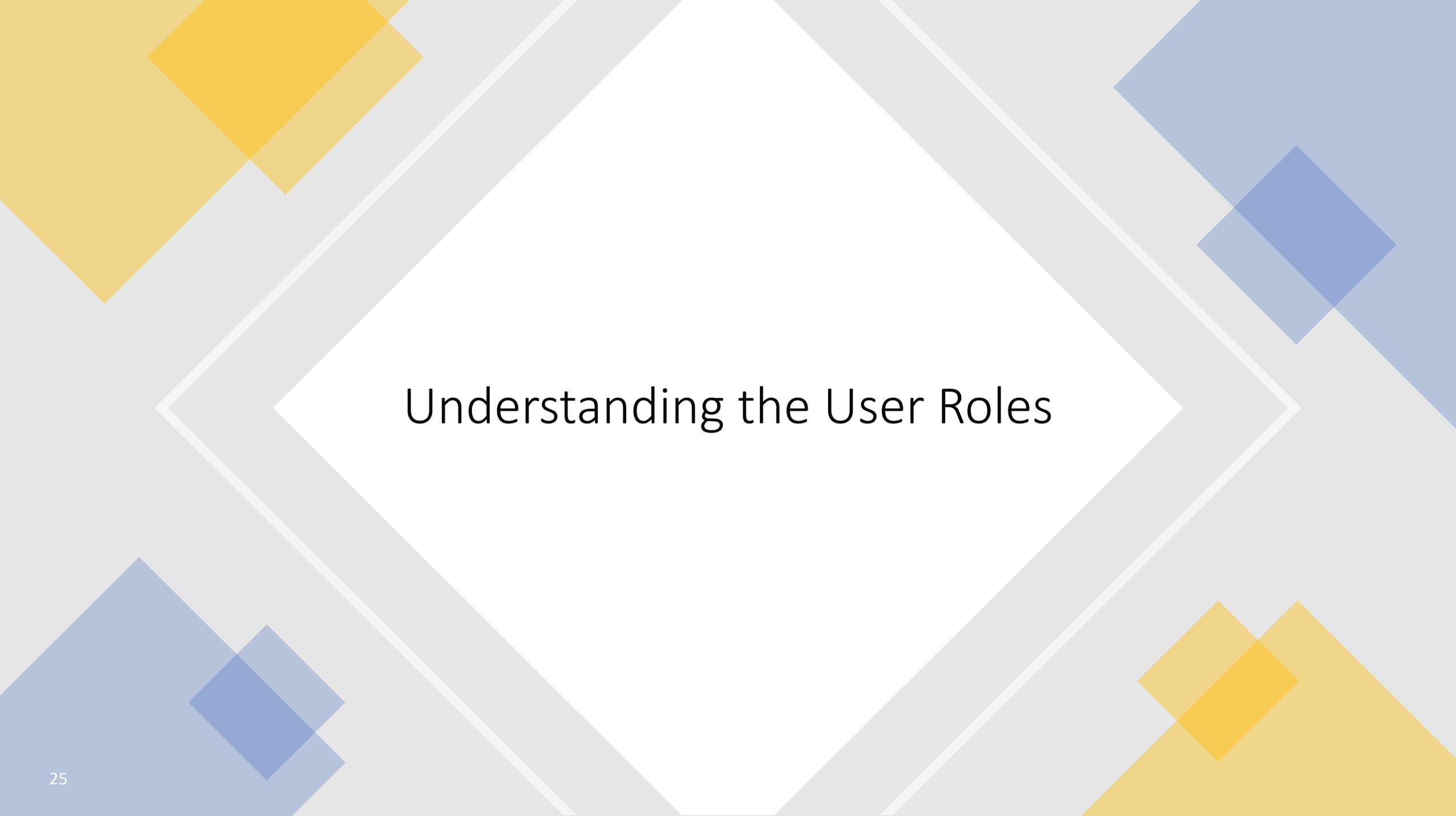
Once the user enters all required fields, click the **Submit** button to submit the registration to the OBRA Administrator for review. Please allow 24-48 hours for the OBRA Administrator to approve your application.



If your registration to the OBRA Application was denied: Contact the OBRA Administrator at (517) 241-5881 for additional information. For all other users please contact your Facility Administrator.



Once the OBRA Administrator has reviewed and approved your registration, you will be automatically logged into the OBRA application through the State of Michigan MILogin portal.



Understanding the User Roles

The 3877/78 User is selected as User Type

The following events happen when the User type is 3877/78 User:

- CMH Board and Agency fields will be greyed out
- User Role and License Number fields appear, they are mandatory fields
- Facilities drop down appears, with capability to select multiple facilities

The image shows a user registration form with several fields. The 'User Type' field is set to '3877/78 User'. The 'Facility' field is highlighted with a red box, and a dropdown menu is open, showing a list of facilities. A blue arrow points from the 'Facility' field to the dropdown menu.

*** First Name** **MI** *** Last Name**

Phone no. **Email**

*** User Type** *** Position/Title**

CMH Board **Agency**

*** User Role** **License**

*** Facility**

Qualification

* By checking this box, I accept the Terms & Conditions

Sign Up Instructions
Getting signed up with us is very simple all we need is a few details and you are good to go. Please make sure all details you have entered are correct.
* indicates Required Fields

Contact Us
Contact the OBRA Administrator at (517)-241-5881 for additional information.

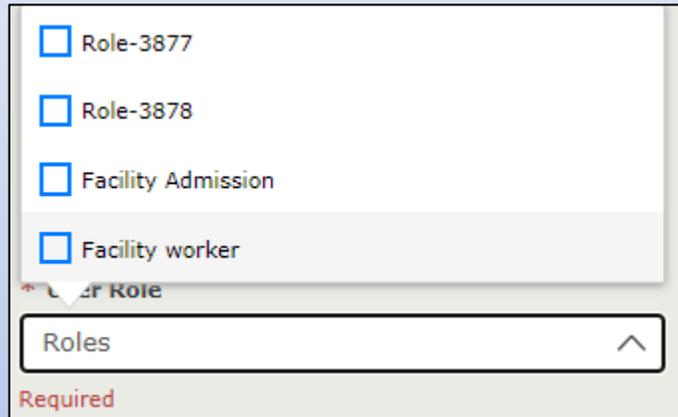
Facility Selection List:

- OSF St Francis Hospital and Medical Group Escanaba (MI)
- 1st Choice Home Care Warren (MI)
- 1st State Home Healthcare Saginaw (MI)
- 21st Century Home Health Care Bridgeman (MI)
- 24-Seven Home Health Care Services Southfield (MI)
- 247 Home Health Care Taylor (MI)
- 4 Star Home Health Care Southfield (MI)

Facility

User Types and Roles

User Role dropdown:



A screenshot of a user role dropdown menu. The menu is open, showing four options with checkboxes: Role-3877, Role-3878, Facility Admission, and Facility worker. Below the menu is a dropdown box with the text 'Roles' and an upward-pointing arrow. A red 'Required' label is visible at the bottom left of the dropdown box.

Select User Role as Role-3877:

Qualification to be selected:

- At least one of the following is mandatory: RN, LBSW, LLBSW, LMSW, LLMSW, LPC, LLPC, LP, LLP, PA, DO, MD, NP

Select User Role as Role-3878:

Qualification to be selected:

- At least one of PA, DO, MD, NP is mandatory

Select User Role as Facility Admissions:

Qualification to be selected:

- Qualification is not mandatory

Select User Role as Facility Worker:

Qualification to be selected:

- Qualification is not mandatory

❖ *Note: Before submitting the registration, the "By checking this box, I accept the Terms & Conditions" check box needs to be checked.*

User Selects 3877/78 View Only as User Type:

The following events happen when the User type is 3877/78 View Only User:

- CMH Board and Agency fields will be greyed out
- User Role and License Number fields appear, they are mandatory fields.*
- Facilities drop down appears with capability to select multiple facilities

User Registration
Home / User Registration

*** First Name** **MI** *** Last Name**

Phone no.

Email

*** User Type**

*** Position/Title**

CMH Board

Agency

*** User Role**

License

*** Facility**

Qualification

* By checking this box, I accept the Terms & Conditions

Sign Up Instructions

Getting signed up with us is very simple all we need is a few details and you are good to go. Please make sure all details you have entered are correct.

* indicates Required Fields

Contact Us

Contact the OBRA Administrator at (517)-241-5881 for additional information.

User Role drop down:

View Only

USER ROLE

Facility Search:

- OSF St Francis Hospital and Medical Group Escanaba (MI)
- 1st Choice Home Care Warren (MI)
- 1st State Home Healthcare Saginaw (MI)
- 21st Century Home Health Care Bridgeman (MI)
- 24-Seven Home Health Care Services Southfield (MI)
- 247 Home Health Care Taylor (MI)
- 4 Star Home Health Care Southfield (MI)

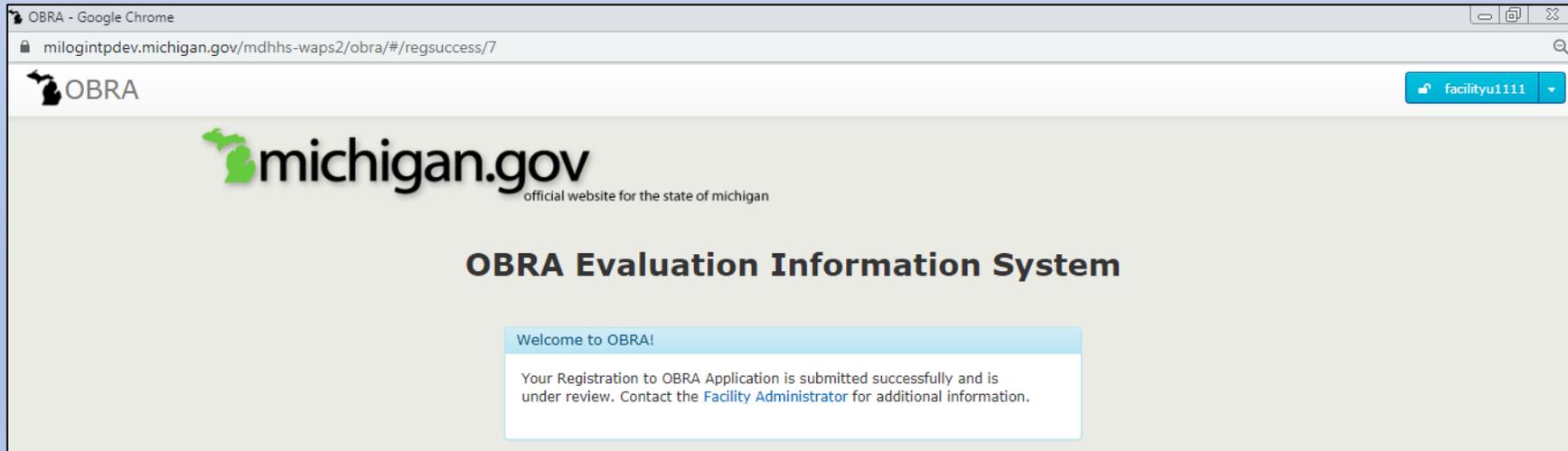
FACILITY

Select User Role as View Only:

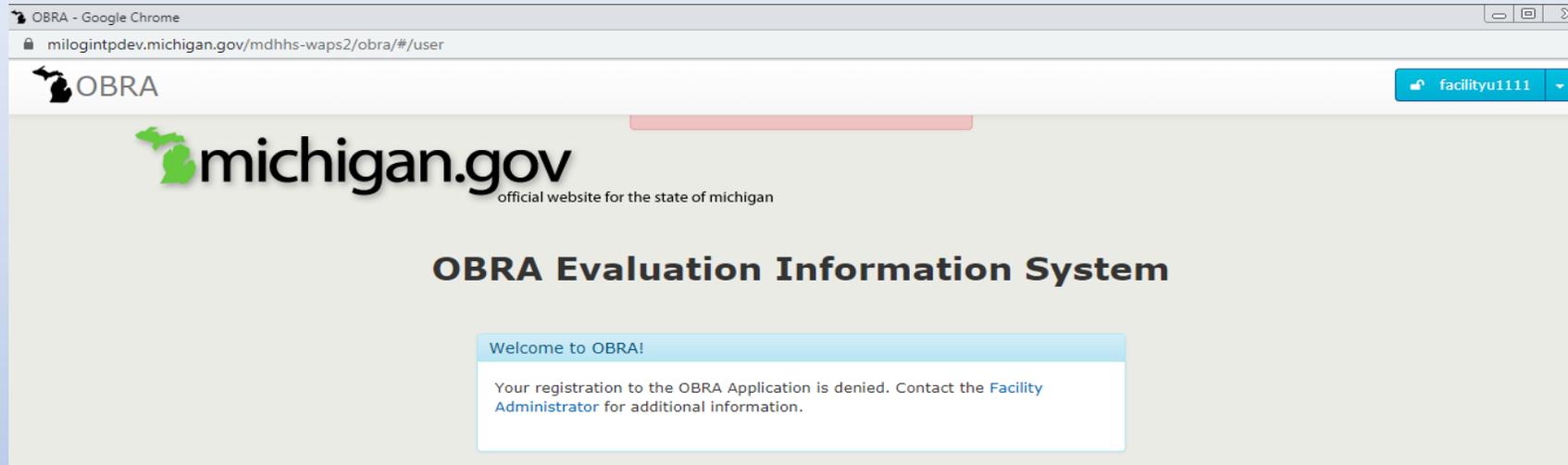
Qualification to be selected:

Not mandatory

Once the user enters all required fields, click the **Submit** button to submit the registration to the Facility Administrator. Review should take place within 24 – 48 hours for the OBRA Administrator to make a decision.



If your registration to the OBRA Application was denied: Contact the Facility Administrator User Role for additional information.



Once the Facility Administrator User Role has reviewed and approved your registration, you will be automatically logged into the OBRA Application through the State of Michigan MILogin portal. The first facility that was selected during registration will be the logged in facility.

Note: If there were multiple facilities in the user registration request and only one of them was approved, the user can still login to OBRA but will have access to only consumers from the approved facility.

The **Main Dashboard** screen will display after successful login.

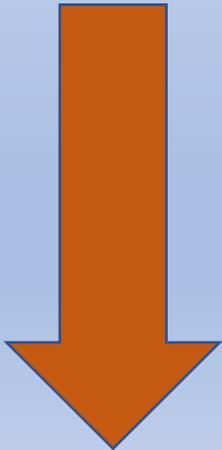
Facility Admin User Role

Facility Toggle: The box highlighted in orange indicates all the facilities that are accessible to the user. The one shown on the top will be the current logged in facility.

Every time this user logs in or switches a facility from facility toggle a message will display as shown below .

Role-3877 (Splash Page):

Upon click of “OBRA” link on the top left, dashboard page appears:



OBRA - Google Chrome
obra-sit.state.mi.us/web/portal/#/tp/dashboard/splashpage

OBRA 3877 1 Response 0 CMH Ready 0 Letter 1

Henry Ford Allegiance Health Hospice Home Jackson (MI) Henrysocialw1039

Logged In To Facility - Henry Ford Allegiance Health Hospice Home Jackson (MI)

3877/78 Notifications

OUTAGES

- Due to Governor Whitmer's "Stay Home, Stay Safe" Executive Order starting Tuesday March 24, 2020, there will be no one in our office to answer telephones. Please email us or leave a message on our main telephone line 517-241-5881, indicating what type of question you have (ie. Clinical, Billing, Database), Your Name, Agency, and a call back number. We will be checking our emails and voicemails frequently to answer them in a timely manner. 03/24/2020
- OBRA Coordinators: Please check your emails for a message from the MDHHS-OBRA-Helpdesk regarding Telehealth and Assessment Procedure Updates from the OBRA Office. 03/19/2020
- Daily Maintenance M-F 4:00am-4:30am. Please make sure you are not in the OBRA Application during this time to avoid any save issues. 01/11/2019

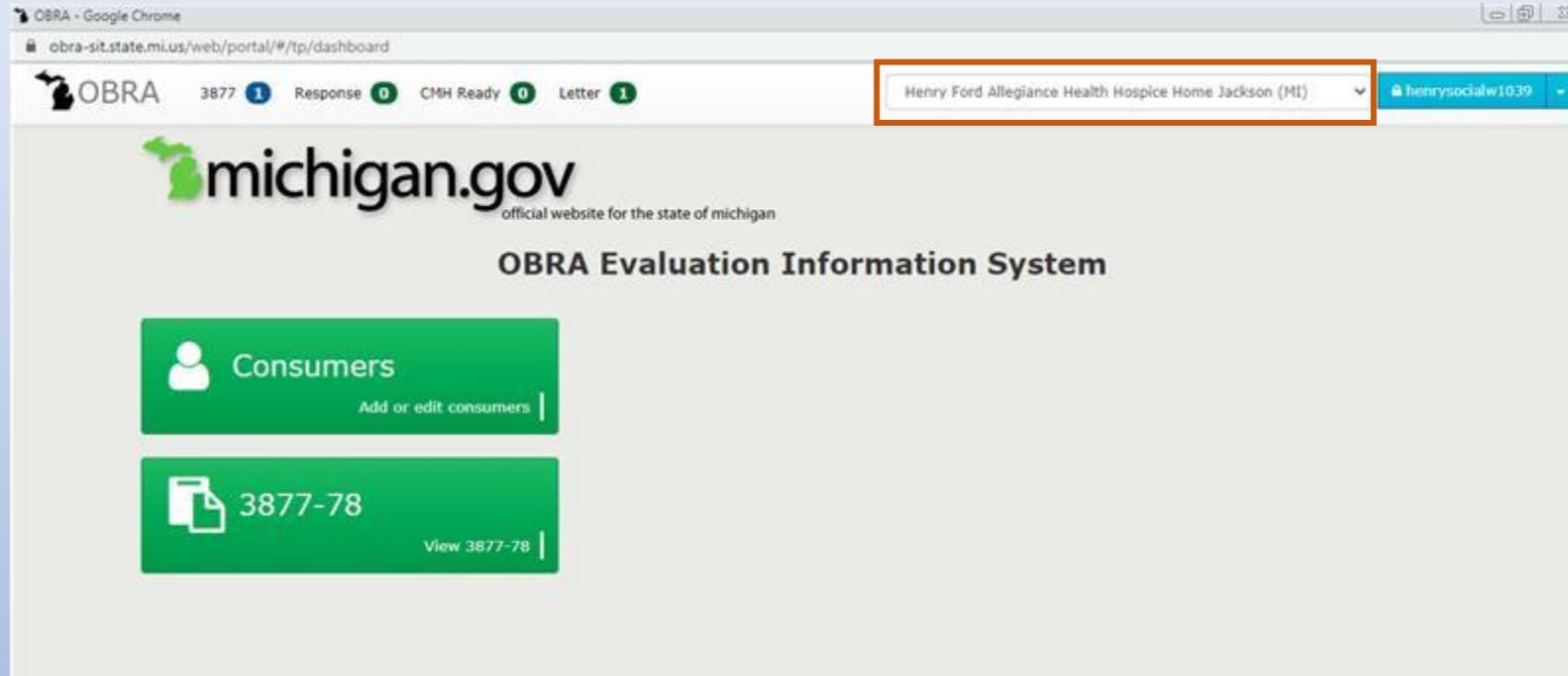
Surveys

- <https://www.surveymonkey.com/r/OBRAUserSatisfactionSurvey> 08/14/2018

Quick Links

- FAQ

Role-3877 (Dashboard):



Facility Toggle:

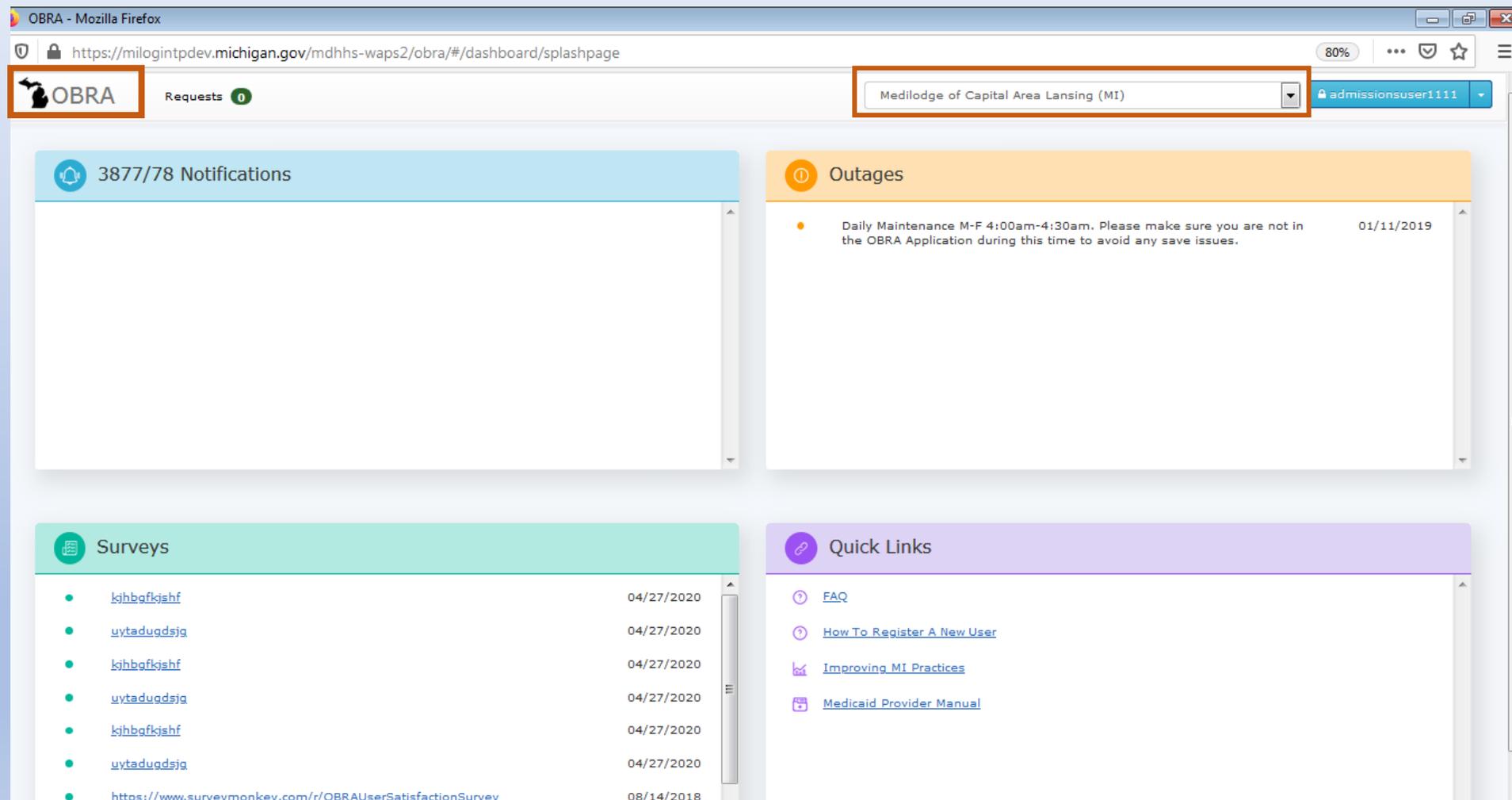
The box highlighted in orange indicates all the facilities that are accessible to the user. The one shown on the top will be the current logged in facility.

Role-3878 (Dashboard)

The screenshot shows a web browser window with the following elements:

- Browser Tab:** OBRA - Google Chrome
- Address Bar:** milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard
- Page Header:**
 - OBRA logo with a Michigan map icon and the number 3878.
 - A dropdown menu showing "Sparrow Carson Hospital Carson City (MI)".
 - A user profile dropdown showing "doctorsparrowu1111".
- Main Content:**
 - michigan.gov logo with the tagline "official website for the state of michigan".
 - OBRA Evaluation Information System
 - A green button with a document icon, the text "3877-78", and a link "View 3877-78".

Facility Admissions (Splash Page):



OBRA - Mozilla Firefox

https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/splashpage

80%

admissionsuser1111

OBRA Requests 0

Medilodge of Capital Area Lansing (MI)

3877/78 Notifications

Outages

- Daily Maintenance M-F 4:00am-4:30am. Please make sure you are not in the OBRA Application during this time to avoid any save issues. 01/11/2019

Surveys

kjhbqfkjahf	04/27/2020
uytaduqdsjq	04/27/2020
kjhbqfkjahf	04/27/2020
uytaduqdsjq	04/27/2020
kjhbqfkjahf	04/27/2020
uytaduqdsjq	04/27/2020
https://www.surveymonkey.com/r/OBRAUserSatisfactionSurvey	08/14/2018

Quick Links

- [FAQ](#)
- [How To Register A New User](#)
- [Improving MI Practices](#)
- [Medicaid Provider Manual](#)

Upon click of the “OBRA” link on the top left, dashboard page appears from anywhere in the application:



Facility Worker (Dashboard):

The screenshot shows a web browser window titled "OBRA - Internet Explorer" with the address bar displaying "https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard". The page header includes the "OBRA" logo, a "25 days" notification, a location dropdown menu set to "Medilodge of Capital Area Lansing (MI)", and a user profile dropdown for "facilityworker1111". The main content area features the "michigan.gov" logo with the tagline "official website for the state of michigan" and the title "OBRA Evaluation Information System". A prominent green button displays a document icon, the number "3877-78", and a "View 3877-78" link.

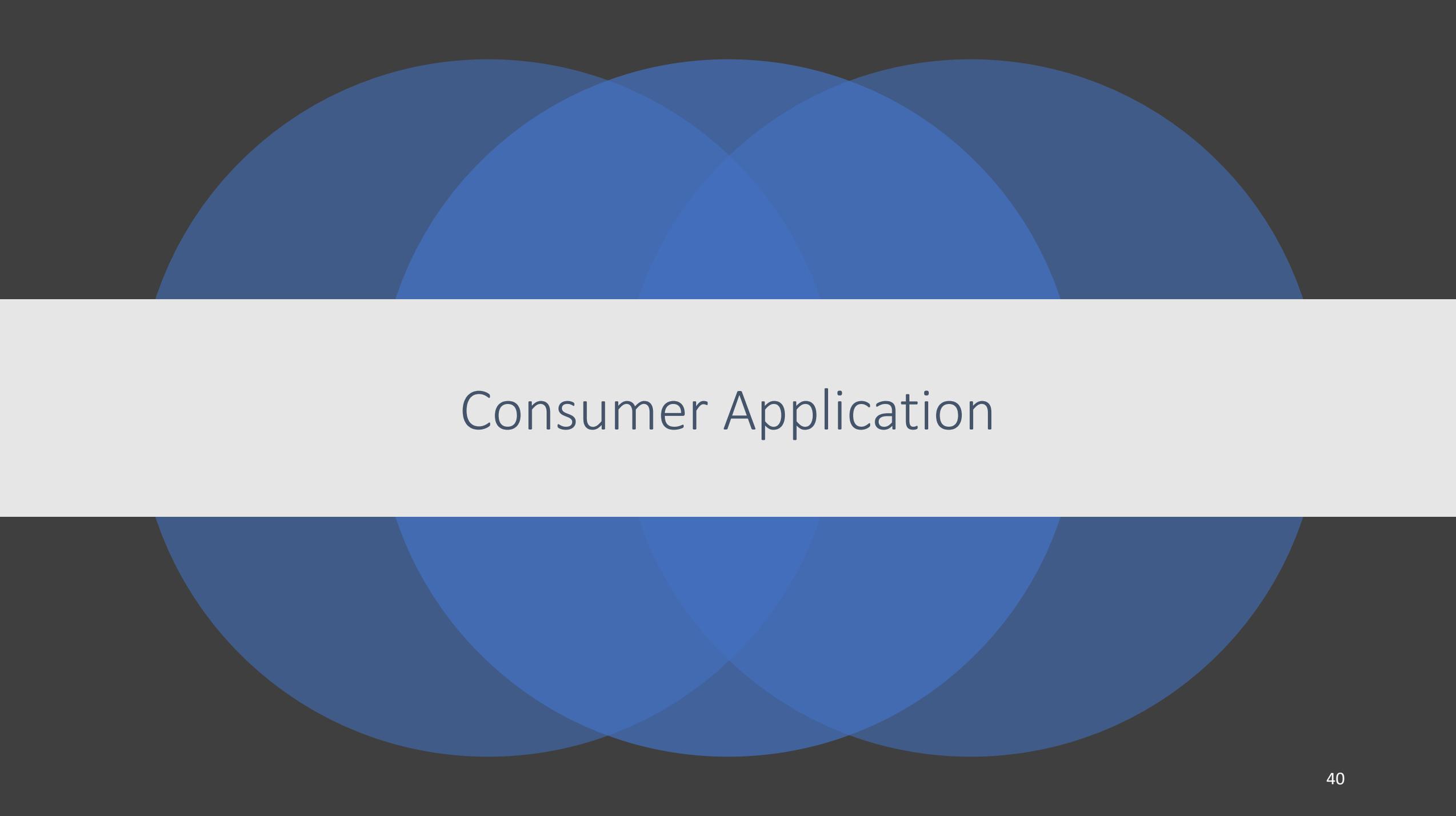
View Only (Dashboard):

The screenshot shows a Mozilla Firefox browser window with the following elements:

- Browser Title Bar:** OBRA - Mozilla Firefox
- Address Bar:** <https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard>
- Page Header:**
 - OBRA logo (Michigan state outline)
 - Dropdown menu: Sparrow Clinton Hospital St. Johns (MI)
 - User profile: viewonlyuser1111
- Main Content:**
 - michigan.gov logo with tagline "official website for the state of michigan"
 - OBRA Evaluation Information System**
 - Green button with document icon, text "3877-78", and a link "View 3877-78"

General Notes:

- ❑ **Do not use the browser Refresh, Back, or Forward buttons** throughout the application. This can lead to unexpected behavior and the user may need to Logout and Login to the application.
- ❑ **Likewise, using the Backspace button could lead to data loss.** The problem occurs when you think your cursor is in a text field and it is not. If your cursor is in a text field, Backspace will move the cursor back a space as you would expect. If not, pressing this button will take you to the last URL you visited in that tab/window.
- ❑ When the user is logged in and doesn't perform any activity on the OBRA application for more than 15 minutes, the system will time out. We recommend logging out and then logging back in.



Consumer Application

Consumer Search

- ❑ The functionality is under the Consumers Module, which is accessible only for the users with **User Role-3877**. OBRA Coordinators and OBRA Staff can also view this module and access Consumer Details.
- ❑ After login, the user lands on **Splash** page, from there, click on the OBRA link on the top left to land on the **Main Dashboard**. Then, click the **Consumers** button and the screen will be displayed.

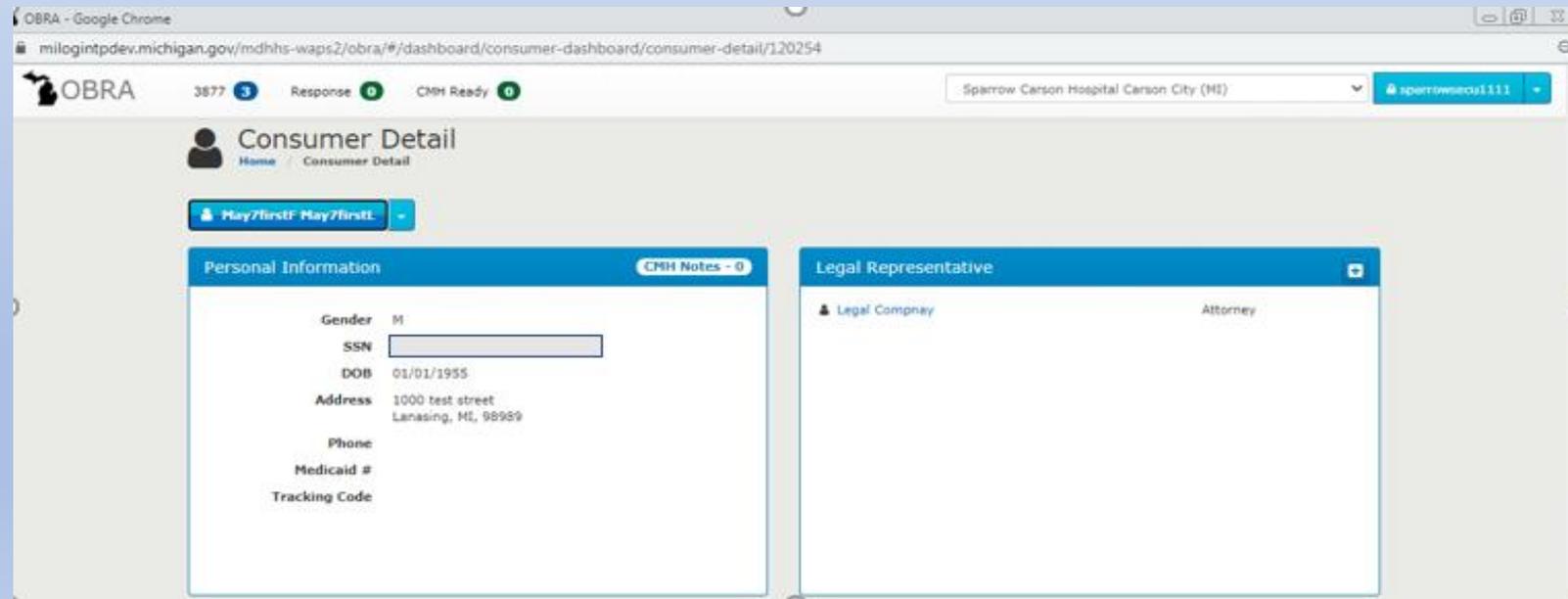
The screenshot shows a web application interface for OBRA. The browser address bar displays the URL: milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/consumer-dashboard. The page header includes the OBRA logo, user information (3877, Response: 0, CMH Ready: 0), a location dropdown (Sparrow Carson Hospital Carson City (MI)), and a user ID dropdown (sparrowsecu1111). The main content area is titled "Consumer Search" and features a search form with fields for SSN, Last Name, First Name, Date of Birth, and Medicaid#. Below the search form, there are sorting options (Sort By: SSN), a "Show 10 entries" dropdown, and a "Total Records: 0" indicator. A table with columns for SSN, Last Name, First Name, Date Of Birth, Tracking Code, Medicaid#, and Status is displayed, showing "No data available". At the bottom, there are buttons for "Create New Consumer" and "Export".

Enter a full SSN on the **Consumer Search** screen. Once a SSN is entered, click the **Search** button and the system will display the record generated based on the SSN entered as shown below.

Note:

- ❑ *The fields available for search will vary based on the permissions assigned to the user; e.g., most users will be able to search on only a full SSN. Because the SSN is a unique identifier for a Consumer, the search will return only exact matches.*

Clicking the record will display the **Consumer Detail** screen as shown below.



Explanation of Consumer Detail Screen

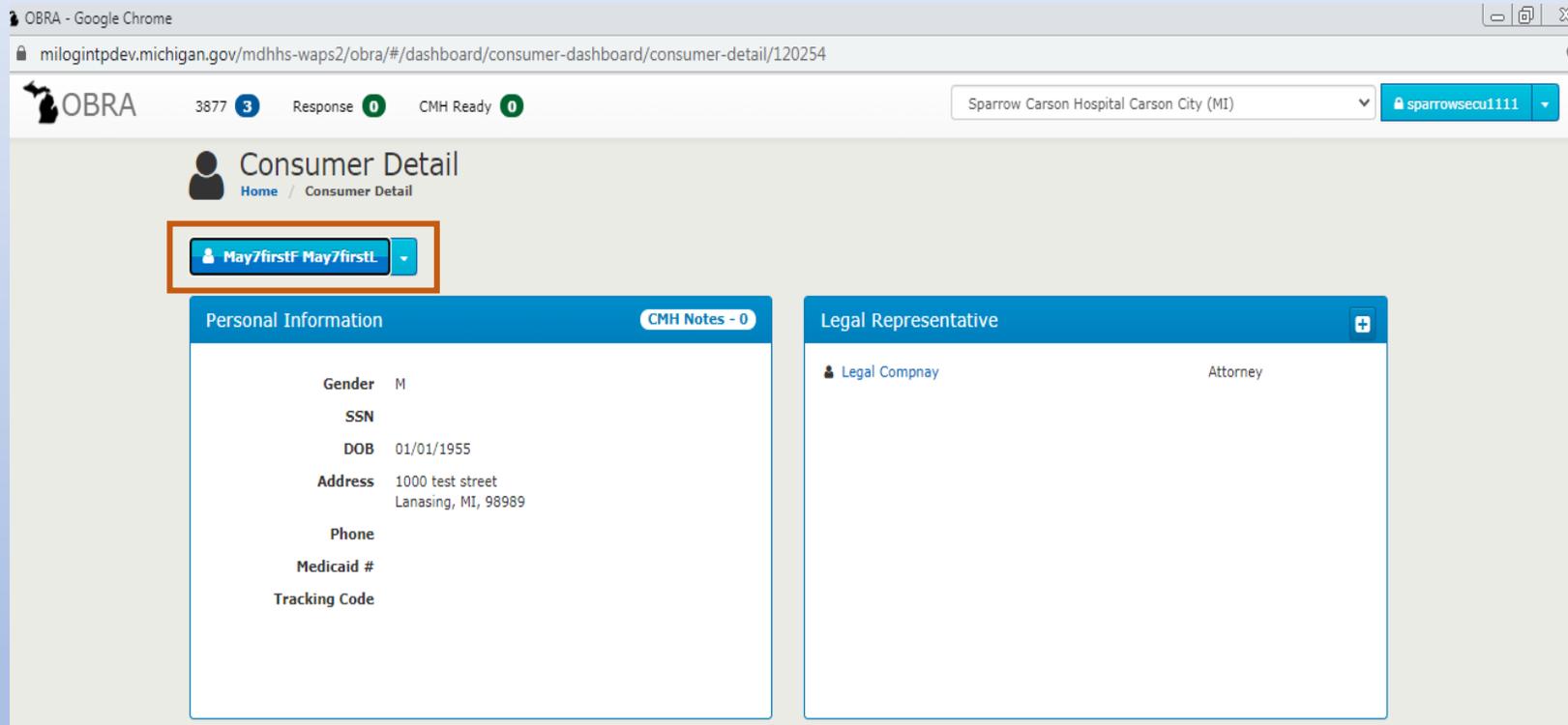
The
Consumer
Detail
screen
consists of
the
following
sections:

- ❑ **Personal Information**
 - Displays Consumer identifying and demographic information
- ❑ **Legal Representatives**
 - Displays the Legal Representative associated to the Consumer

Accessing the Consumer Menu

Click the drop-down icon below the Consumer name  to expand the menu.

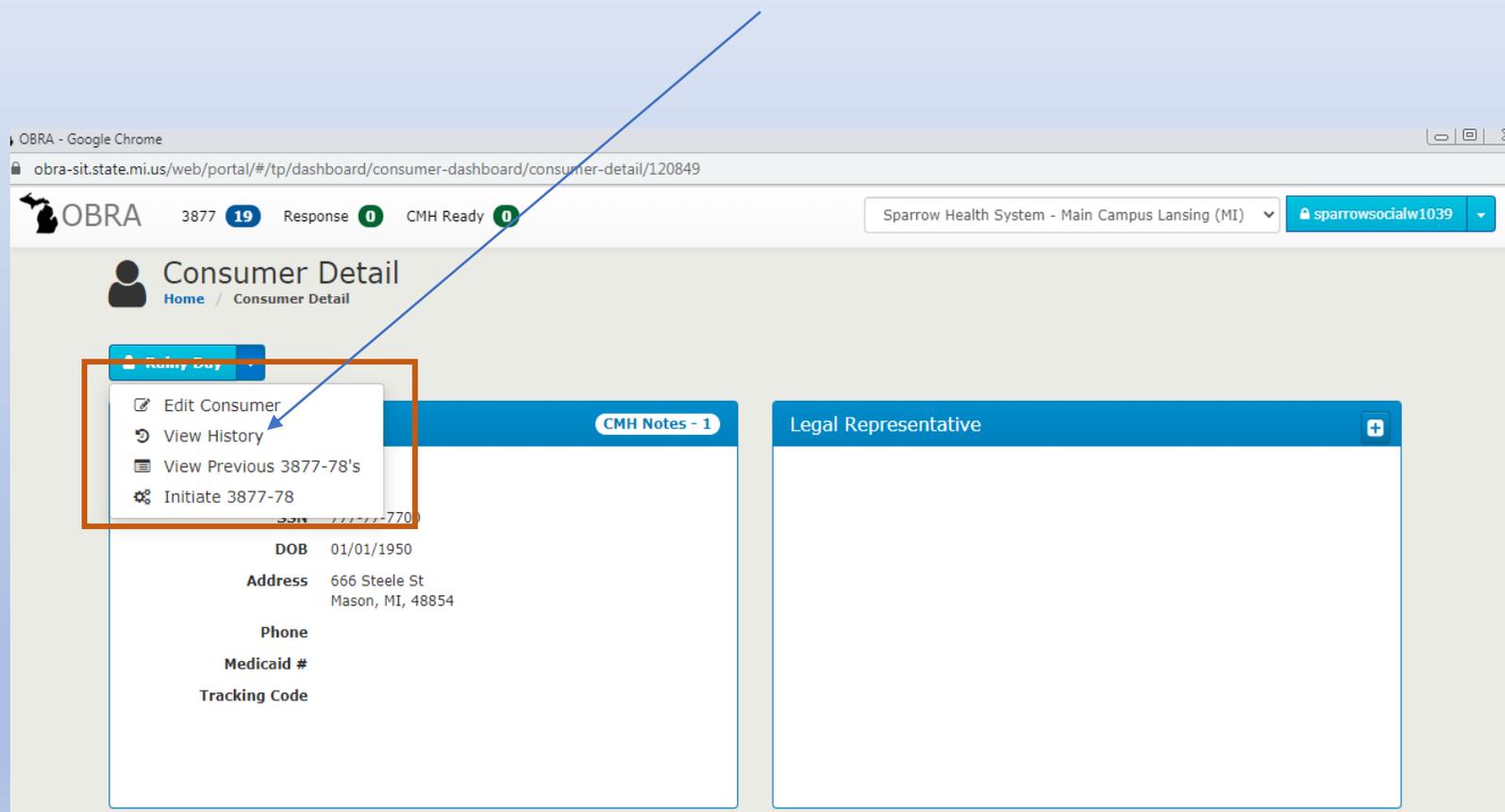
Once clicked, the system displays the menu as shown below highlighted in orange.



The screenshot shows a web browser window with the URL `milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/consumer-dashboard/consumer-detail/120254`. The page header includes the OBRA logo, navigation links for 3877 (3), Response (0), and CMH Ready (0), a location dropdown for Sparrow Carson Hospital Carson City (MI), and a user dropdown for sparrowsecu1111. The main content area is titled "Consumer Detail" and includes a breadcrumb "Home / Consumer Detail". A dropdown menu for the consumer name "May7firstF May7first." is highlighted with an orange border. Below the menu are two panels: "Personal Information" with fields for Gender (M), SSN, DOB (01/01/1955), Address (1000 test street, Lanasing, MI, 98989), Phone, Medicaid #, and Tracking Code; and "Legal Representative" with a "Legal Compnay" (Attorney) entry.

Note: The menu options displayed in the drop-down will vary based on the permissions assigned to the user; e.g., not all users will see the **“Initiate 3877-78”** option.

Once the **Consumer Menu** is expanded, click the **View History** menu option.



Consumer Actions

View Consumer History:

The system displays the **Consumer History** screen as shown below.

Home
icon

OBRA - Google Chrome
milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/consumer-dashboard/consumer-history/120264

OBRA 3877 3 Response 0 CMH Ready 0 Sparrow Carson Hospital Carson City (MI) sparrowsecu1111

Consumer History

Home / Consumer Detail / Consumer History

Abc Test Cns Transfer 1 Abc Test Cns Transfer 1

Address History

Street Address	Set By	Set On	Current Status
1690 5th ave Okemos, MI 48864-	sparrowsecu1111	06/04/2020	✓

Legal Representative History

Name	Relationship	Created By	Created On	Modified By	Modified On	Current Status
test test ewrw	Attorney	sparrowsecu1111	06/24/2020	sparrowsecu1111	06/24/2020	✗

Action	3877 User	3878 User	Facility Admin	Facility Admissions	Facility Worker	View Only	CMH Staff	OBRA Staff
Edit Consumer	Y (for new consumers only)	N	N	N	N	N	Y	Y
View History	Y, but not Consumer Status history	Y, but not Consumer Status history	Y, but not Consumer Status history	Y, but not Consumer Status history	Y, but not Consumer Status history	Y, but not Consumer Status history	Y	Y
3877-78 Notes	Y	Y	Y	Y	Y	Y	Y	Y
Create New 3877-78	Y	Y	Y	N	N	N	Y	Y
Create New Evaluation	N	N	N	N	N	N	Y (till Mass Rollout)	N
View Previous 3877-78's	Y	Y	Y	Y	Y	Y	Y	Y
Consumer Status and History	N	N	N	N	N	N	Y	Y

Consumer Actions - Explanation of Consumer History Screen

The **Consumer History** screen consists of the following sections:

- ❑ Address History
 - Displays the changes related to the Consumer's address
- ❑ Legal Representative History
 - Displays the changes related to the Consumer's legal representation

Note:

- ❑ *To navigate back to the **Consumer Detail** screen, click the **Consumer Menu**, click the **Consumer Detail** breadcrumb (hyperlink), or the user can expand the **Consumer Menu** and choose a relevant option.*
- ❑ *The user can also click the **Home** icon to navigate to the **Main Dashboard**.*

Creating a New 3877/78 Level I, Starts with the Consumer

Once the **Consumer Menu** is expanded, click the “**Initiate New 3877-78**” menu option. The system will display the first screen for a new 3877-78.

View Previous 3877-78’s:

- Once the **Consumer Menu** is expanded, click the **View Previous 3877-78** menu option. The system displays the **3877-78 History** screen as shown below.

Special Note:

- Only completed 3877-78 Screenings will be displayed*
- Only a user who has access to the facility where a Consumer is a current resident and/or is assigned can view previous 3877-78’s. Other users cannot view previous screenings.*
- CMH Coordinator also can view all previous 3877-78’s when the Coordinator is performing Level-II for the consumer.*

Create a New Consumer

From the **Main Dashboard**, click the **Consumer** button to open the Consumer Search screen.

OBRA - Google Chrome
milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/consumer-dashboard

OBRA 3877 0 3878 0 Response 0 CMH Ready 0 Sparrow Health System-St Lawrence Campus Lansing (MI) sparrowsecu1111

Consumer Search

Home / Consumer Search

SSN Last Name First Name Date of Birth Medicaid#

SSN Last Name First Name Date Of Birth Medicaid# Search Reset

Sort By SSN Show 10 entries Total Records: 0

SSN	Last Name	First Name	Date Of Birth	Tracking Code	Medicaid#	Status
No data available						

+ Create New Consumer Export

Click the **Create New Consumer** button. The next screen will be displayed.



3877 **3** Response **0** CMH Ready **0**

Sparrow Carson Hospital Carson City (MI) ▼

sparrow

Add Consumer

[Home](#) / [Consumer Search](#) / [Add Consumer](#)

SSN

* First Name

MI

* Last Name

Suffix

* Date Of Birth

* Gender

 ▼

Address

* Address Line 1

Address Line 2

* City

County

 ▼

* State

 ▼

* Zip

Zip+4

Consumer Page

Consumer Notes

Consumer Notes

Phone

Phone

Email

Email

Medicaid #

Medicaid #

Tracking Code

Tracking Code

Save Reset Cancel Save and Create Legal Rep Save and Initiate 3877-78

Fields that are suffixed with this icon  are required fields. Data must be entered in these fields.

When the Consumer does not have a “current” **Address** click this icon  and the system will not require the Address fields. Clicking this icon also hides the Address fields on the screen.

Clicking this icon  on Address will display all Address fields for the user to enter.

- ❑ *SSN is a required field. The system will display an alert message for the user to enter SSN number if they have one.*
- ❑ *Consumer Information Match with existing Database*
 - ❑ *If SSN matches with that in Database, the user will need to enter Date of Birth*
 - *If Date of Birth matches, then all the below information is auto populated*
 - *First Name*
 - *Middle Initial*
 - *Last Name*
 - *Suffix*
 - *Gender*
 - *Address*
 - *If Date of Birth does not match, the user cannot proceed further and would need to call their local OBRA office.*

- ❑ *If SSN does not match with any in Database*
 - *User would enter all the demographic information i.e. First Name, Middle Initial, Last Name*
 - *System checks if the First Name and Last Name matches with any entry in the Database*
 - *If there is a match, then user will be prompted with a message “Consumer with the same name exists in the System. Please Enter DOB to verify.”*
 - *User enters DOB.*
 - *If DOB is matching then error message “Consumer with same name and DOB exists, please call Local CMH Coordinator”*
 - *If DOB is not matching, then user can proceed with the rest of the form*
 - *If there is no match, then user can proceed with the rest of the form*
- ❑ *When the user does not enter an SSN and enters all other data in the required fields and clicks Save, the system will display the following message and will not allow to proceed further without SSN.*

Validation Errors: When the user fails to enter any of the required fields, the system will display error messages to the user asking them to fill in the required field. The missing required fields will be highlighted in red for easy identification.

The screenshot shows a web browser window with the URL `milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/consumer-dashboard/add-edit-consumer/add`. The page title is "OBRA" and the user is logged in as "sparrowsecu1111". The form is titled "Address" and contains several fields with validation errors:

- * Address Line 1:** Address Line 1 is required
- * Address Line 2:** Address Line 2
- * City:** City is required
- * Zip:** Required
- County:** (Dropdown menu)
- * State:** State is required
- Zip+4:** Zip+4

A red box titled "Form Contains Errors" lists the following missing fields:

- First Name is Required
- Last Name is Required
- Date Of Birth is Required
- Gender is Required
- Address Line 1 is Required
- City is Required
- State is Required
- Zip Code is Required

Below the address section, there are fields for "Consumer Notes", "Phone", and "Email".

Once the user enters all required fields, click the **Save** button to create a new Consumer.

When SSN exists in the system:



Add Consumer
Home / Consumer Search / Add Consumer

SSN
666-66-6662

⚠ SSN exists in system. Please Enter DOB to verify.

SSN Matches, Incorrect date of birth entered:



Add Consumer
Home / Consumer Search / Add Consumer

SSN
666-66-6662

⚠ Incorrect Date of Birth. Please re-enter correct Date of Birth or call Local CMH OBRA Coordinator

*** First Name**
First Name
First Name is required

MI
MI

*** Last Name**
Last Name

Suffix
Suffix

*** Date Of Birth**
01/01/1988

*** Gender**
Gender

Add Consumer

[Home](#) / [Consumer Detail](#) [Consumer Search](#) / Add Consumer

SSN
666-66-6662

*** First Name**
Abc Test Cns Transfer 1

MI
MI

*** Last Name**
Abc Test Cns Transfer 1

Suffix
Suffix

*** Date Of Birth**
06/02/2020

*** Gender**
M

Date Of Birth

Address

*** Address Line 1**
1690 5th ave

Address Line 2
Address Line 2

*** City** Okemos **County** ALCONA *** State** Michigan(MI)

*** Zip** 48864 **Zip+4** Zip+4

SSN Matches, correct Date of Birth entered, other fields such as Name and Address auto populated:

Consumer Notes

SSN does not exist, but First Name and Last Name same as one in the database:

 **Add Consumer**
[Home](#) / [Consumer Detail](#) [Consumer Search](#) / [Add Consumer](#)

SSN
  Consumer with the same name exists in the System. Please Enter DOB to verify

*** First Name** **MI** *** Last Name** **Suffix**

SSN does not exist, First & Last Names same as one in the database, but same DOB given:

The screenshot shows a web form titled "Add Consumer" with a navigation menu containing "Home" and "Consumer". The form contains several input fields and a warning message:

- SSN:** 889-89-8989
- Warning:** Consumer with same name and DOB exists. Please call local CMH
- * First Name:** Pool
- MI:** MI
- * Last Name:** Boy
- Suffix:** Suffix
- SSN:** 111-11-1111
- * Date Of Birth:** 12/05/1970
- * Gender:** M
- * First Name:** Abc Test Cns Transfer 1
- MI:** MI
- * Last Name:** Abc Test Cns Transfer 1
- Suffix:** Suffix
- * Date Of Birth:** 06/02/2020
- * Gender:** M

A yellow callout box labeled "Date Of Birth" points to the date field in the second form instance. A yellow bracket is visible at the bottom of the page.

Button Functionality for Add Consumer

Note: The buttons displayed at the bottom of the **Add Consumer** screen will vary based on the permissions assigned to the user; e.g., not all users will see the **Save and Create 3877-78** button.



Save: Clicking this button will **Save** the entered values and display the **Consumer Detail** screen.

Reset: Clicking this button will clear the entered values.

Cancel: Clicking this button will return the user to the previous screen.

Save and Create Legal Rep: The system will perform two functions when the user clicks this button:

- a) Create a New Consumer
- b) Display the **Add Legal Representative** screen

Save and Initiate 3877-78: The system will perform two functions when the user clicks this button:

- a) Create a New Consumer
- b) Display the **Create 3877-78** screen

Legal Representative

The system offers three approaches to **Create a Legal Representative**.

1. **Add Consumer** screen: the user can choose to click the **Save and Create Legal Rep** button at the bottom of the **Add Consumer** screen.
2. **Consumer Detail** screen: by clicking this icon  as shown below highlighted in orange.



3. **Section 1 of the 3877 Form**: by clicking on the **'Create Legal Rep'** button as shown in the next slide, highlighted in orange.

Form - 3877 (PAS)

Home / Form - 3877 (PAS)

Section 1 Section 2

Legal Information

Activated DPOA or Guardian
 Yes No

Legal Rep agreed to placement
 Yes No

I verify the legal information is accurate
 Yes No

Legal Representative 1 Unlink Legal Rep Edit Legal Rep

First Name	Last Name	Company Name	Representative Type	Telephone
test	test	ewrw	Activated DPOA	(334) 444-4444

Address Line 1	Address Line 2	City	State	Zip
1690 5th ave		Okemos	MI	48864

Create Legal Rep

Cancel Save Print Reset

First Approach:

This is done at the same time a Consumer is added to the system.

- ❑ From the **Main Dashboard**, click the **Consumers** button. Click the **Create New Consumer** button. On the **Add Consumer** screen, fill in all required fields.

Save Reset Cancel Save and Create Legal Rep Save and Initiate 3877-78

- ❑ Click the **Save and Create Legal Rep** button, the system displays the **Add Legal Representative** screen as shown below.



Add Legal Representative

[Home](#) / [Consumer Detail](#) / Add Legal Representative

TestN TestNN

* First Name

New

MI

MI

* Last Name

Legal

* Company Name

Company Name

* Address Line 1

1000 test street

Address Line 2

Address Line 2

* City

City

* State

State

* Zip

Zip

Zip+4

Zip+4

* Phone

Phone

Email

Email

* Representative Type

Representative Type

* Relationship

Relationship

Legal Representative Documents

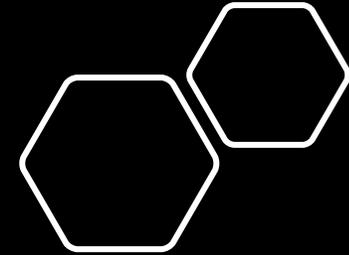
Attach File

Legal Guardian or Activated DPOA

Reset

Cancel

Save



Follow these steps:

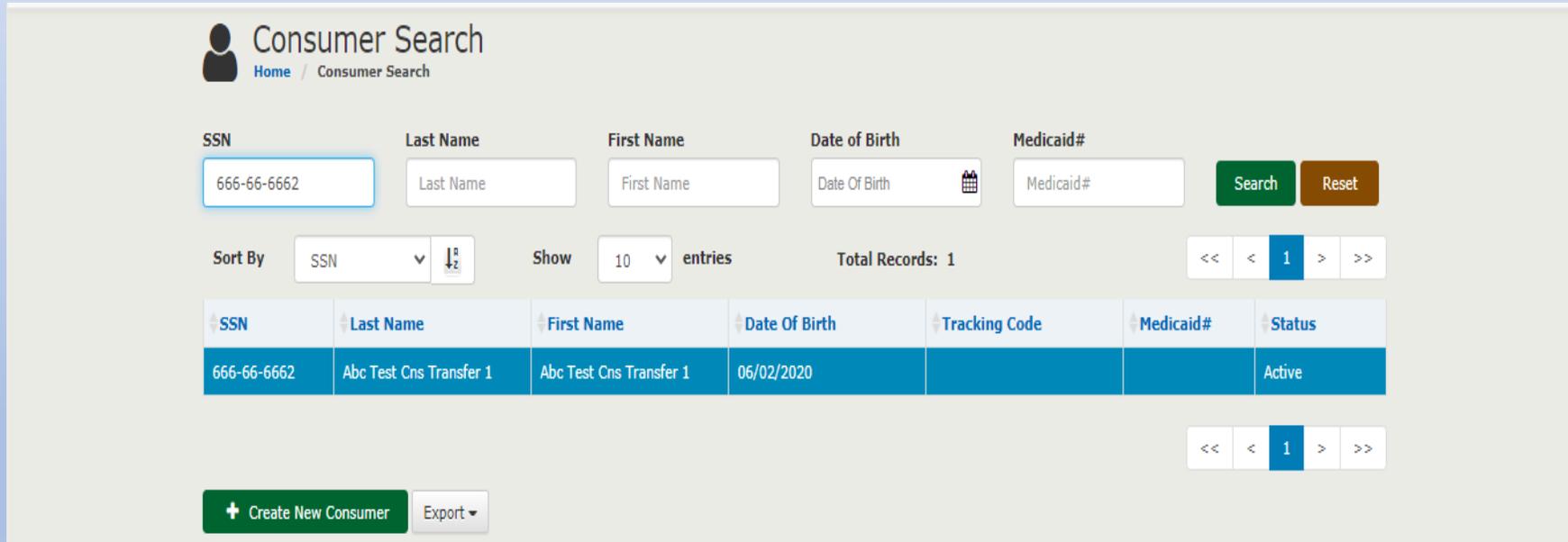
- Enter data in each of the required fields. Please note that both the First Name and Last Name OR Company Name are required in order to save and create a Legal Representative.
- Attaching a file is not mandatory.
- System will allow any number of files to be uploaded.
- Only file types PDF, .doc and .docx are to be uploaded.
- After entering the data click the **Save** button to create the Legal Representative. Once saved, the system will display the **Consumer Detail** screen as shown below.

The screenshot displays the 'Consumer Detail' page. At the top left, there is a user profile icon and the text 'Consumer Detail' with a breadcrumb 'Home / Consumer Detail'. Below this is a blue button with a person icon and the text 'NNN NNN'. The main content area is divided into two panels. The left panel, titled 'Personal Information' with a 'CMH Notes - 0' indicator, contains the following fields: Gender (M), SSN (098-89-8989), DOB (02/01/1988), Address (1000 test street, Lansing, MI, 34343), Phone, Medicaid #, and Tracking Code. The right panel, titled 'Legal Representative' with a '+' icon, shows a person icon and the text 'Legal2LLC' and 'Attorney'.

Second Approach:

This approach is used when the Consumer already exists in the system and you are adding or changing the Legal Representative.

- ❑ From the **Main Dashboard**, click the **Consumers** button. On the **Consumer Search** screen, search for the Consumer to which a Legal Representative needs to be associated.



The screenshot displays the 'Consumer Search' interface. At the top, there is a breadcrumb trail: 'Home / Consumer Search'. Below this, there are search filters for SSN, Last Name, First Name, Date of Birth, and Medicaid#. The SSN field contains '666-66-6662'. There are 'Search' and 'Reset' buttons. Below the filters, there are controls for 'Sort By' (set to SSN), 'Show' (set to 10 entries), and 'Total Records: 1'. A pagination control shows '1' of 1 pages. Below this is a table with the following data:

SSN	Last Name	First Name	Date Of Birth	Tracking Code	Medicaid#	Status
666-66-6662	Abc Test Cns Transfer 1	Abc Test Cns Transfer 1	06/02/2020			Active

At the bottom, there are buttons for '+ Create New Consumer' and 'Export'.

- ❑ Clicking the desired Consumer record displays the **Consumer Detail** screen.
- ❑ The user can create a Legal Representative from the **Consumer Detail** screen by clicking this icon  as shown below highlighted in orange.



- ❑ The system displays the **Add Legal Representative** screen.

- ❑ Follow the steps as outlined earlier in the **First Approach** to Save a Legal Representative. But after save, it will land on the “**View Legal Representative**” screen with the documents uploaded on the bottom.

The screenshot displays the 'View Legal Representative' page. At the top, there is a navigation bar with a briefcase icon, the title 'View Legal Representative', and a breadcrumb trail: 'Home / Consumer Detail / View Legal Representative'. Below the navigation bar is a blue button labeled 'Legal LLC' with a dropdown arrow. The main content area is divided into three sections:

- Personal Information:** A table with the following data:

Company Name	Legal LLC
Address	1000 test street Lansing, MN, 34343 -
Phone	(212) 122-1212
- Type & Audit:** A table with the following data:

Type	Attorney
Relationship	Activated DPOA
Created By	sparrowsecu1111
Created On	06/23/2020
Modified By	sparrowsecu1111
Modified On	06/23/2020
- Documents Uploaded:** A list containing one item: [Doc Upload.docx](#)

Third Approach:

This approach is used when the user wants to create a Legal Representative while filling out the 3877 Form.

- ❑ Initiate 3877-78 (the steps are given under 3877 Form) Land on Section 1

Form - 3877 (PAS)

Home / Form - 3877 (PAS)

Section 1 Section 2

Legal Information

Activated DPOA or Guardian
 Yes No

Legal Rep agreed to placement
 Yes No

I verify the legal information is accurate
 Yes No

Legal Representative 1 [Unlink Legal Rep](#) [Edit Legal Rep](#)

First Name	Last Name	Company Name	Representative Type	Telephone
test	test	ewrw	Activated DPOA	(334) 444-4444

Address Line 1	Address Line 2	City	State	Zip
1690 5th ave		Okemos	MI	48864

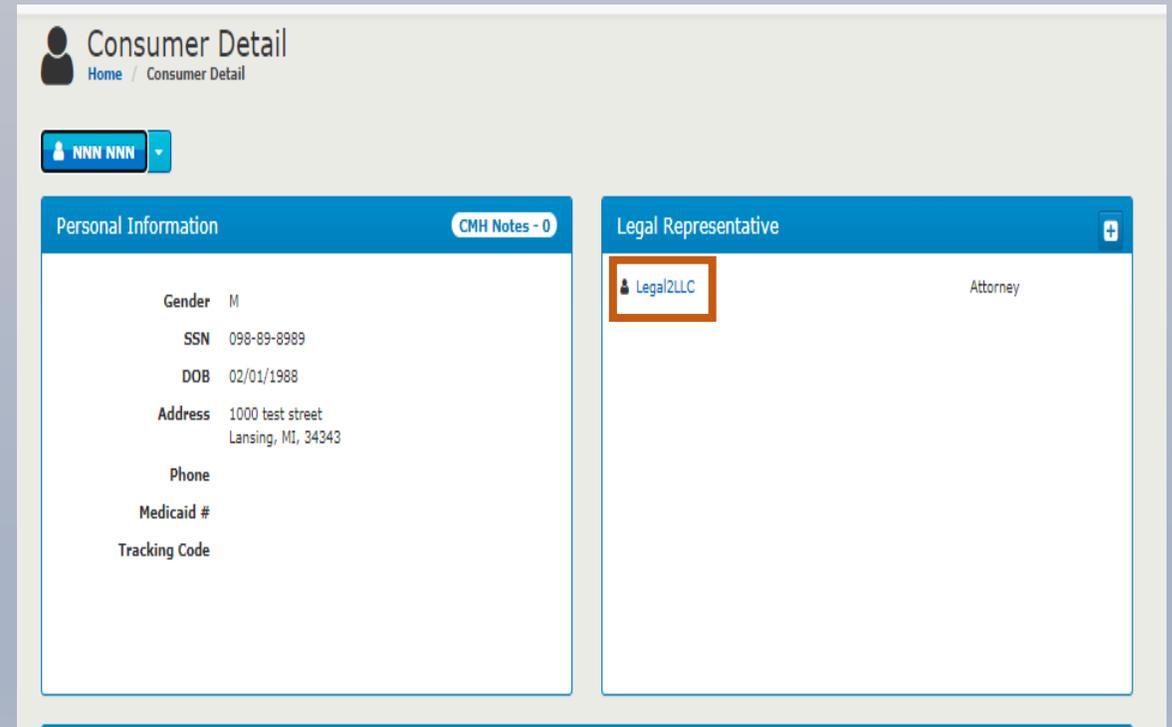
[Create Legal Rep](#)

[Cancel](#) [Save](#) [Print](#) [Reset](#) [Refresh](#)

- ❑ Click on the **Create Legal Rep** link on the bottom, highlighted in orange
- ❑ System will navigate to the **“Add Legal Representative screen”** which is covered in the previous approaches
- ❑ Enter required details on the screen and click on **“Save”**
- ❑ System will navigate back to the 3877 Form Section 1

Accessing the Legal Rep Menu

- ❑ Once a Legal Rep is created it displays on the **Consumer Detail** screen.
- ❑ The Name or Company Name of the Legal Representative will be a hyperlink as shown to the right.
- ❑ Clicking the hyperlink displays the **View Legal Representative** screen in the next slide.



The screenshot displays the 'Consumer Detail' interface. At the top, there is a breadcrumb trail: 'Home / Consumer Detail'. Below this is a user profile button labeled 'NNN NNN'. The main content is divided into two panels. The left panel, titled 'Personal Information' with a 'CMH Notes - 0' indicator, lists the following details: Gender (M), SSN (098-89-8989), DOB (02/01/1988), Address (1000 test street, Lansing, MI, 34343), Phone, Medicaid #, and Tracking Code. The right panel, titled 'Legal Representative' with a '+' icon, shows a single entry: 'Legal2LLC' (highlighted with a red box) and 'Attorney'.



View Legal Representative

[Home](#) / [Consumer Detail](#) / [View Legal Representative](#)



Legal2LLC



Personal Information

Company Name Legal2LLC
Address 1000 test street 1000
Lansig, MI, 11111 -
Phone (343) 434-3434

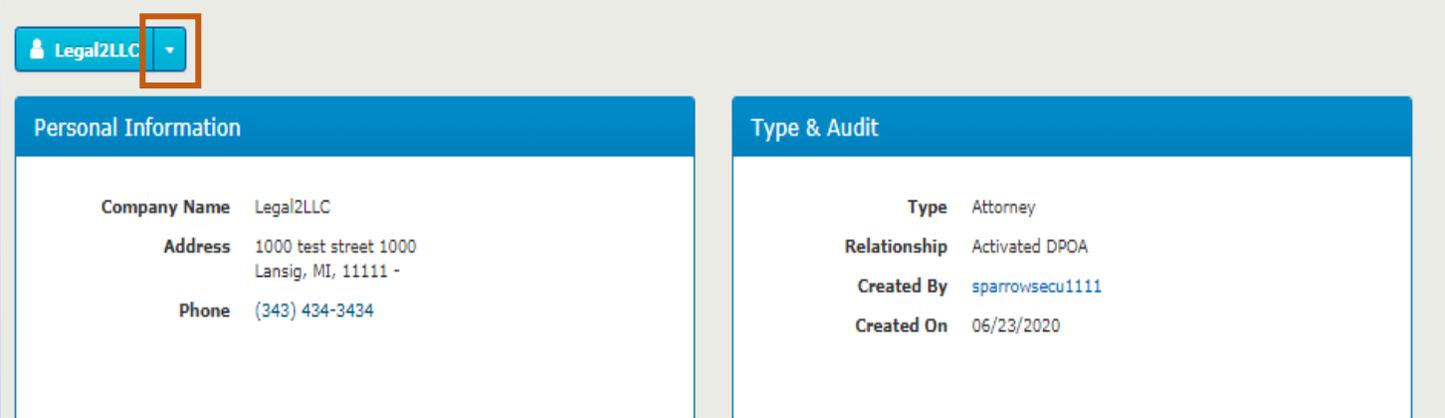
Type & Audit

Type Attorney
Relationship Activated DPOA
Created By [sparrowsecu1111](#)
Created On 06/23/2020

Documents Uploaded

- [Doc Upload.docx](#)

Click the drop-down icon below the Legal Rep name  to expand the menu.



The screenshot shows a user interface for a Legal Representative. At the top left, there is a blue button with a person icon and the text "Legal2LLC" followed by a small downward-pointing triangle. This button is highlighted with a red rectangular box. Below the button are two panels: "Personal Information" and "Type & Audit".

Personal Information	
Company Name	Legal2LLC
Address	1000 test street 1000 Lansig, MI, 11111 -
Phone	(343) 434-3434

Type & Audit	
Type	Attorney
Relationship	Activated DPOA
Created By	sparrowsecu1111
Created On	06/23/2020

Once clicked, the system will display the **Legal Rep Menu** as shown highlighted below.



The screenshot shows the same user interface as above, but with the "Legal2LLC" button expanded into a menu. The menu is highlighted with a red rectangular box and contains the following items:

- Edit Legal Rep
- View History
- Unlink Legal Rep
- Consumer Detail

The background content is partially obscured by the menu. The breadcrumb navigation at the top reads: Home / Consumer Detail / View Legal Representative.

Legal Rep Actions

Edit Legal Rep Details:

There are two approaches to this.

First Approach:

Once the **Legal Rep Menu** is expanded, click the **Edit Legal Rep** menu option. The system will display the **Edit Legal Representative** screen as shown below. The user can choose to edit the fields on this screen and save the changes by clicking the **Save** button.



When starting a new 3877 always ask and verify Legal Rep information

A screenshot of a web application form titled "Edit Legal Representative". The breadcrumb trail shows "Home / Consumer Detail / Edit Legal Representative". A dropdown menu is set to "Test Test". The form contains several required fields marked with an asterisk: "First Name" (test), "MI" (MI), "Last Name" (test), "Company Name" (ewrw), "Address Line 1" (1690 5th ave), "Address Line 2" (Address Line 2), "City" (Okemos), "State" (Michigan(MI)), "Zip" (48864), "Zip+4" (Zip+4), "Phone" ((334) 444-4444), and "Email" (Email).

Edit Legal Representative
Home / Consumer Detail / Edit Legal Representative

Test Test

* First Name: test MI: MI * Last Name: test

* Company Name: ewrw

* Address Line 1: 1690 5th ave

Address Line 2: Address Line 2

* City: Okemos * State: Michigan(MI) * Zip: 48864 Zip+4: Zip+4

* Phone: (334) 444-4444 Email: Email

* Representative Type: Activated DPOA
* Relationship: Attorney

Legal Representative Documents

Attach File

Address History

Street Address	Created By	Created On	Active
1690 5th ave Okemos, MI 48864-	sparrowsecu1111	06/04/2020	<input checked="" type="radio"/>

Reset Cancel Save

Note: The user can make necessary changes and can save the changes by clicking the **Save** button. Once saved, the system will display the **View Legal Representative** screen.

Second Approach:

This approach is used when the user wants to edit the Legal Representative information at the time of completing the 3877 Form.

Form - 3877 (PAS)
Home / Form - 3877 (PAS)

Section 1 | Section 2

Legal Information

Activated DPOA or Guardian
 Yes No

Legal Rep agreed to placement
 Yes No

I verify the legal information is accurate
 Yes No

Legal Representative 1 [Unlink Legal Rep](#) [Edit Legal Rep](#)

First Name	Last Name	Company Name	Representative Type	Telephone
test	test	ewrw	Activated DPOA	(334) 444-4444

Address Line 1	Address Line 2	City	State	Zip
1690 5th ave		Okemos	MI	48864

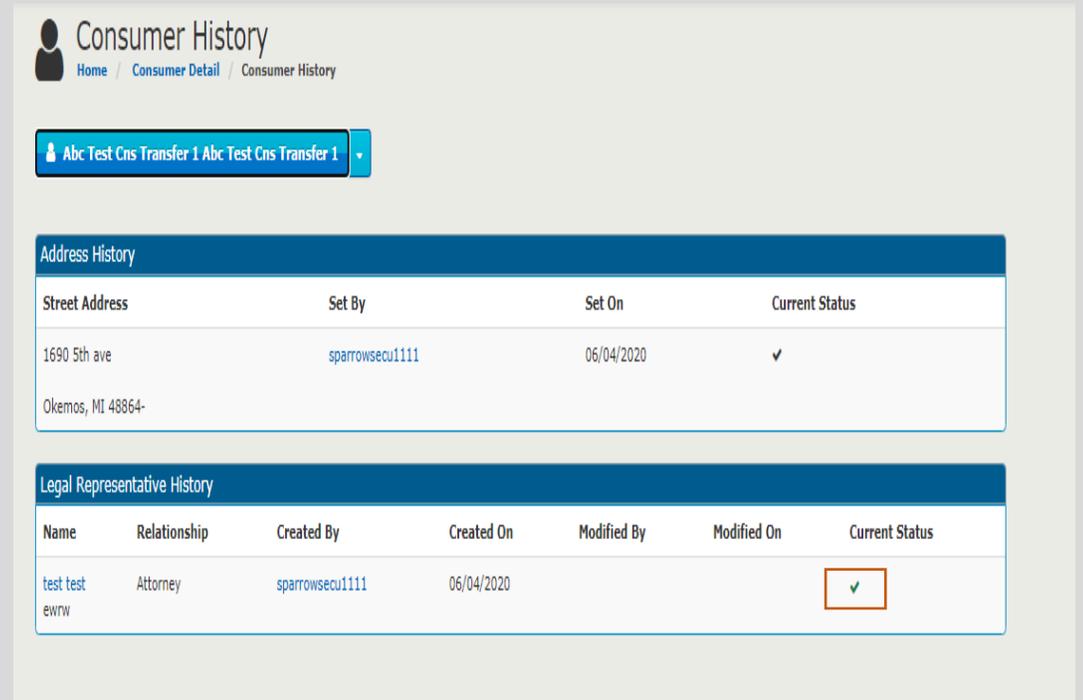
[Create Legal Rep](#)

[Cancel](#) [Save](#) [Print](#) [Reset](#)

- Initiate 3877-78 (the steps are given under 3877 Form)
- Land on Section 1
- Click on the Create Legal Rep link, highlighted in orange
- System will navigate to the **“Edit Legal Representative screen”** which is covered in the previous approaches
- Enter required details on the screen and click on **“Save”**
- System will navigate back to the 3877 Form Section 1

View Legal Rep History:

- Once the **Legal Rep Menu** is expanded, click the **View History** menu option. The system displays the **View Legal Rep History** screen.
- Any edits (changes) to a Legal Rep's address is displayed under History. The **most recent** change is displayed at the top and is marked as **Active (a green color tick)** as shown is highlighted in orange.



The screenshot displays the 'Consumer History' interface. At the top, there is a breadcrumb trail: Home / Consumer Detail / Consumer History. Below this, a dropdown menu shows 'Abc Test Cns Transfer 1 Abc Test Cns Transfer 1'. The main content is divided into two sections: 'Address History' and 'Legal Representative History'.

Address History

Street Address	Set By	Set On	Current Status
1690 5th ave Okemos, MI 48864-	sparrowsecu1111	06/04/2020	✓

Legal Representative History

Name	Relationship	Created By	Created On	Modified By	Modified On	Current Status
test test ewrw	Attorney	sparrowsecu1111	06/04/2020			✓

Unlink Legal Rep from Consumer:

Only unlink if no longer the *Legal Rep*

There are two approaches to doing this.

First Approach:

- ❑ Once the **Legal Rep Menu** is expanded, click the **Unlink Consumer** menu option. The system displays the **Consumer Detail** screen.
- ❑ Once a Legal Rep is unlinked, the system will no longer display any information about the unlinked Legal Representative in the Legal Representative section as shown to the right highlighted in orange.

The screenshot displays the 'Consumer Detail' interface. At the top, there is a navigation bar with 'Home / Consumer Detail'. Below this is a dropdown menu showing 'Abc Test Cns Transfer 1 Abc Test Cns Transfer 1'. The main content area is divided into two panels: 'Personal Information' and 'Legal Representative'. The 'Personal Information' panel contains fields for Gender (M), SSN (666-66-6662), DOB (06/02/2020), Address (1690 5th ave Okemos, MI, 48864), Phone, Medicaid #, and Tracking Code. The 'Legal Representative' panel shows 'No Legal Representative Assigned'. A small blue icon with a lock symbol is visible in the top right corner of the 'Legal Representative' panel, which is highlighted with an orange border.

Second Approach:

This approach is used when the user wants to edit the Legal Representative information at the time of completing the 3877 Form.

- Initiate 3877-78 (the steps are given under 3877 Form)
- Land on Section 1

Form - 3877 (PAS)

Home / Form - 3877 (PAS)

Section 1 Section 2

Legal Information

Activated DPOA or Guardian
 Yes No

Legal Rep agreed to placement
 Yes No

I verify the legal information is accurate
 Yes No

Legal Representative 1 [Unlink Legal Rep](#) [Edit Legal Rep](#)

First Name	Last Name	Company Name	Representative Type	Telephone
test	test	ewrw	Activated DPOA	(334) 444-4444

Address Line 1	Address Line 2	City	State	Zip
1690 5th ave		Okemos	MI	48864

[Create Legal Rep](#)

[Cancel](#) [Save](#) [Print](#) [Reset](#) [↩](#)

- Click on the Create Legal Rep link on the bottom, highlighted in orange
- System will unlink the Legal Rep and display Legal Representative
- System will navigate back to the 3877 Form Section 1

Relink Consumer to Legal Rep:

- ❑ In order to relink the Legal Rep to the Consumer again, the user can navigate to the **Consumer Menu** and click the **View History** menu option. The system will display the **Consumer History** screen as shown below.

78

The screenshot displays the 'Consumer History' page for a user named 'Abc Test Cns Transfer 1'. It features two main tables: 'Address History' and 'Legal Representative History'. The 'Address History' table shows a single entry for '1690 5th ave, Okemos, MI 48864-' set by 'sparrowsecu1111' on '06/04/2020' with a 'Current Status' of a checkmark. The 'Legal Representative History' table shows an entry for 'test test' (with a red 'x' in the status) as an 'Attorney' set by 'sparrowsecu1111' on '06/24/2020'. The name 'test test' is highlighted with an orange box.

Address History			
Street Address	Set By	Set On	Current Status
1690 5th ave Okemos, MI 48864-	sparrowsecu1111	06/04/2020	✓

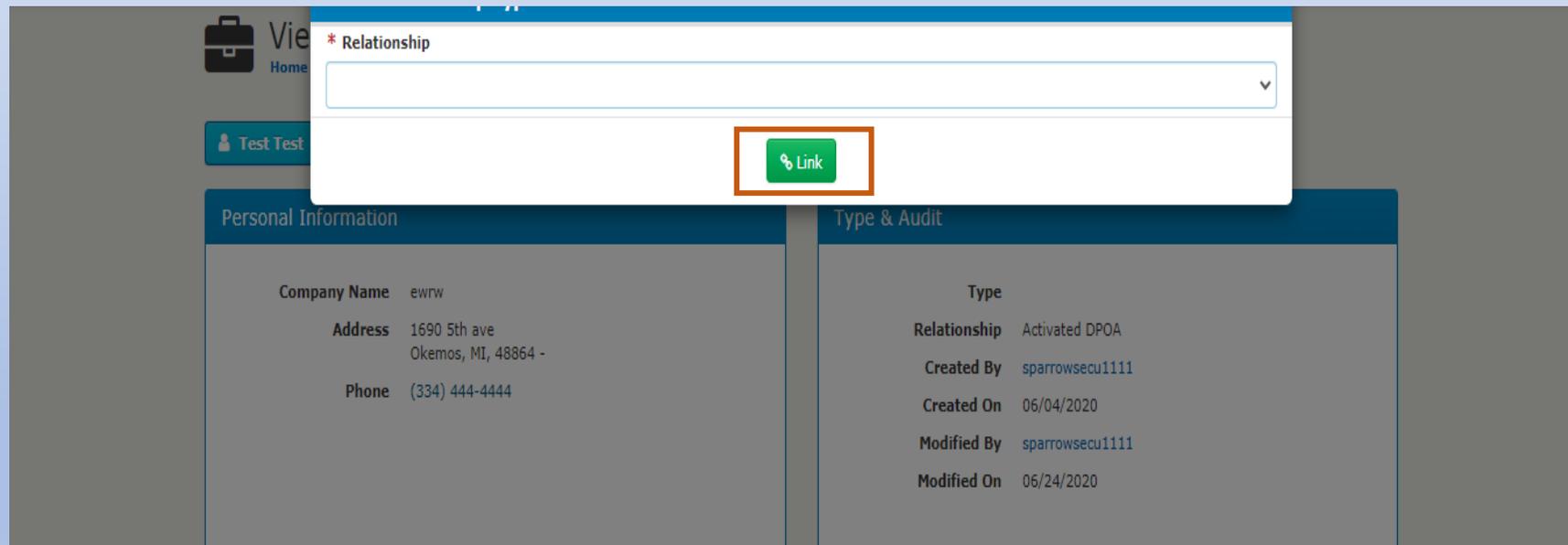
Legal Representative History						
Name	Relationship	Created By	Created On	Modified By	Modified On	Current Status
test test ewrw	Attorney	sparrowsecu1111	06/24/2020	sparrowsecu1111	06/24/2020	✗

An example of when this may be needed - If a guardianship has lapsed and the court order is reinstated.

- ❑ Clicking the **Legal Rep** name hyperlink as shown above highlighted in orange will display the **View Legal Representative** screen.

By expanding the **Legal Rep Menu** and clicking the **Link Consumer** menu option, the system displays the **Select Relationship Type** pop-up.

The user can then select the appropriate relationship. After selecting the appropriate relationship, click the **Link** button as shown below to establish the link back to the Consumer.



Consumer Actions

The screenshot shows a web application interface for "Consumer Detail". At the top, there is a breadcrumb trail: "Home / Consumer Search / Consumer Detail". Below this, a user profile for "Mary A. Smith" is displayed. The main content area is divided into three sections:

- Personal Information:** A table listing personal details for Mary A. Smith.

Gender	F
SSN	[REDACTED]
DOB	05/13/1922 (93)
Address	928 Holmes Road Lansing, MI 48910
Phone	(517) 555-1212
Medicaid #	1234567890
Tracking Code	1234567890
- Legal Representative:** A table listing the legal representative.

Legal Representative	Legally Right, LLC	Attorney
----------------------	--------------------	----------
- Consumer Status - Active (09/21/2015):** A table listing status and creation information.

Discharge Type	30 Month Rule	Created By	CEICMH
30 Month Rule Notes	-	Created On	09/21/2015 01:42:52 PM
Transfer Trauma	-		
Transfer Trauma Notes	-		

At the bottom of the page, there are two buttons: "Evaluation Search" and "Back To Search Results".

View Consumer Detail:

- Once the **Legal Rep Menu** is expanded, click the **Consumer Detail** menu option. The system displays the **Consumer Detail** screen.

Consumer Actions

Edit Consumer Details:

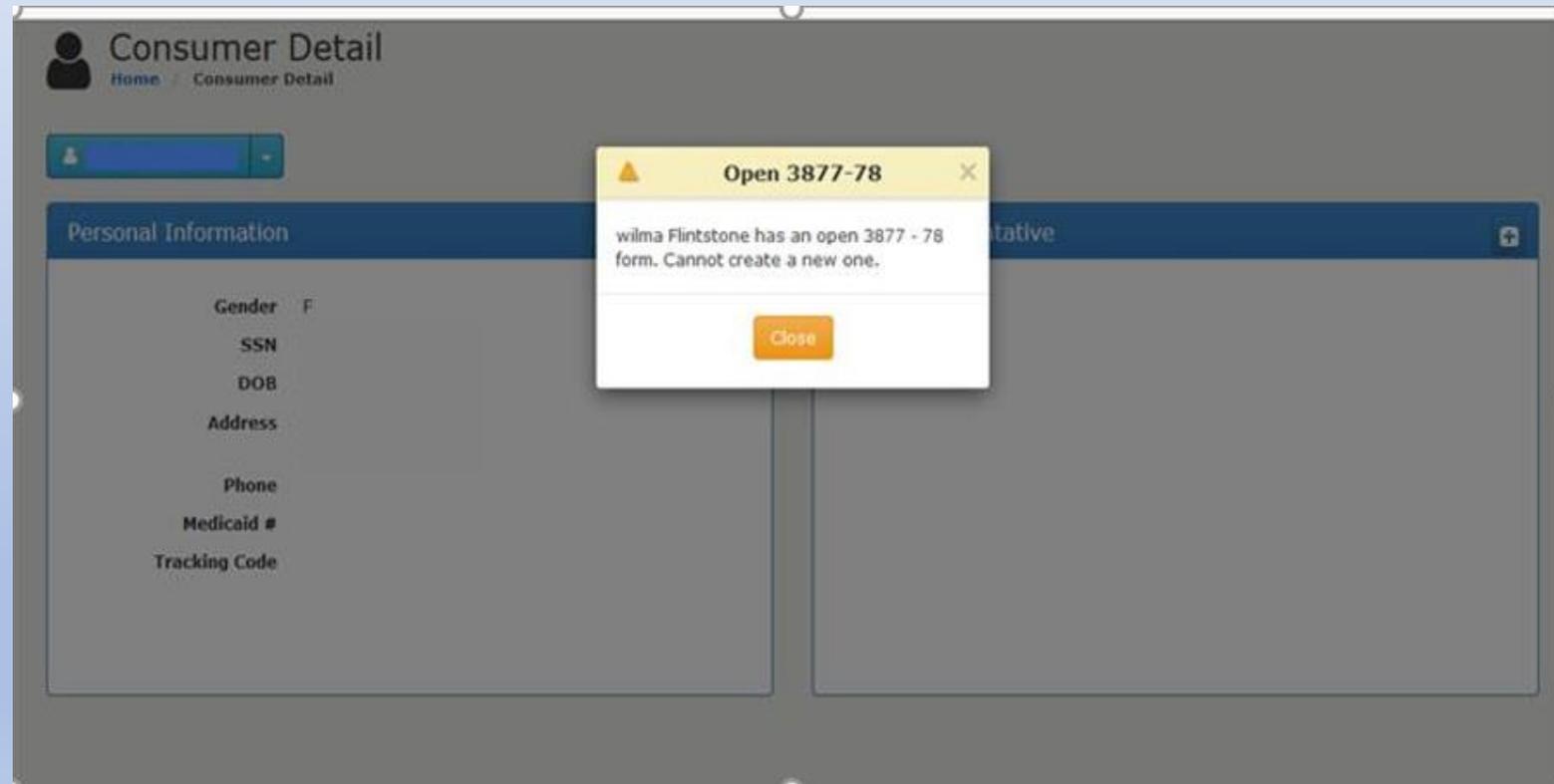
- ❑ Once the **Consumer Menu** is expanded, click the **Edit Consumer** menu option. The system displays the **Edit Consumer** screen. The user can choose to edit the fields on this screen and save the changes by clicking the **Save** button. **(refer to the Consumer section)**
- ❑ **Note:** *This option is available only for Role-3877 until 3877 form is submitted*

View Consumer History:

- ❑ Once the **Consumer Menu** is expanded, click the **View History** menu option. The system displays the **Consumer History** screen where all of the changes related to Consumer's Address and Legal Representative are located. **(Refer to the Consumer section)**

Initiate a New 3877-78:

- ❑ Once the **Consumer Menu** is expanded, click the **Initiate New 3877-78** menu option. The system displays the first screen for a new 3877. (refer to the **Evaluation section**)
- ❑ **Note:** *Only one screening can be in process for a Consumer at a time. The system will display an alert message for the user that the "Consumer has an open 3877-78. Cannot create a new one." Please call your local OBRA office.*



View Previous 3877-78:

Once the **Consumer Menu** is expanded, click the **View Previous Evaluations** menu option. The system will display the **3877-78 History** screen as shown below.

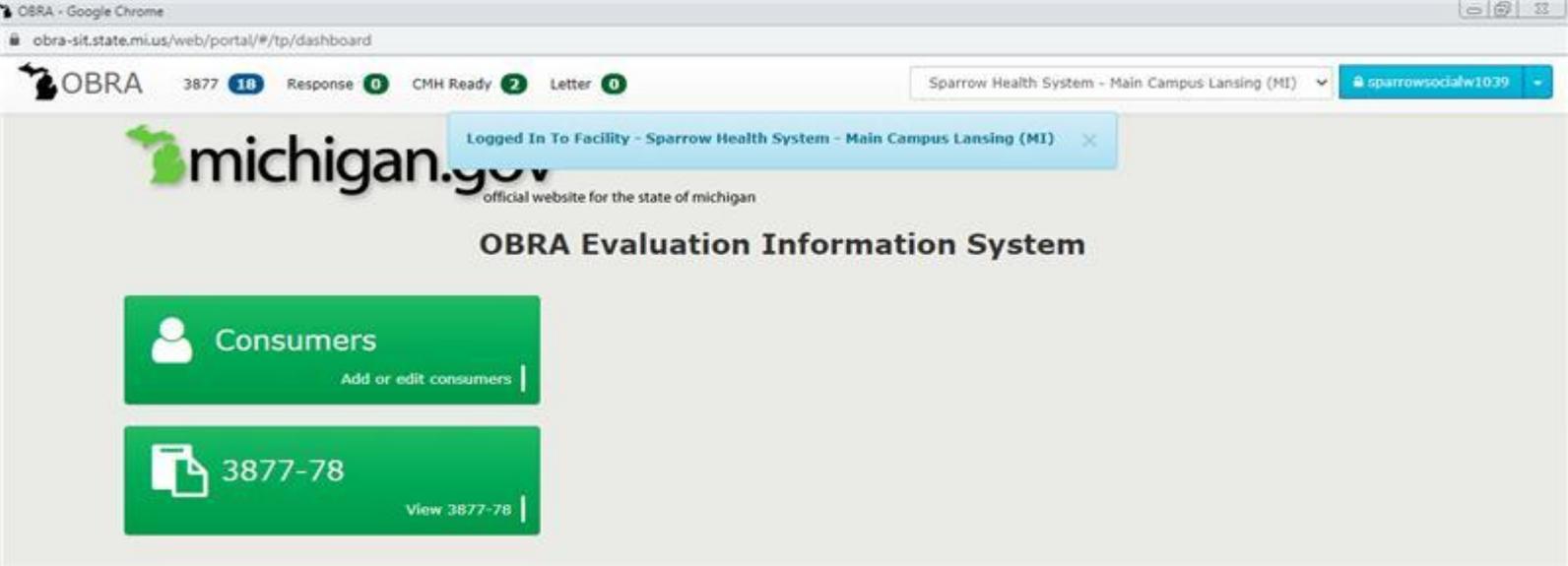
The screenshot displays a user interface for viewing previous evaluations. At the top left, there is a user profile dropdown menu showing 'TestNew Testnew'. Below this, there are controls for sorting and displaying records: 'Sort By' is set to 'Select', 'Show' is set to '10 entries', and 'Total Records: 1' is displayed. To the right of these controls are pagination buttons: '<<', '<', '1', '>', and '>>'. Below the controls is a table with the following data:

SSN	Last Name	First Name	3877 -78 Completed Date	Facility
343-44-4445	testnew	TestNew		Medilodge of Alpena

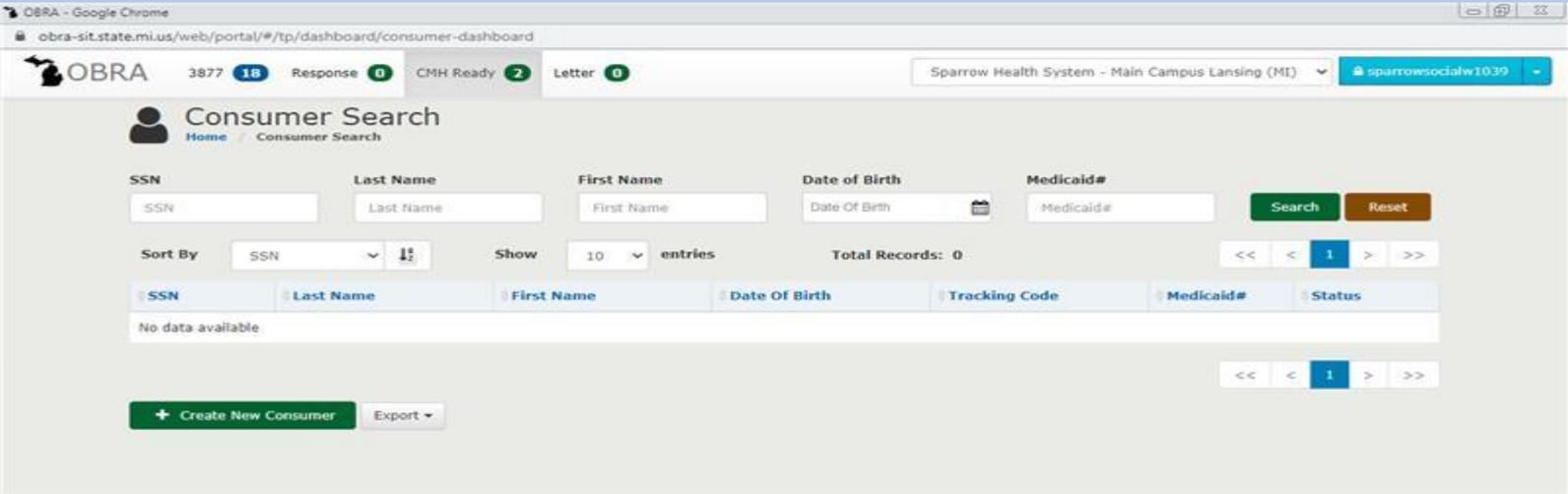
At the bottom left, there is a green button labeled '+ Initiate New 3877 - 78'. At the bottom right, there are additional pagination buttons: '<<', '<', '1', '>', and '>>'.

Creating a New 3877 and 3878

Once the user with the role Role-3877 has logged into the OBRA application and clicked on the OBRA link on the top left of the Splash Page, the system displays the Role-3877 **Main Dashboard** as shown below.



From the **Main Dashboard**, click the **Consumers** button. The screen below will be displayed.



Search for a consumer by entering the complete SSN and clicking on the “Search” button. The consumer record will be displayed.

Consumer Search

Home / Consumer Search

SSN: 111-11-1112 | Last Name: Last Name | First Name: First Name | Date of Birth: Date Of Birth | Medicaid#: Medicaid#

Search Reset

Sort By: SSN | Show: 10 entries | Total Records: 1

SSN	Last Name	First Name	Date Of Birth	Tracking Code	Medicaid#	Status
111-11-1112	2	Abc Cons Test 2 R Abc Cons	04/08/2020			Active

+ Create New Consumer | Export

Click on the Consumer record and land on the Consumer detail page. Under the consumer name drop down, click on Initiate 3877-78.

OBRA - Google Chrome

obra-sit.state.mi.us/web/portal/#/tp/dashboard/consumer-dashboard/consumer-detail/120824

OBRA 3877 18 Response 0 CMH Ready 2 Letter 0 Sparrow Health System - Main Campus Lansing (MI) sparrowsocialw1039

Consumer Detail

Home / Consumer Detail

Captain America

- View History
- Discharge Letter History
- View Previous 3877-78's
- Initiate 3877-78

DOB: 07/15/1980
Address: 3434774 main, lansing, MI, 48910
Phone:
Medicaid #:
Tracking Code:

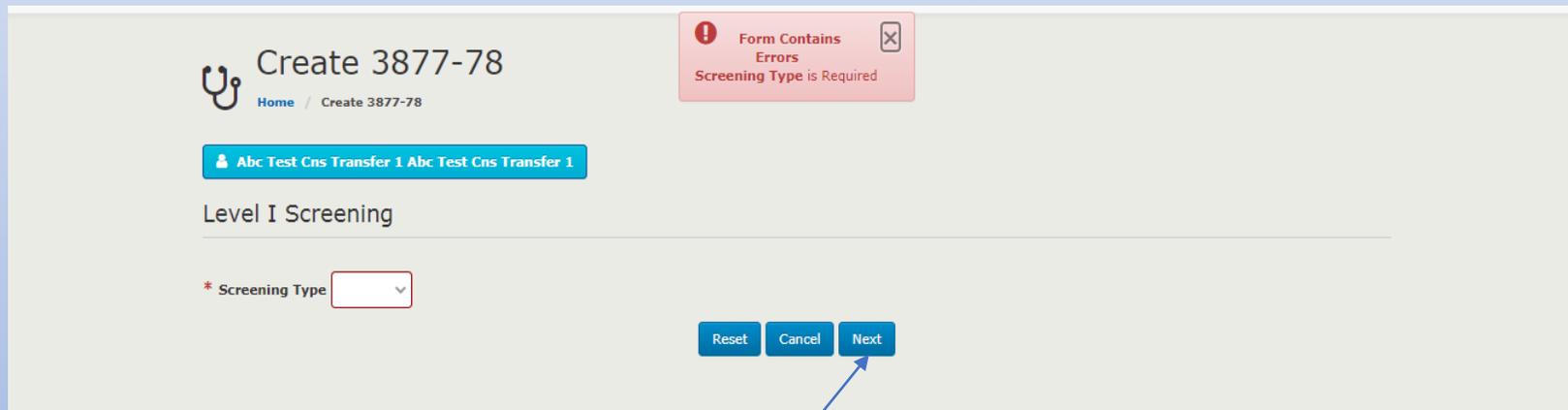
CMH Notes 0 | Legal Representative

System navigates to the Create 3877-78 Screen

Create 3877-78 screen

Fields that are suffixed with this icon  are required fields. Data must be entered in these fields.

Validation Errors: When the user fails to enter the screening type, the system displays error messages to the user asking them to fill in the required field. The missing required field will be highlighted in red for easy identification.



The screenshot shows a web form titled "Create 3877-78". At the top right, a red error message box states "Form Contains Errors" and "Screening Type is Required". Below the title, there is a breadcrumb trail "Home / Create 3877-78" and a blue button labeled "Abc Test Cns Transfer 1". The main section is titled "Level I Screening". A required field, "Screening Type", is shown with a red border and a red asterisk icon. At the bottom, there are three buttons: "Reset", "Cancel", and "Next". A blue arrow points from the "Next" button to the text below.

Once the user enters the screening, click the **Next** button to move to Section 1 of the 3877 Form.

3877 Section 1:

Existing Legal Representative Information (please verify) will be displayed as shown below.

Form - 3877 (PAS)
Home / Form - 3877 (PAS)

Section 1 | Section 2

Legal Information

Activated DPOA or Guardian: Yes No

Legal Rep agreed to placement: Yes No

I verify the legal information is accurate: Yes No

Legal Representative 1 Unlink Legal Rep Edit Legal Rep

First Name	Last Name	Company Name	Representative Type	Telephone
Legal	Last		Activated DPOA	(999) 929-8989

Address Line 1	Address Line 2	City	State	Zip
1000 test street		Lansing	MI	98989

Create Legal Rep

Cancel Save Print Reset

❑ 3877 Section 1, i.e. Legal Representative section will contain the following information:

- Activated DPOA (Y/N)?
- This question will be shown at the top
- This option defaults to NO when there are no Legal Representatives for the Consumer
 - If one or more Legal Representatives exist,
 - This option defaults to YES when there are existing Legal Representatives prepopulated
 - **Edit Legal Rep** button takes the user to the Legal rep screen and user can navigate back to the form when the changes are done (already covered under Legal Representatives)
 - Option to add new Legal Representative is given at the bottom of the Legal Representative section (already covered under Legal Representatives)
 - If Legal Representative does not exist
 - Default the “Activated DPOA (Y/N)?” to N
- Legal Representative agreed to Placement?
- When Yes is checked
 - User can enter rest of the information on the form
- When No is checked
 - Message is displayed “Do you want to reject form?” with Reject header. If Yes is clicked, user is taken to the 3877 Queue and the form status is rejected
- “I verify this Legal Information is accurate” with Yes and No Radio buttons
- This question will be repeated for each Legal Representative
- Mandatory question that needs to be answered

Legal Rep did not agree to placement – Warning message:

The screenshot displays a web interface for 'Form - 3877 (PAS)'. A modal dialog box titled 'Reject Form' is open, asking 'Are you sure, you want to reject the Form?' with 'Yes' and 'No' buttons. The background form shows several fields with radio buttons: 'Activated DPOA of consumer' (Yes/No), 'Legal rep agreed to placement' (Yes/No), and 'I verify the legal information is accurate' (Yes/No). There are also 'Unlink Legal Rep' and 'Edit Legal Rep' buttons at the bottom.

Button Functionality for 3877 and 3878 Forms:

Once the user with Role-3877 enters all required fields, he/she must certify the DCH-3877 form is accurate by marking the required box and then click the **Submit** button.



Back: Clicking this button will prompt the user about unsaved data and return the user to the previous screen.

Cancel: Clicking this button will prompt the user about unsaved data and return the user to the **3877-78 Search Page**.

Save: Clicking this button will prompt the user about unsaved data and keep the user on the same screen.

Print: Clicking this button will display, in PDF format in a new browser tab/window, the 3877 Form.

Reset: Clicking this button will clear the entered values.

Submit: Clicking this button submits the completed 3877 Form.

Next: Clicking this button will prompt the user about unsaved data and navigate the user to the next screen.

Until 3877 Form is submitted, the **3877** Queue will have a record indicating that there is an in-progress form. When the 3877 form is submitted, the **3877 queue** count reduces by 1.



Section 1

Section 2

Agency Information

* Referral Source

Sparrow Clinton Hospital - 805 S Oakland St, St. Johns - 48879

Telephone Number

9892273400

Admission date to nursing facility (proposed or actual)



Nursing Facility Name

County Name

CLINTON

3877 Section 2:

* This section of form must be completed by a Registered Nurse, Licensed Bachelor or Master Social Worker, Licensed Professional Counselor, Psychologist, Physician's Assistant, Nurse Practitioner or a Physician

Screening Criteria (All 7 items must be completed.)

1. The person has a current diagnosis of:

Mental Illness **Dementia** **Both**

Yes **No**

2. The person has received treatment for:

Mental Illness **Dementia (within the past 24 months)** **Both**

Yes **No**

3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days.

Yes **No**

4. There is presenting evidence of mental illness or dementia including significant disturbances in thought, conduct, emotions, or judgment. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty completing tasking, or serious difficulty interacting with others.

Yes **No**

5. The person has a diagnosis of intellectual/developmental disability or a related condition, including but not limited to epilepsy, autism, or cerebral palsy, and this diagnosis manifested before the age of 22.

Yes **No**

6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have intellectual/developmental disability or a related condition.

Yes **No**

7. Qualifies for Exemption? (Coma, Dementia, Hospital Exempt Discharge)

Yes **No**

If any 'yes', please explain:

Insert mental health diagnosis and antipsychotic and/or antidepressant medications

Note:

The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are "Yes" UNLESS a physician, nurse practitioner or physician's assistant certifies on form DCH-3878 that the person meets at least one of the exemption criteria.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Name:

User Sparrowsec

Qualifications:

LMSW - Licensed Master Social Worker
LBSW - Licensed Bachelor Social Worker
LLBSW - Limited Licensed Bachelor Social Worker

Address:

805 S Oakland St
St. Johns 48879

AUTHORITY:

Title XIX of the Social Security Act.

COMPLETION:

Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

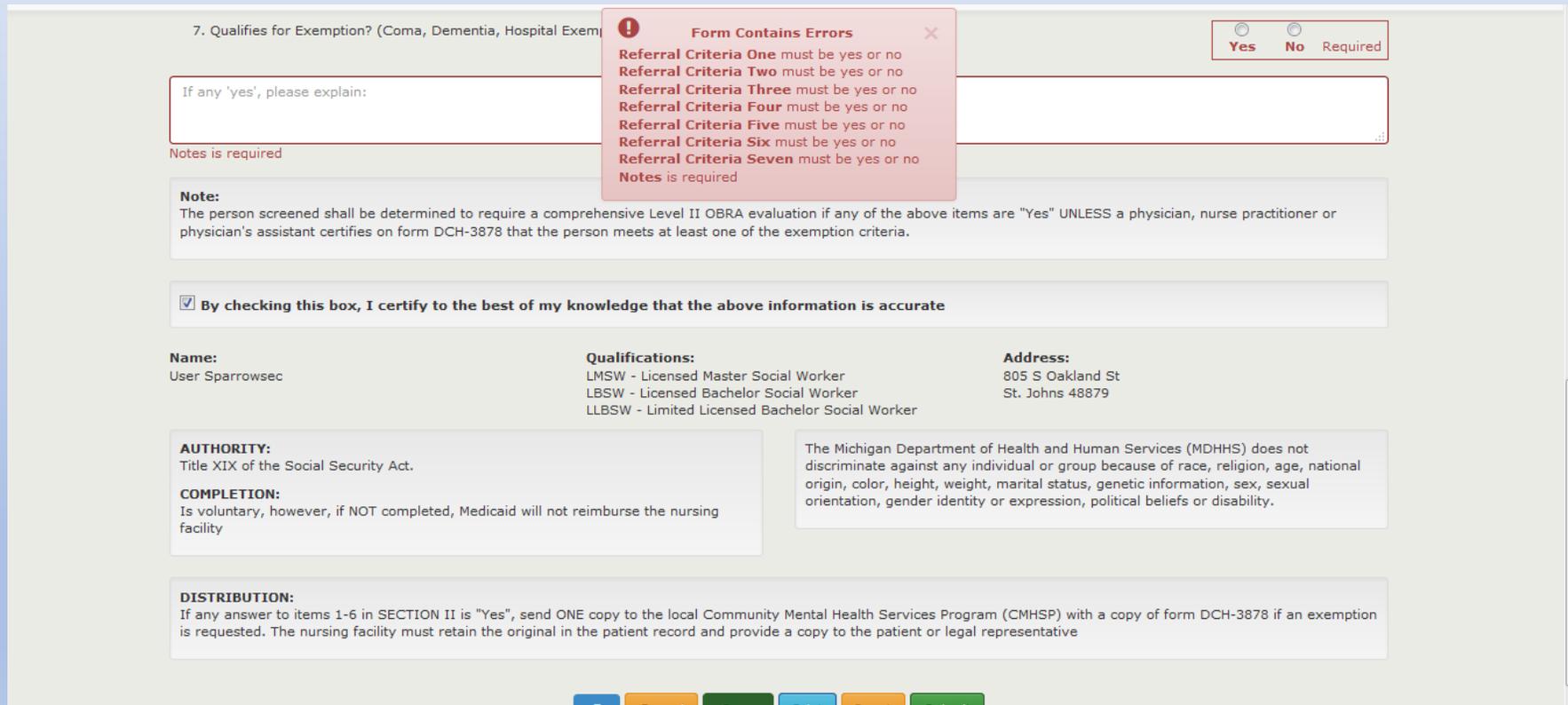
DISTRIBUTION:

If any answer to items 1-6 in SECTION II is "Yes", send ONE copy to the local Community Mental Health Services Program (CMHSP) with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative



Fields that are suffixed with this icon  are required fields. Data must be entered in these fields.

Validation Errors: When the user fails to enter any of the required fields, the system displays error messages to the user asking them to fill in the required field. The missing required fields are highlighted in red for easy identification.



The screenshot shows a web form titled "7. Qualifies for Exemption? (Coma, Dementia, Hospital Exem...". A red error message box is overlaid on the form, stating "Form Contains Errors" and listing several required fields that are missing: Referral Criteria One, Two, Three, Four, Five, Six, and Seven, as well as a "Notes" field. The form includes a text input field for "If any 'yes', please explain:" with a red border and the text "Notes is required" below it. Below this is a "Note" section with text about OBRA evaluations. A checkbox is checked with the text "By checking this box, I certify to the best of my knowledge that the above information is accurate". The form also contains sections for "Name" (User Sparrowsec), "Qualifications" (LMSW, LBSW, LLBSW), and "Address" (805 S Oakland St, St. Johns 48879). There are also sections for "AUTHORITY", "COMPLETION", and "DISTRIBUTION". At the bottom, there are several buttons: "Cancel", "Save", "Print", "Next", "Back", and "Submit".

7. Qualifies for Exemption? (Coma, Dementia, Hospital Exem... Yes No Required

If any 'yes', please explain: Notes is required

Note:
The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are "Yes" UNLESS a physician, nurse practitioner or physician's assistant certifies on form DCH-3878 that the person meets at least one of the exemption criteria.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Name:
User Sparrowsec

Qualifications:
LMSW - Licensed Master Social Worker
LBSW - Licensed Bachelor Social Worker
LLBSW - Limited Licensed Bachelor Social Worker

Address:
805 S Oakland St
St. Johns 48879

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

DISTRIBUTION:
If any answer to items 1-6 in SECTION II is "Yes", send ONE copy to the local Community Mental Health Services Program (CMHSP) with a copy of form DCH-3878 if an exemption is requested. The nursing facility must retain the original in the patient record and provide a copy to the patient or legal representative

Cancel Save Print Next Back Submit

Once the user enters all required fields, click the Submit button to complete the 3877 Form. Upon submit, a printed PDF of the form displays in a new window.

Note:

Agency Information on Section 1:

- *The Telephone Number, County Name and Facility Address are auto populated based on the Referring Agency Name*

Section 2: Signature:

- *The signature section is auto populated with the user that is completing the form at that point in time*
- *The signature section has the following information:*
 - *Name*
 - *Name of the user*
 - *Degree/License*
 - *Degree/License of the user*
 - *Address*
 - *Affiliated address of the facility for the 3877 User*

On Submission, Digital Signature is mandatory

Land on 3877 Form from 3877 Queue

The screenshot shows a web application interface for the OBRA 3877 Queue. The URL is `obra-sit.state.mi.us/web/portal/#/tp/dashboard/leveloneQueue/3877`. The interface includes a navigation bar with the OBRA logo, a search bar, and several status indicators: 3877 (18), Response (0), CMH Ready (2), and Letter (0). The main content area is titled "3877-78 Queue - 3877" and includes a breadcrumb trail "Home / 3877-78 Queue". Below the title, there are controls for sorting (Screening Typ), showing 10 entries, and a total record count of 18. A table displays the following data:

Screening Type	Status	Submitted Date	Last Name	First Name	SSN	Facility	Assignee	Warning
PAS	Assigned	08/31/2020					Worker SparrowSocial	Past 15
PAS	Rejected	09/01/2020	Six	Scenario	264-87-7432	Medilodge of Okemos	Worker SparrowSocial	Past 15
PAS	Assigned	09/01/2020					Worker Hospitalsocial	Past 15
PAS	Rejected	08/31/2020	Mouse	Minnie	777-77-7775	Medilodge of Campus Area	Worker SparrowSocial	Past 15
PAS	Rejected	09/01/2020	Duck	Daffy	777-77-7778	Medilodge of Okemos	Worker Hospitalsocial	Past 15
PAS	Assigned	09/01/2020					worker hospitalsocial	Past 15
PAS	Assigned	09/01/2020					worker hospitalsocial	Past 15
PAS	Assigned	09/01/2020					Worker Hospitalsocial	Past 15
PAS	Assigned	09/01/2020					worker hospitalsocial	Past 15
PAS	Assigned	09/03/2020					worker hospitalsocial	Past 15

The user also can land on the 3877 form by clicking on

- Assigned** for in progress records
- Rejected** for rejected records

Important points for the DCH 3877 – Level I Form:

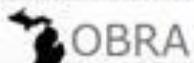
- ❑ *The screening type on the drop down depends on where the user is located.*
 - *If the user is associated with a Hospital, the drop down selected will be a PAS (Preadmission Screen) or HED (Hospital Exempted Discharge).*
 - *If the user is associated with a Nursing Facility, the drop down selected will be a ARR (Annual Resident Review) or CIC (Change in Condition).*

- ❑ *How to fill a 3877 Form- Entry Points:*
 - MI Login home page -> MDHHS OBRA -> 3877 Module -> Initiate 3877/78
 - Click on **Assigned** link from 3877 Queue to land on **In Progress 3877**
 - Click on **Assigned** link from 3877/78 Listing Page to land on **In Progress 3877**
 - Click on **3877** link on 3877/78 Detail screen to land on a **Completed 3877**
 - Click on **Completed** link on 3877/78 Listing screen to land on a **Completed 3877**
 - Click on **Rejected** link from 3877/78 Listing Page to land on a **Rejected 3877**

Land on 3877 Form from 3877-78 Search module

Click on the 3877-78 Module

The screenshot shows the Michigan.gov website header with the logo and the text "official website for the state of michigan". Below this is the title "OBRA Evaluation Information System". There are two green buttons: "Consumers" with a person icon and the text "Add or edit consumers |", and "3877-78" with a document icon and the text "View 3877-78 |". The "3877-78" button is highlighted with a red border, and a blue arrow points from the text "Click on the 3877-78 Module" to it.



3877 **18** Response **0** CMH Ready **2** Letter **0**

Sparrow Health System - Main Campus Lansing (MI)

sparrowsocialw1039



3877-78 Search

[Home](#) / [3877-78 Search](#)

SSN

Last Name

First Name

Screening Type

3877-78 Status

3877 Status

3878 Sta **SSN**

3877 Submitted Date

3878 Submitted Date

Admission Date

Exemption Criteria

Search

Reset

Sort By

Screening Typ

Show

10

entries

Total Records: 0

<<

<

1

>

>>

Screening Type

3877-78 Status

3877

3878

Submitted Date

Last Name

First Name

SSN

Facility

No data available

<<

<

1

>

>>

User lands on 3877-78 Search.



Select appropriate value (multi select) from the Form Status dropdown and click on Search

Type: g Type
3877-78 Status: 3877-78 Status
3877 Status: 3877 Status
Submission Date: [Calendar Icon]
Exemption Criteria: Exemption Criteria

- Select All
- Assigned
- Completed
- Rejected

3877-78 Search

Home / 3877-78 Search

SSN: [SSN] Last Name: [Last Name] First Name: [First Name] Screening Type: [Screening Type] 3877-78 Status: [3877-78 Status] Form Status: [Assigned]

[Search] [Reset]

Sort By: [Screening Typ] Show: [10] entries Total Records: 5

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
PAS	In Progress	Assigned		04/30/2020	xyz1	abcde	123-12-1234	
PAS	In Progress	Assigned		06/24/2020	Doe	John	999-09-9999	
PAS	In Progress	Assigned		04/28/2020	SecondNewL	SecondNewF	112-32-2222	

3878 Form

3878 Form is generated when answer to the 7th Question from the 3877 Referral Criteria is marked as “YES”.

2. The person has received treatment for:

Mental Illness Dementia (within the past 24 months) Both

3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days.

4. There is presenting evidence of mental illness or dementia including significant disturbances in thought, conduct, emotions, or judgment. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty completing tasking, or serious difficulty interacting with others.

5. The person has a diagnosis of intellectual/developmental disability or a related condition, including but not limited to epilepsy, autism, or cerebral palsy, and this diagnosis manifested before the age of 22.

6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have intellectual/developmental disability or a related condition.

7. Qualifies for Exemption? (Coma, Dementia, Hospital Exempt Discharge)  Yes No

N/A

A user can navigate to the 3878 Form in the following ways:

- ✓ MI Login home page -> MDHHS OBRA -> 3878 Module -> 3878 Link
- ✓ MI Login home page -> MDHHS OBRA -> 3878 Queue -> click on Form Status
- ✓ Click on **Assigned** link from 3878 Queue for **In Progress** 3878 Form
- ✓ Click on **Assigned** link from 3877/78 Listing Page for **In Progress** 3878 Form
- ✓ Click on **3878** link on 3877/78 Detail screen for a **completed** 3878 Form
- ✓ Click on **Completed** link on 3877/78 Listing screen for a **completed** 3878 Form
- ✓ Rejected 3878 -> Click on Rejected link from the 3877/78 Listing Page for a Rejected 3878 Form

OBRA - Mozilla Firefox
https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneQueue/3878

OBRA 3878 2 Sparrow Clinton Hospital St. Johns (MI) doctorsparrowu1111

3877-78 Queue - 3878

Home / 3877-78 Queue

Sort By: Screening Type ↓ Show: 10 entries Total Records: 2

Screening Type	Status	3877	Submitted Date	Last Name	First Name	SSN	Facility	Assignee
HED	Rejected	Rejected	04/30/2020	xyz1	abcde	123-12-1234	Advantage Living Center - Armada	Test caseworker
PAS	Assigned	Completed	06/25/2020	Doe	John	999-09-9999	Aberdeen Rehabilitation and Skilled Nursing Center	

3878 Section 1

 **Form - 3878 (PAS)**
[Home](#) / [Form - 3878 \(PAS\)](#)

Section 1 Section 2

Patient Information

* **First Name** **MI** * **Last Name** **Suffix**

John MI Doe Suffix

*** Date Of Birth**

01/01/1999

Agency Information

* **Referring Agency Name** **Telephone Number** **Admission date to nursing facility (proposed or actual)**

Sparrow Clinton Hospital 9892273400 Admission date to nursing facility

Nursing Facility Name (proposed or actual) **County Name** **Facility Address**

Aberdeen Rehabilitation and Skilled Nursing Center CLINTON 805 S Oakland St
St. Johns 48879

- ❑ Section 1 should be auto populated from 3877 Form
 - Patient Information
 - Agency Information
- ❑ User clicks on Section 2 or clicks on “->” arrow from Section 1.

3878 Section 2 - View prior to exemption selected



Form - 3878 (PAS)

[Home](#) / [Form - 3878 \(PAS\)](#)

Section 1 Section 2

* Exemption Criteria Coma Dementia Hospital Exempted Discharge (HED)

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name:
User DoctorSparrow

Date:
Jun 25, 2020

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

COPY DISTRIBUTION:

ORIGINAL - Nursing Facility retains in Patient file
COPY - Attach to form DCH-3877 and send to Local Community Mental Health Services Program (CMHSP)
COPY - Patient Copy or Legal Representative

[↶](#) [Reset](#) [Save](#) [Print](#) [Cancel](#) [Reject](#) [Submit](#)

If the 3878 User/Provider selects **Coma**

Question is defaulted to Yes

Section 1 | Section 2

* Exemption Criteria Coma Dementia Hospital Exempted Discharge (HED)

COMA:

No Yes I certify the patient under consideration is in a coma/persistent vegetative state

Sign and Submit the form to 3877 User.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name: User DoctorSparrow **Date:** Jun 25, 2020

AUTHORITY: Title XIX of the Social Security Act.

COMPLETION: Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

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COPY - Patient Copy or Legal Representative

Reset Save Print Cancel Reject Submit

If the 3878 User/Provider selects Dementia and answers **YES** to all three questions it will trigger a request to select the **“Type of Dementia”** and answer the remaining questions.

Note: If User selects Dementia

- Only Dementia section appears
- If answer to Question 1 in Dementia is Yes, proceed to Question 2
- If answer to Question 3 in Dementia is Yes, proceed to sub section under Dementia to describe the type of Dementia and further questions related to Dementia
- If answer to Questions 3 or 4 within the subsection is No, then Reject option appears with a box to enter the comments

Section 1 Section 2

* Exemption Criteria Coma Dementia Hospital Exempted Discharge (HED)

DEMENTIA:

No Yes I certify the patient under consideration does not have an intellectual disability, developmental disability or a related condition

No Yes I certify the patient under consideration does not have another primary psychiatric diagnosis of a serious mental illness

No Yes I certify the patient under consideration has dementia as established by clinical examination and evidence of meeting ALL 5 criteria below

Specify the type of dementia ?

Type Of Dementia

No Yes

No Yes

Alzheimer's Type

Vascular Dementia

Other General Medical Conditions

Substance - Induced Persisting Dementia

Not Otherwise Specified

Yes No

* Impaired judgment, as indicated by inability to make reasonable plans to deal with interpersonal, family and job-related issues.

Yes No

* Other disturbances of higher cortical function, i.e., aphasia, apraxia and constructional difficulty

Yes No

* Personality change: altered or accentuated premorbid traits.

Yes No

No Yes

3. Disturbances in items 1 or 2 above significantly interfere with work, usual activities or relationships with others.

4. EITHER:

a) Medical history, physical exam and/or lab tests show evidence of a specific organic factor judged to be etiologically related to the disturbance, OR

Yes No

b) An etiologic organic factor is presumed in the absence of such evidence if the disturbance cannot be accounted for by any non-organic mental disorder.

Yes No

Sign and Submit the form to 3877 User.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name: User DoctorSparrow Date: Jun 25, 2020

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
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COPY - Patient Copy or Legal Representative

Reset Save Print Cancel Reject Submit

Dementia Exemption is only used when symptoms supersede all mental health interventions and treatment



If the 3878 User/Provider selects **HED** (Hospital Exempted Discharge)

Note: This option is available only to Hospital Facility types and **cannot** be used from a hospital's Emergency Room or from an Observation type of admission, a psychiatric hospital admission, home, or any outpatient setting.

Note:

- There will be a message to the user "Screening type will be changed to HED" to communicate that once the user submits the form, the screening type will be changed
- If answer to any of the questions in the HED section is No, then Reject option appears with a box to enter the comments

Section 1 Section 2

* Exemption Criteria Coma Dementia Hospital Exempted Discharge (HED)

HOSPITAL EXEMPT DISCHARGE (HED):

No Yes 1. Is being admitted after a medical in-patient hospital stay (cannot be from OBS/Psych/Home/ED).

No Yes 2. Requires nursing facility services for the condition for which he/she received hospital care (physical or occupational therapy or IV therapy), AND

No Yes 3. Is likely to require less than 30 days of nursing facility services.

Screening type will be changed to HED.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name: User DoctorSparrow **Date:** Jun 25, 2020

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
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COPY - Patient Copy or Legal Representative

Reset Save Print Cancel Reject Submit

Rejecting a 3878 will also reject the 3877 Form

The 3878 user/provider can reject the screening for various reasons. In order to reject a Coma, a Dementia or an HED, the user would select “No” to any of the questions, according to the rules, given under each screenshot in the previous section. The following Reject text box would then appear.

HOSPITAL EXEMPT DISCHARGE (HED):

<input type="radio"/> No	<input checked="" type="radio"/> Yes	1. Is being admitted after a medical in-patient hospital stay (cannot be from OBS/Psych/Home/ED).
<input type="radio"/> No	<input type="radio"/> Yes	2. Requires nursing facility services for the condition for which he/she received hospital care (physical or occupational therapy or IV therapy), AND
<input checked="" type="radio"/> No	<input type="radio"/> Yes	3. Is likely to require less than 30 days of nursing facility services.

Form 3878 Not required. Please Reject the form.

Reason for Rejection, please explain:

No Yes

Form 3878 Not required. Please Reject the form.

Rejecting this form.

Screening type will be changed to HED.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name:
User DoctorSparrow

Date:
Jun 25, 2020

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
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COPY - Patient Copy or Legal Representative

⏪ Reset Save Print Cancel **Reject** Submit

Enter the text under the box shown above and click on **Reject**.

Error messages during submission

The below table shows the error messages that user can face during submission

Error	Screen/Section	Scenario	Error Message
1	Section 2 – Dementia	When enabled, Question 2 is not Selected	DEMENTIA Criteria 2 must be answered
2	Section 2 – Dementia	When enabled, Question 2 is Yes, Question 3 is not Selected	DEMENTIA Criteria 3 must be answered
3	Section 2 – Dementia	When enabled, Question 1 and 2 are Yes, Question 3 is not Selected	Dementia Question Three should be Yes or No
4	Section 2 – Type of Dementia	Type of Dementia dropdown not selected	Type of Dementia must be answered
5	Section 2 – Type of Dementia	When enabled, Question 1 under Type of Dementia not selected	Type of Dementia Question 1 must be answered
6	Section 2 – Type of Dementia	When enabled, Question 2 under Type of Dementia not selected	Type of Dementia Question 2 must be answered
7	Section 2 – Type of Dementia	When enabled, Question 2 under Type of Dementia is selected, at least one of four questions is not answered	Type of Dementia Question 2 at least one category must be answered
8	Section 2 – Type of Dementia	When enabled, Question 3 under Type of Dementia not selected	Type of Dementia Question 3 must be answered
9	Section 2 – Type of Dementia	When enabled, Question 4 under Type of Dementia not selected	Type of Dementia Question 4 must be answered
10	Section 2 – Type of Dementia	When enabled, Question 4 under Type of Dementia is selected, at least one of the Two questions is not answered	Type of Dementia Question 4 category is required
11	Section 2 – Hospital Exempt Discharge	When enabled, Question 2 under HED not selected	HED Criteria 2 must be answered
12	Section 2 – Hospital Exempt Discharge	When enabled, Question 3 under HED not selected	HED Criteria 3 must be answered
13	Section 2	Digital signature box not selected while trying to submit	Digital Signature is Required

Once the 3878 User has logged into the OBRA application, the system displays a list of 3878 forms that have been assigned.

OBRA - Mozilla Firefox
https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneQueue/3878

OBRA 3878 Sparrow Clinton Hospital St. Johns (MI) doctorsparrowu1111

3877-78 Queue - 3878

Sort By: Screening Type Show: 10 entries Total Records: 2

Screening Type	Status	3877	Submitted Date	Last Name	First Name	SSN	Facility	Assignee
HED	Rejected	Rejected	04/30/2020	xyz1	abcde	123-12-1234	Advantage Living Center - Armada	Test caseworker
PAS	Assigned	Completed	06/25/2020	Doe	John	999-09-9999	Aberdeen Rehabilitation and Skilled Nursing Center	

- On Submission, checking the Digital Signature box is mandatory
- 3878 Status:**
 - Upon rejection, the 3878 and 3877 statuses will be “Rejected”
 - Upon successful submit, the 3878 status will be “Completed”
- Save:** Save the data but stays on the page
- At any point in time user wants to exit out of the form,
 - Click on the OBRA Dashboard link on top left
 - Click on any of the queues on top right

3877 User working on a Rejected Form

Once the 3878 User rejects the form, the **Role-3877** User sees the record in the 3877 Queue.

Click on **Rejected** link under the status column.

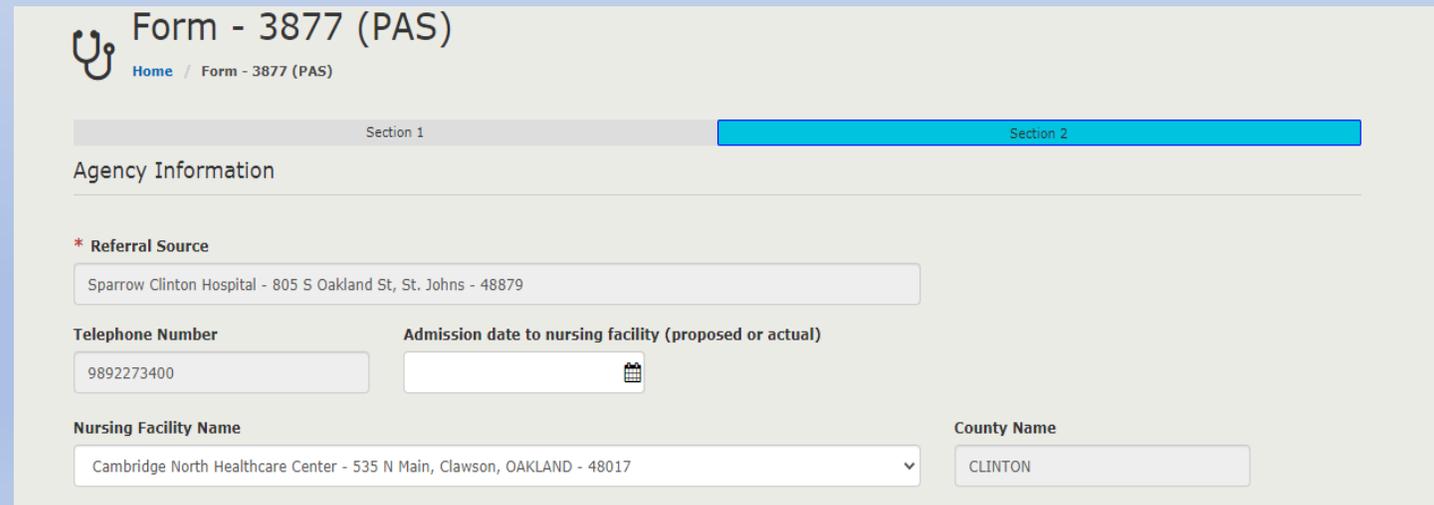


3877-78 Queue - 3877
Home / 3877-78 Queue

Sort By: Screening Typ ↓ Show: 10 entries Total Records: 2

Screening Type	Status	Submitted Date	Last Name	First Name	SSN	Facility	Assignee	Warning
HED	Rejected	04/30/2020	xyz1	abcde	123-12-1234	Advantage Living Center - Armada	Test caseworker	Past 30
PAS	Rejected	06/26/2020	Doe	Joe	909-09-9090	Cambridge North Healthcare Center	User Sparrowsec	

User will land on the 3877 Record.
Navigate to Section 2.



Form - 3877 (PAS)
Home / Form - 3877 (PAS)

Section 1 Section 2

Agency Information

* Referral Source
Sparrow Clinton Hospital - 805 S Oakland St, St. Johns - 48879

Telephone Number: 9892273400
Admission date to nursing facility (proposed or actual): [Calendar icon]

Nursing Facility Name: Cambridge North Healthcare Center - 535 N Main, Clawson, OAKLAND - 48017
County Name: CLINTON

Rejection comments will be visible at the bottom.

Rejection Comment

Examples – Does not meet Dementia Exemption criteria or will require more than 30 days of subacute rehabilitation

3878 required

Note:

The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are "Yes" UNLESS a physician, nurse practitioner or physician's assistant certifies on form DCH-3878 that the person meets at least one of the exemption criteria.

By checking this box, I certify to the best of my knowledge that the above information is accurate

Name:

User Sparrowsec

Qualifications:

LMSW - Licensed Master Social Worker
LBSW - Licensed Bachelor Social Worker
LLBSW - Limited Licensed Bachelor Social Worker

Address:

805 S Oakland St
St. Johns 48879

AUTHORITY:

Title XIX of the Social Security Act.

COMPLETION:

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3877-78 Search

From the main dashboard, click the **3877-78** button. The screen below displays.

113

The screenshot displays the '3877-78 Search' interface. At the top left, there is a document icon and the title '3877-78 Search' with a breadcrumb 'Home / 3877-78 Search'. Below this is a search filter section with six input fields: 'SSN' (text), 'Last Name' (text), 'First Name' (text), 'Screening Type' (dropdown), '3877-78 Status' (dropdown), and 'Form Status' (dropdown). Below the filters are two buttons: a green 'Search' button and a brown 'Reset' button. Underneath the buttons is a 'Sort By' dropdown set to 'Screening Typ' with a sort icon, a 'Show' dropdown set to '10' with the label 'entries', and 'Total Records: 0'. To the right of these are pagination controls: '<<', '<', '1', '>', '>>'. Below the controls is a table header with columns: 'Screening Type', '3877-78 Status', '3877', '3878', 'Submitted Date', 'Last Name', 'First Name', 'SSN', and 'Facility'. At the bottom right, there are another set of pagination controls: '<<', '<', '1', '>', '>>'.

Search screen. Once criteria are entered, click the **Search** button and the system displays the records generated based on the criteria entered as shown below.

Note:

The records returned will vary based on the permissions assigned to the user; e.g., a user with View Only permissions can only view Screenings with Completed forms.

On the Module, select the filter “Waiting for NF” on the Search filter as shown below.

Your search result:

The screenshot shows the search interface with the '3877-78 Status' dropdown menu open. The menu options are: Select All, All No's, In Progress, Not Needed, Waiting for NF, **NF Assigned** (highlighted with a red box), NF Admitted, Form Complete, and Level-II Ready. The 'Total Records' is 0.

The screenshot shows the search results for 'Waiting for NF'. The '3877-78 Status' dropdown is set to 'Waiting for NF'. The 'Form Status' dropdown is set to 'Form Complete'. The search results table shows one record:

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
HEU	Waiting for NF	Completed	Completed	06/26/2020	Doe	Joe	909-09-9090	Cambridge North Healthcare Center

Process Flow for HED Case:

Step 1 – Land on the 3877-78 Detail page:

Once the 3878 is completed by the **User Role-3878** with HED option, the **Role-3877** User must go to the dashboard and click on the 3877-78 Module.

On the Module, select the filter “Waiting for NF” on the Search filter as shown below.

The screenshot shows the '3877-78 Search' page. The search filters include SSN, Last Name, First Name, Screening Type, 3877-78 Status, and Form Status. The 3877-78 Status dropdown menu is open, showing options: All No's, In Progress, No Needed, **Waiting for NF** (highlighted with a red box), NF Assigned, NF Admitted, Form Complete, Level-II Ready, and Completed. The table below shows 0 total records.

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
----------------	----------------	------	------	----------------	-----------	------------	-----	----------

Search result:

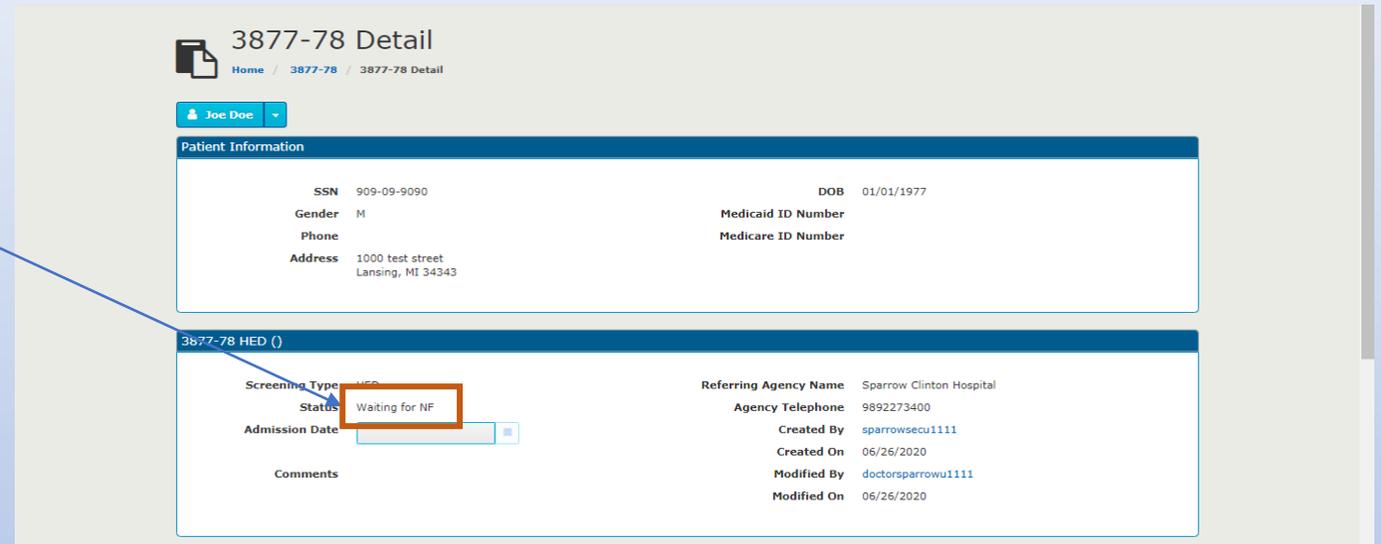
Click on the **HED** link.

The screenshot shows the '3877-78 Search' page with the 3877-78 Status filter set to 'Waiting for NF'. The table now shows 1 total record. The 'HED' link in the first column of the table is highlighted with a red box.

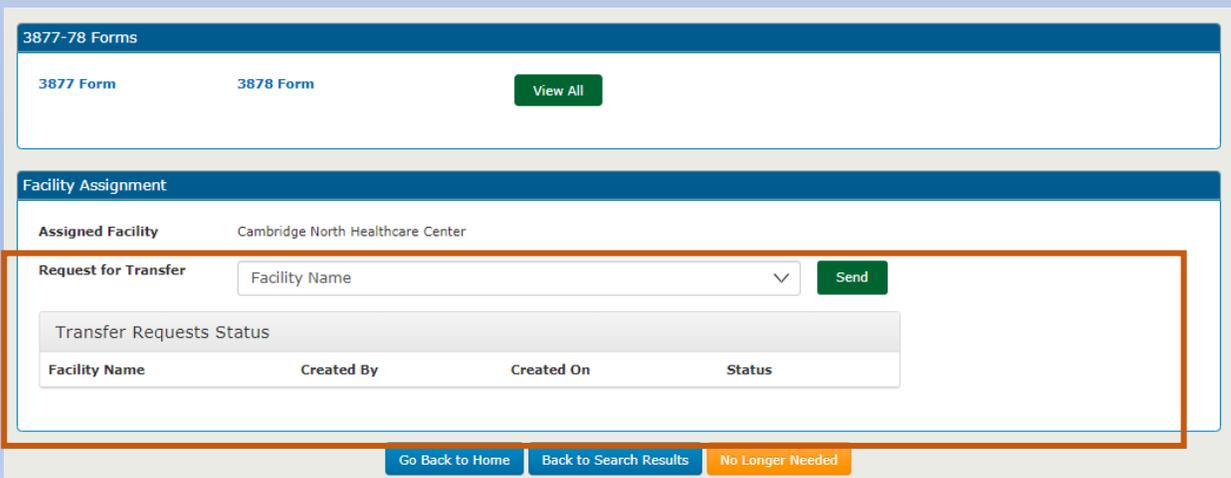
Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
HED	Waiting for NF	Completed	Completed	06/26/2020	Doe	Joe	909-09-9090	Cambridge North Healthcare Center

Step 2 – Send Consumer Admission request to single or multiple facilities:

System navigates to the 3877-78 Detail Page. Please note that the status of the screening would read “Waiting for NF”.



The screenshot shows the '3877-78 Detail' page. At the top, there is a breadcrumb trail: Home / 3877-78 / 3877-78 Detail. Below this is a user profile for 'Joe Doe'. The main content is divided into two sections: 'Patient Information' and '3877-78 HED ()'. The 'Patient Information' section includes fields for SSN (909-09-9090), Gender (M), Address (1000 test street, Lansing, MI 34343), DOB (01/01/1977), Medicaid ID Number, and Medicare ID Number. The '3877-78 HED ()' section includes a 'Screening Type' dropdown set to 'MED', a 'Status' dropdown set to 'Waiting for NF' (highlighted with an orange box), an 'Admission Date' field, and a 'Comments' field. To the right, there is a 'Referring Agency Name' section with fields for Agency Name (Sparrow Clinton Hospital), Agency Telephone (9892273400), Created By (sparrowsecu1111), Created On (06/26/2020), Modified By (doctorsparrowu1111), and Modified On (06/26/2020).



The screenshot shows the '3877-78 Facility Assignment' section. It features a table with two columns: '3877 Form' and '3878 Form', with a 'View All' button. Below this is the 'Facility Assignment' section, which includes an 'Assigned Facility' dropdown set to 'Cambridge North Healthcare Center'. A 'Request for Transfer' section contains a 'Facility Name' dropdown and a 'Send' button. Below this is a 'Transfer Requests Status' table with columns for 'Facility Name', 'Created By', 'Created On', and 'Status'. At the bottom, there are three buttons: 'Go Back to Home', 'Back to Search Results', and 'No Longer Needed'.

Scroll down to the Facility Assignment section.

Request for Transfer is a multi select dropdown including all active Nursing Facilities. The request will be sent to all the selected facilities.

Note: The **Assigned Facility** shown at this point is the facility that was selected in the 3877 form.

Once the dropdown for Facility name is clicked, it shows all the facilities with multi select options. User can also type the first few characters and it will bring up the facilities matching.

For example, in the below screenshot, user has typed **Medilo**

The screenshot displays a web application interface. On the left, there is a sidebar with a search bar containing 'medilo'. A dropdown menu is open, showing a list of facilities with checkboxes for selection. The facilities listed are:

- Select All
- Select all filtered results
- Medilodge at the Shore - 900 S. Beacon Blvd., Grand Haven, OTTAWA - 49417
- Medilodge of Alpena - 301 Long Rapids Rd, Alpena, ALPENA - 49707
- Medilodge of Campus Area - 2815 Northwind Dr, East Lansing, INGHAM - 48823
- Medilodge of Capital Area - 2100 E Provincial House Dr, Lansing, INGHAM - 48910
- Medilodge of Cass City - 4782 Hospital Drive, Cass City, TUSCOLA - 48726

The background shows a form with the following fields:

- Screening Type
- Status
- Admission Date
- Comments
- Assigned Facility
- Request for Transfer
- Transfer Requests Status

The 'Request for Transfer' field is currently empty, and a 'Send' button is visible next to it.

Select single or multiple facilities from the list and click the **Send** button.

Once the **Send** is performed, the following events will happen:

1. The **Facility Assignment** section will show the status of the requests.

The screenshot shows a web interface titled "Facility Assignment". It includes a section for "Assigned Facility" (Cambridge North Healthcare Center) and a "Request for Transfer" section. The "Request for Transfer" section contains a list of two facilities: "Medilodge of Capital Area - 2100 E Provincial House Dr, Lansing, INGHAM - 48910" and "Medilodge of Richmond - Richmond OPCO LLC - 34901 Division Rd, Richmond, MACOMB - 48062". A green "Send" button is located to the right of the list. Below the list is a "Transfer Requests Status" table with columns for Facility Name, Created By, Created On, and Status.

Transfer Requests Status			
Facility Name	Created By	Created On	Status

Facility Assignment

Assigned Facility Cambridge North Healthcare Center

Request for Transfer

Transfer Requests Status

Facility Name	Created By	Created On	Status
Medilodge of Capital Area	sparrowsecu1111	06/26/2020	P
Medilodge of Richmond - Richmond OPCO LLC	sparrowsecu1111	06/26/2020	P

The following are the values possible for the **Status** column.

- P-> Pending
- A-> Accepted
- D-> Denied

The status will be **P** as soon as the **send** button is clicked.

2. The **Response** queue will be populated with 1 record.

OBRA - Google Chrome

milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneDashboard/levelIdetail/862

OBRA 3877 **Response 1** CMH Ready 1

Sparrow Clinton Hospital St. Johns (MI) sparrowsecu1111

3877-78 Detail

Home / 3877-78 / 3877-78 Detail

Response Queue
Home / Response Queue

Sort By: Last Name (Descending) | Show: 10 entries | Total Records: 1

Screening Type	SSN	Last Name	First Name	Pending	Approved	Denied
HED	909-09-9090	Doe	Joe	2	0	0

Click the
Response queue:

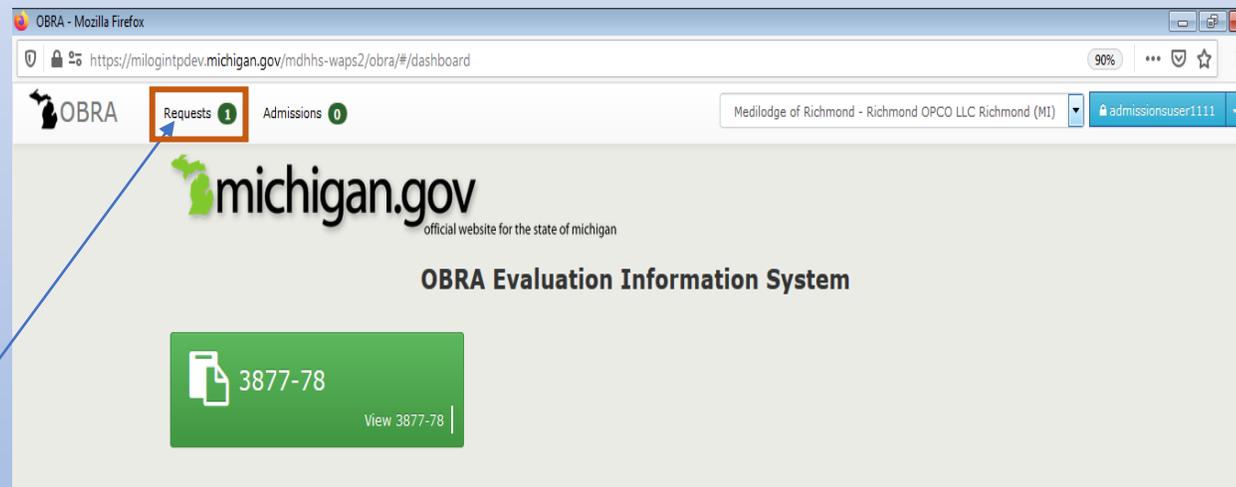
- The image above denotes that there are:
 - 2 requests that were sent and in Pending status.
 - 0 in Approved status – meaning that no facility has accepted the request to admit the Consumer.
 - 0 in Denied status – meaning that no facility has denied the request to admit the Consumer.

Each of the facilities where the request was sent will have a record in their **Request** queue as shown below.

Note: This is only available to the **Admissions** user in the Nursing Facility.

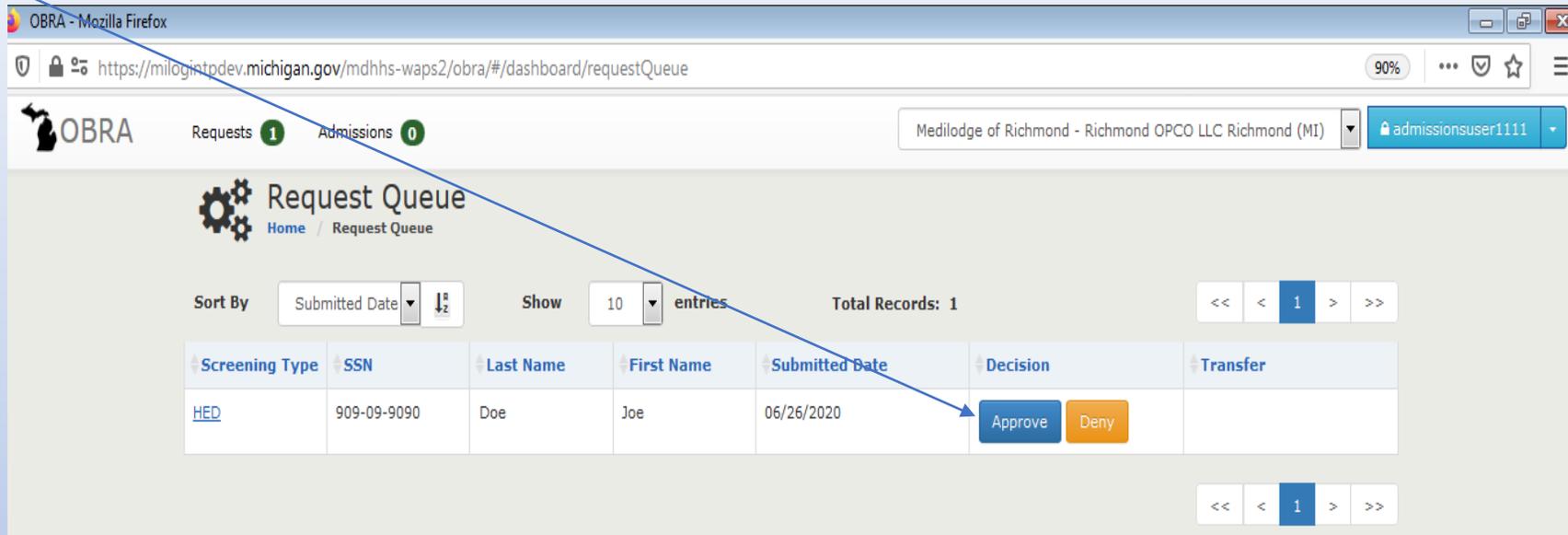
Step 3 – Accepting/Denying the request:

Login as the **Admissions** user in the Facility.

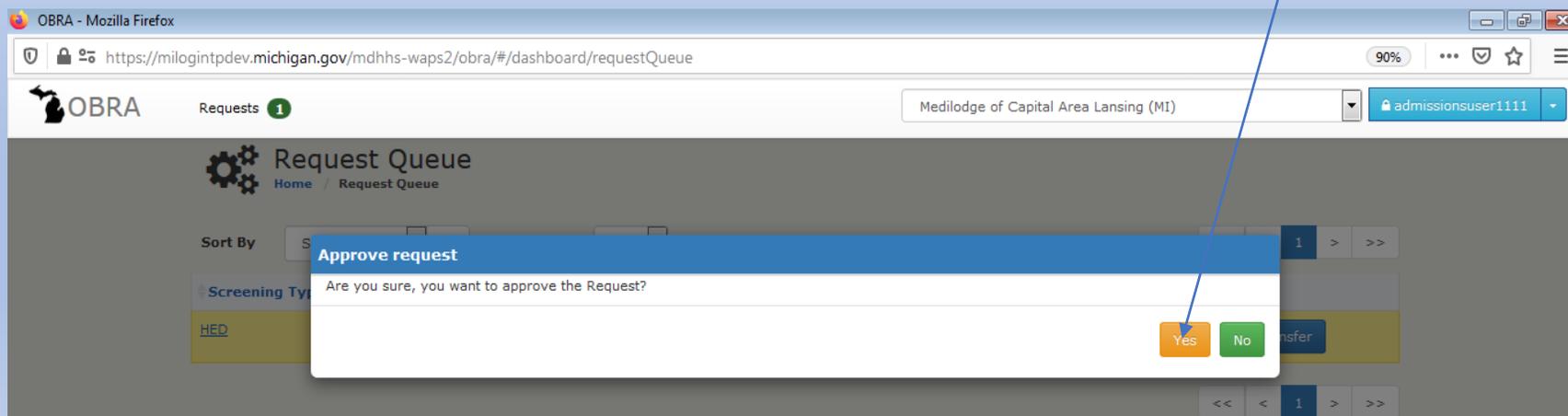


Click on the **Request** queue. It shows the record that includes the Consumer details and the screening type.

Click on the screening type to view the 3877-78 Detail Page. If the Facility is ready to accept the Consumer, click the **Approve** button.



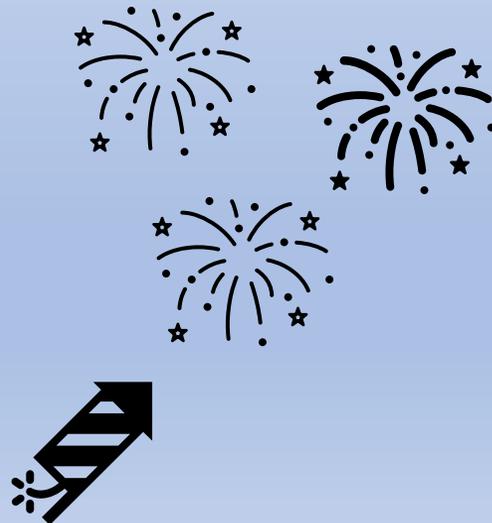
There will be a Yes/No confirmation pop up message that appears and click on **Yes**.



Record is now Approved in the Request queue

The following events will happen next:

1. The record goes away from the Request queue.
2. When a Role-3877 User (who originally sent the request to the facility) logs in and views the **Response** Queue, under the Facility Assignment section, the count of **Approved** will increase by 1 and count of **Pending** will decrease by 1.
3. When a Role-3877 User (who originally sent the request to the facility) logs in and views the Detail page, under the Facility Assignment section, the status will change to A and an Assign button will appear.



Step-4- Assigning a Facility:

The Role-3877 user from the Hospital views the Response queue:

Response Queue
Home / Response Queue

Sort By: Last Name (descending) | Show: 10 entries | Total Records: 1

Screening Type	SSN	Last Name	First Name	Pending	Approved	Denied
HED	909-09-9090	Doe	Joe	1	1	0

Note: if the request was denied, the **Denied** count will be increased by 1.

As a **Role-3877 Hospital user**, click on the HED Link on the screening type and land on the 3877-78 Detail screen. Scroll down to the Facility Assignment section. As soon as one facility has accepted the request, the Assign button will appear next to the Request button. The hospital user can click on Assign button which would mean that the Consumer will be admitted to this facility. Please refer the screenshot below.

Please note: Before clicking Assign make sure that both the consumer/patient and/or legal rep have agreed on the placement.

The screenshot displays the 'Facility Assignment' section of a web application. At the top, it shows the 'Assigned Facility' as 'Cambridge North Healthcare Center'. Below this, there is a 'Request for Transfer' section with a dropdown menu labeled 'Facility Name' and a green 'Send' button. A table titled 'Transfer Requests Status' is shown below, with columns for 'Facility Name', 'Created By', 'Created On', and 'Status'. The first row in the table has an 'Assign' button highlighted with a red box. At the bottom of the interface, there are three buttons: 'Go Back to Home', 'Back to Search Results', and 'No Longer Needed'.

Facility Name	Created By	Created On	Status
Medilodge of Capital Area	sparrowsecu1111	06/26/2020	A
Medilodge of Richmond - Richmond OPCO LLC	sparrowsecu1111	06/26/2020	P

Click on the **Assign** button. The new “accepted” Nursing Facility will appear on right of the *Assigned Facility* area as highlighted below. The status of the Screening also will be changed to **NF Assigned**.

The screenshot shows a web interface titled "Facility Assignment". At the top, there is a section for "Assigned Facility" which displays "Medilodge of Capital Area" and an "Unassign" button. Below this is a "Request for Transfer" section with a dropdown menu labeled "Facility Name" and a "Send" button. A table titled "Transfer Requests Status" contains the following data:

Facility Name	Created By	Created On	Status
Medilodge of Capital Area	sparrowsecu1111	06/26/2020	A
Medilodge of Richmond - Richmond OPCO LLC	sparrowsecu1111	06/26/2020	P

At the bottom of the interface, there are three buttons: "Go Back to Home", "Back to Search Results", and "No Longer Needed".

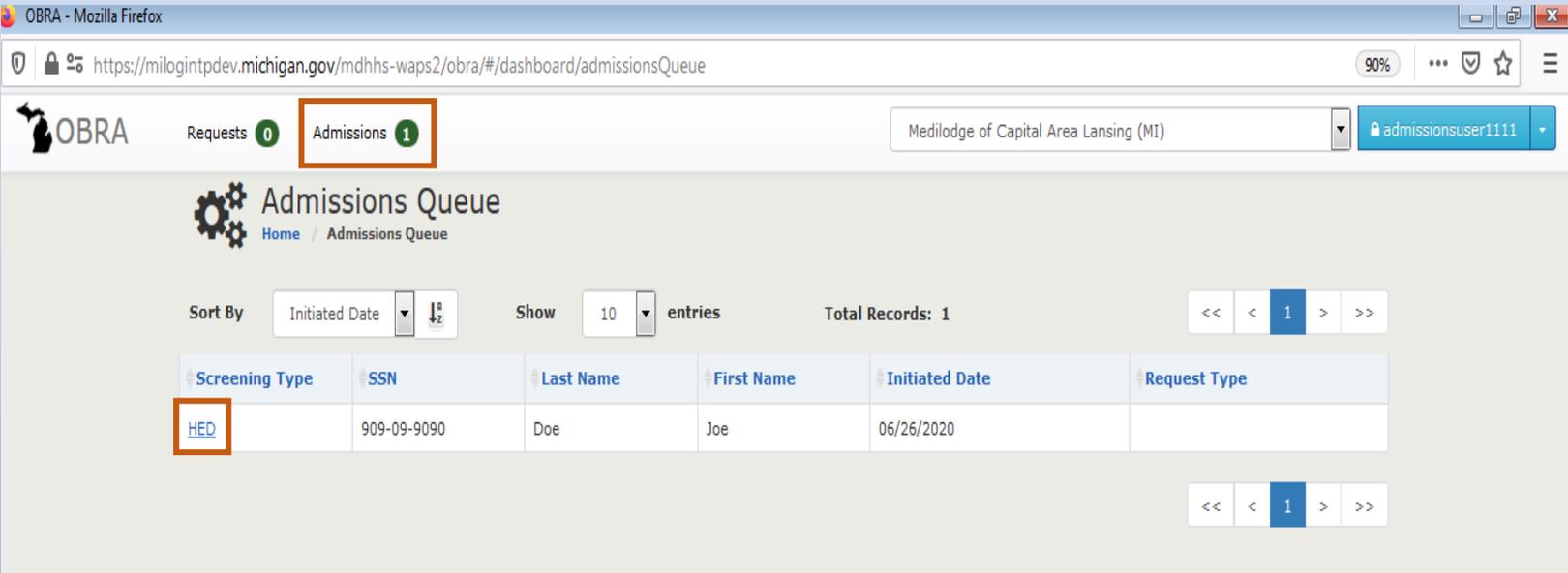
There will also be an **Unassign** button next to this facility.

Clicking on the **Unassign** button will remove the facility name from the **Assigned facility** label. The Hospital 3877 user can then select a different facility to change the assignment.

Step-5: Admitting a Consumer:

The next step is for the **Admissions user** in the *Nursing Facility* to admit the Consumer. When the Hospital 3877 user has clicked on the Assign button, a record will appear on the **Admissions queue** of the Nursing Facility Admissions user.

Click on the Screening type and land on the 3877-78 Detail Page.



Detail Page

TestNew Testnew

Patient Information

SSN	[REDACTED]	DOB	01/01/1999
Gender	M	Medicaid ID Number	
Phone	(999) 929-8989	Medicare ID Number	
Address	1000 test street Lansing, IL 98989		

3877-78 ARR ()

Screening Type	HED	Referring Agency N...	Medilodge of Alpena
Status	NF Admitted	Agency Telephone	9893562194
Admission Date	09/08/2020 	Created By	medilodgeworkeru1039
	Update	Created On	09/09/2020
Previous CMH Agency		Modified By	
Current CMH Agency		Modified On	
Comments			

Send to CMH

Agency Name

Comments

Select **Admission date** (System will allow any date up to the current date) and click on **Update** button. The status of the screen will change to **NF Admitted**. Please ensure that your “Admission Date” is accurate to the day of actual admission.

3877-78 ARR ()

Screening Type	HED	Referring Agency N...	Medilodge of Alpena
Status	NF Admitted	Agency Telephone	9893562194
Admission Date	09/08/2020 	Created By	medilodgeworkeru1039
Previous CMH Agency		Created On	09/09/2020
Current CMH Agency		Modified By	
Comments		Modified On	

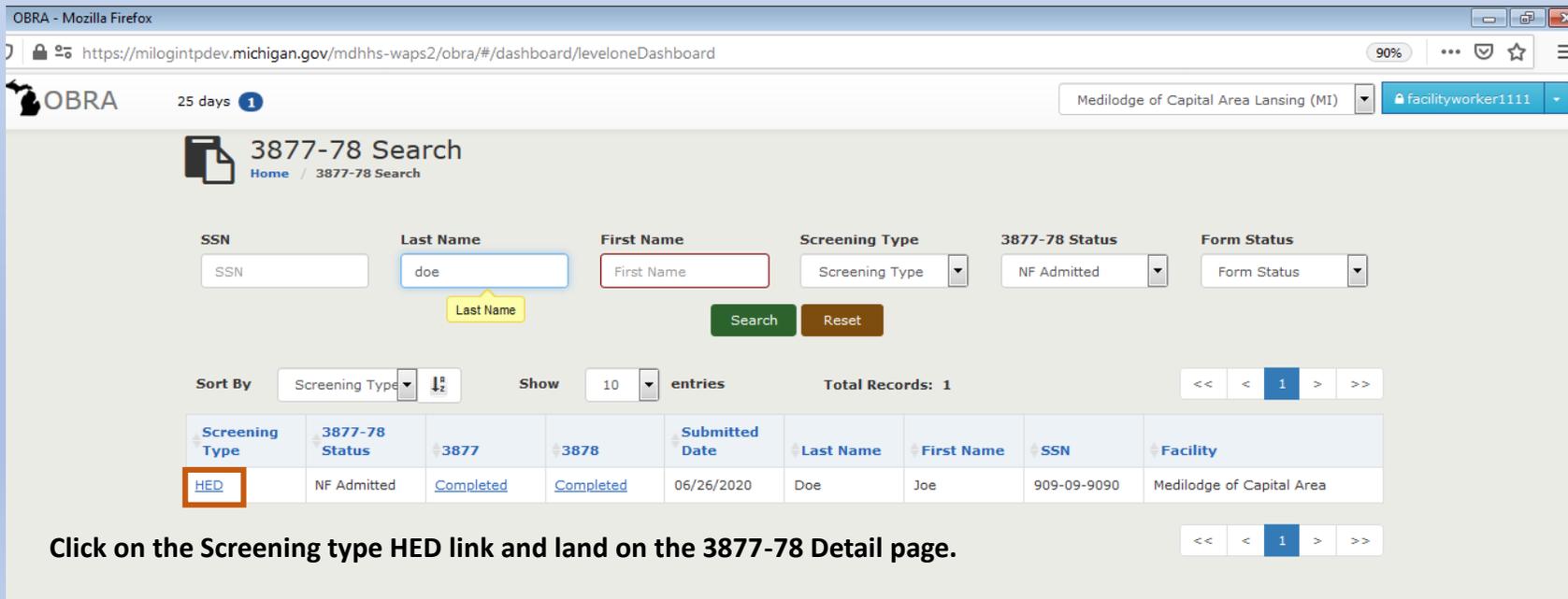
Step-6: 25 Day queue and Send to CMH/Expired/Discharged

This can be performed by the “Nursing” Facility Worker user role or 3877 User role.

As a Facility Worker or 3877 User role, log in to OBRA. There are two approaches to complete the action.

First approach:

If the Nursing Facility has decided on what the next step is, from a screening perspective, i.e. whether to send this 3877-78 to the OBRA Coordinator for a possible Level II, Discharge the patient, or if Expired, click on the 3877-78 module and search for the Consumer.



The screenshot shows the OBRA 3877-78 Search interface. The search filters are: SSN (empty), Last Name (doe), First Name (First Name), Screening Type (Screening Type), 3877-78 Status (NF Admitted), and Form Status (Form Status). The search results table has one record with the following data:

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
HED	NF Admitted	Completed	Completed	06/26/2020	Doe	Joe	909-09-9090	Medilodge of Capital Area

Click on the Screening type HED link and land on the 3877-78 Detail page.

If the Consumer been discharged, click on the Consumer name drop down and click on Expired/Discharged.

The screenshot shows the OBRA system interface in a Mozilla Firefox browser. The URL is <https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneDashboard/levelIdetail/862>. The page title is "3877-78 Detail". The user is logged in as "facilityworker1111" at "Medilodge of Capital Area Lansing (MI)".

The main content area shows the consumer's name "Joe Doe" with a dropdown menu open. The dropdown menu options are "Consumer Transfer" and "Expired/Discharged". The "Expired/Discharged" option is highlighted with a red box and a blue arrow. Below the dropdown menu, the consumer's personal information is displayed:

DOB	01/01/1977
Gender	M
Medicaid ID Number	
Phone	
Medicare ID Number	
Address	1000 test street Lansing, MI 34343

Below the personal information, there is a section for "3877-78 HED ()" with the following details:

Screening Type	HED	Referring Agency N...	Sparrow Clinton Hospital
Status	NF Admitted	Agency Telephone	9892273400
Admission Date	06/25/2020 04:09 PM	Created By	sparrowsecu1111
Comments		Created On	06/26/2020
		Modified By	doctorsparrowu1111
		Modified On	06/26/2020

The following pop up message appears with options **Expired** and **Discharged** with the comments box as shown below. **Discharged** will be selected by default.

Select the Discharge date and click on Submit.

The screenshot shows a web application interface for patient 3877-78. A 'Take An Action' dialog box is open, allowing the user to mark the patient as either 'Discharged' or 'Expired'. The 'Discharged' option is selected. The 'Discharge Date' is set to 09/08/2020. A dropdown menu for 'Discharge Type' is open, showing options: Assisted Living, Community Group Home, Home/Relative's Home, Inpatient Medical Facility, Inpatient Psychiatric Facility, Other, and Unknown. A 'Submit' button is located at the bottom right of the dialog. The background shows patient information including SSN, Gender (M), Address (23434 main, lansing, MI 48910), and Admission Date (08/09/2020).

Note: Same approach can be used to mark a Consumer as Expired if the consumer expires during their stay in the Facility.

If the Facility has decided to send the screening to the OBRA Coordinator/CMH, clicking on the Detail record will show the Send to the OBRA Coordinator/CMH option.

3877-78 HED ()

Screening Type	HED	Referring Agency Name	Sparrow Clinton Hospital
Status	NF Admitted	Agency Telephone	9892273400
Admission Date	<input type="text" value="06/25/2020 04:09 PM"/>	Created By	sparrowsecu1111
Comments		Created On	06/26/2020
		Modified By	doctorsparrowu1111
		Modified On	06/26/2020

Send to CMH

Agency Name	Comments
<input type="text" value="Agency"/>	<input type="text" value="Please explain:"/>

From the list of **CMH/OBRA Agencies** in the Agency dropdown, select an Agency, enter comments and click Submit.

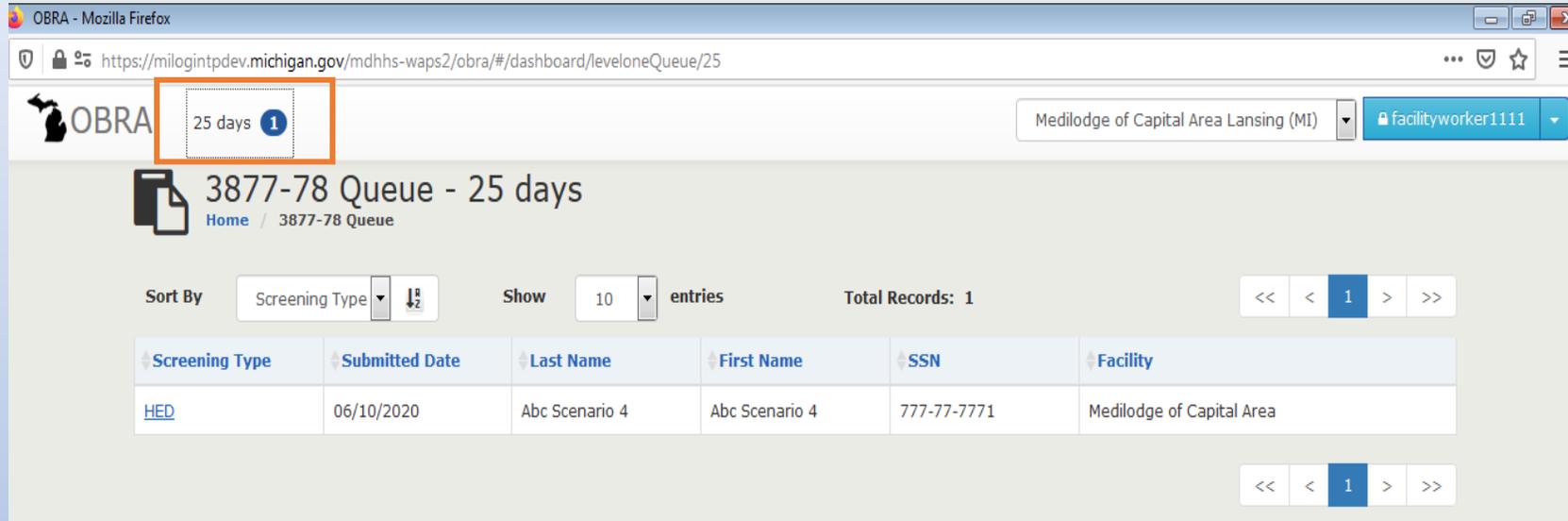
Note: These are the OBRA Agencies, CMH and/or contracted agencies local to the Referral Facility.

The screenshot shows a form titled "Send to CMH" with a yellow background. It contains two main sections: "Agency Name" and "Comments". The "Agency Name" section features a dropdown menu with a blue arrow on the right, currently displaying "Agency". Below the dropdown, the text "Clinton-Eaton-Ingham CMH" is visible. The "Comments" section is a text area containing the text "Please explain:" followed by an example: "Example: Tentative discharge date in 5 days. Home with wife." To the right of the text area is a green "Submit" button. Red rectangular boxes highlight the dropdown menu, the text area, and the "Submit" button.

The OBRA Coordinator will take necessary actions. This is covered under the CMH/OBRA user Manual.

Second Approach:

If no action has been taken by the Facility on the consumer by 25 days from when the consumer was admitted, a record will populate in the 25 Day queue.



The screenshot shows a web browser window with the URL <https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneQueue/25>. The page title is "OBRA" and the main heading is "3877-78 Queue - 25 days". A notification badge shows "25 days 1". The user is logged in as "facilityworker1111" at "Medilodge of Capital Area Lansing (MI)". The table below shows one record with the following details:

Screening Type	Submitted Date	Last Name	First Name	SSN	Facility
HED	06/10/2020	Abc Scenario 4	Abc Scenario 4	777-77-7771	Medilodge of Capital Area

Click on the **HED Link** and navigate to the 3877-78 Detail page. The user can perform the following options as in the First approach:

- Send to CMH/OBRA Coordinator
- Expired
- Discharge

Complete the action by following steps covered in First approach.

Screening Types

Screening Types and who can initiate what Screenings

A Hospital can initiate a PAS and can be converted to an HED screening based on the table below. A Nursing Home can initiate ARR and CIC.

Facility type	PAS	ARR	HED (converted from PAS)	CIC
County Medical Care Facility	N	Y	N	Y
Home Health Agency	Y	N	N	N
Hospice Facilities *	Y	N	N	N
Hospital	Y	N	Y	N
Hospital Long Term Care Unit (Inpatient)	Y	N	Y	N
Nursing Home	N	Y	N	Y
Partial Psy Hospital Programs	Y	N	N	N
Physician	Y	N	N	N
Psychiatric Hospitals	Y	N	N	N
Social Services Agency	Y	N	N	N
Treatment Facility Aged	Y	N	N	N
Veteran Facilities (Hospital only PAS & HED) (NF only ARR & CIC)	Y	Y	Y	Y

*Hospice Facilities licensed as a “Hospice Home or Agency” can only do a PAS. Hospice Facilities licensed as an Extended Care Facility can only do ARR or CIC Level I.

For a Hospital, the Create 3877-78 screen displays:

 **Create 3877-78**
Home / Create 3877-78

 Jane Doe

Level I Screening

* Screening Type

Reset Cancel Next

Please note that an HED is not an option until Question 7 is answered "Yes" on the 3877.

For a Nursing Facility, the Create 3877-78 screen displays:

The screenshot displays a web interface for creating a 3877-78 form. At the top left, there is a logo of a stethoscope and the text 'Create 3877-78'. Below this, a breadcrumb trail shows 'Home / Create 3877-78'. A blue button with a person icon and the text 'Joe Doe' is positioned below the breadcrumb. The main heading is 'Level I Screening'. A red asterisk is placed before the label '* Screening Type'. A dropdown menu is open, showing two options: 'ARR' and 'CIC'. To the right of the dropdown are three blue buttons: 'Reset', 'Cancel', and 'Next'.

User selects ARR:

Level I Screening

* Screening Type

ARR



Reset

Cancel

Next

User selects CIC (options appear under), but not mandatory to check/complete them:

Level I Screening

* Screening Type

- Out of State Admission
- Medical Hospitalization during HED
- Addition of new classification of psychotropic medication
- New mental health symptoms
- Other

Reset

Cancel

Next

Preadmission Screen Flow (PAS)

Steps (3877 and 3878):

Note: Does not include HED's

Step #	3877/78 Status	3877 Status	3878 Status	Description
1	Steps (3877 and 3878): In Progress	Assigned		3877-78 has been initiated / In Process 3877 has been Assigned 3877 is In Process, not completed
2	In Progress	Completed		One of Questions 1-6 is YES 7 th Question is YES
3	In Progress	Completed	Assigned	3877 is completed NF assignment has not been initiated yet
4	Waiting for NF	Completed	Completed	3878 User marks Coma OR Dementia
5	Waiting for NF	Completed	Completed	Requests sent to various Facilities to admit the patient and NFs will start to accept/reject the request
6	Waiting for NF	Completed	Completed	At least one Facility has expressed the willingness to accept the patient 3877 User assigns the facility
7	NF Accepted	Completed	Completed	3877 User Assigns the NF
8	Completed	Completed	Completed	NF updates the Admission date when the Patient physically is in the Facility

Steps (3877 only):

S.No	3877/78 Status		3877 Status	3878 Status	Description
1	In Progress		Assigned		3877-78 has been initiated / In Process 3877 has been Assigned 3877 is In Process, not completed
2	In Progress		Completed		One of Questions 1-6 is YES 7 th Question is NO
3	Form Complete		Completed		
4	Level II Ready		Completed		3877 User sends the Screening to CMH Agency

ARR Flow

Steps (3877 and 3878):

S.No	3877/78 Status	3877 Status	3878 Status	Description
1	In Progress	Assigned		3877-78 has been initiated / In Process 3877 has been Assigned 3877 is In Process, not completed
2	In Progress	Completed		One of Questions 1-6 is YES 7 th Question is YES
3	In Progress	Completed	Assigned	3877 is completed NF assignment has not been initiated yet
4	NF Admitted	Completed	Completed	NF updates the Admission date when the Patient physically is in the Facility
5	Level II Ready	Completed	Completed	

Steps (3877 only):

S.No	3877/78 Status	3877 Status	3878 Status	Description
1	In Progress	Assigned		3877-78 has been initiated / In Process 3877 has been Assigned 3877 is In Process, not completed
2	In Progress	Completed	Completed	One of Questions 1-6 is YES 7 th Question is NO
3	NF Admitted	Completed	Completed	
4	Level II Ready	Completed		3877 User sends the Screening to CMH Agency

PAS Flow 3877 Only

On the 3877 Form, the Role-3877 user selects **YES** to one or more of the questions 1-6 but selects **NO** to question 7.

* This section of form must be completed by a Registered Nurse, Licensed Bachelor or Master Social Worker, Licensed Professional Counselor, Psychologist, Physician's Assistant, Nurse Practitioner or a Physician

Screening Criteria (All 7 items must be completed.)

- | | | |
|---|---|--|
| 1. The person has a current diagnosis of:
<input type="radio"/> Mental Illness <input type="radio"/> Dementia <input type="radio"/> Both | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 2. The person has received treatment for:
<input type="radio"/> Mental Illness <input type="radio"/> Dementia (within the past 24 months) <input type="radio"/> Both | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days. | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| 4. There is presenting evidence of mental illness or dementia including significant disturbances in thought, conduct, emotions, or judgment. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty completing tasking, or serious difficulty interacting with others. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 5. The person has a diagnosis of intellectual/developmental disability or a related condition, including but not limited to epilepsy, autism, or cerebral palsy, and this diagnosis manifested before the age of 22. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have intellectual/developmental disability or a related condition. | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 7. Qualifies for Exemption? (Coma, Dementia, Hospital Exempt Discharge) | <input type="radio"/> Yes | <input checked="" type="radio"/> No |

Submit the form.

For the Role-3877 user, the **OBRA Coordinator/CMH Ready** queue count increases by 1.

The screenshot shows the OBRA dashboard for user 3877. The top navigation bar includes the OBRA logo, the user ID 3877, and three status indicators: 'Response' with a count of 0, and 'CMH Ready' with a count of 2. The 'CMH Ready' indicator is highlighted with a red box. Below the navigation bar, the page title is 'CMH Ready Queue'. The main content area features a table with columns for 'Screening Type', 'SSN', 'Last Name', 'First Name', and 'Initiated Date'. The table contains two records. The second record, for 'John Doe' with SSN '999-99-9111', is highlighted with a red box. The table also includes sorting and pagination controls.

Screening Type	SSN	Last Name	First Name	Initiated Date
PAS	981-19-8999	NewConsumerL	NewConsumerF	04/28/2020
PAS	999-99-9111	Doe	John	06/28/2020

Click on the Screening type and land on the 3877-78 Detail Page.

OBRA - Google Chrome

milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneDashboard/levelIdetail/884

OBRA 3877 **1** Response **0** CMH Ready **2** Sparrow Clinton Hospital St. Johns (MI) sparrowsecu1111

3877-78 Detail

Home / 3877-78 / 3877-78 Detail

John Doe

Patient Information

SSN	999-99-9111	DOB	02/02/1988
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	1000 Main street Lansing, MI 11211		

The status of the 3877-78 screening is **Form Complete**. There is an option for the Role-3877 user to send the screening to the **nearest OBRA Coordinator/CMH Agency**. The list of CMH Agencies local to the Referral Facility source is present under the **Agency** dropdown as shown in next slide.

3877-78 PAS ()

Screening Type PAS
Status Form Complete
Admission Date

Referring Agency Name Sparrow Clinton Hospital
Agency Telephone 9892273400
Created By sparrowsecu1111
Created On 06/28/2020
Modified By
Modified On

Comments

Send to CMH

Select the Agency, enter comments and click on "Submit".

Agency Name

Comments

Please explain: Ready for discharge in 3 days.

Submit

3877-78 Forms

3877 Form

View All

Facility Assignment

Assigned Facility Medilodge of Capital Area

3877-78 PAS ()

Screening Type PAS

Status Level-II Ready

Admission Date 

Comments

Referring Agency Name Sparrow Clinton Hospital

Agency Telephone 9892273400

Created By sparrowsecu1111

Created On 06/28/2020

Modified By

Modified On

Submitted to CMH



3877-78 ARR ()

Screening Type ARR

Status Level-II Ready

Admission Date

Previous CMH Agency

Current CMH Agency Clinton-Eaton-Ingham CMH

Comments comments to CMH

Referring Agency N... Medilodge of East Lansing

Agency Telephone 5173325061

Created By [medilodgeworkeru1039](#)

Created On 09/09/2020

Modified By

Modified On

Submitted to CMH



Reassign CMH

Agency Name

Comments

CIC and ARR Flow 3877 Only

On the 3877 Form, the Role-3877 user selects **YES** to at least one of the questions 1-6 but selects **NO** to question 7.

* This section of form must be completed by a Registered Nurse, Licensed Bachelor or Master Social Worker, Licensed Professional Counselor, Psychologist, Physician's Assistant, Nurse Practitioner or a Physician

Screening Criteria (All 7 items must be completed.)

- | | |
|---|---|
| 1. The person has a current diagnosis of:
<input type="radio"/> Mental Illness <input type="radio"/> Dementia <input type="radio"/> Both | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 2. The person has received treatment for:
<input type="radio"/> Mental Illness <input type="radio"/> Dementia (within the past 24 months) <input type="radio"/> Both | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days. | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 4. There is presenting evidence of mental illness or dementia including significant disturbances in thought, conduct, emotions, or judgment. Presenting evidence may include, but is not limited to, suicidal ideations, hallucinations, delusions, serious difficulty completing tasking, or serious difficulty interacting with others. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 5. The person has a diagnosis of intellectual/developmental disability or a related condition, including but not limited to epilepsy, autism, or cerebral palsy, and this diagnosis manifested before the age of 22. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have intellectual/developmental disability or a related condition. | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 7. Qualifies for Exemption? (Coma, Dementia, Hospital Exempt Discharge) | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Submit the form

For the Role-3877 user, the **CMH Ready** queue count increases by 1.

The screenshot shows the OBRA CMH Ready Queue dashboard. At the top, there are navigation links for 3877 (1), 3878 (1), Response (0), and CMH Ready (1). The CMH Ready (1) link is highlighted with an orange box. Below the navigation, the dashboard title is "CMH Ready Queue" with a "Home" link. The dashboard includes a "Sort By" dropdown set to "Initiated Date" and a "Show" dropdown set to "10 entries". The "Total Records: 1" is displayed. A table with one row is shown, with columns for Screening Type, SSN, Last Name, First Name, and Initiated Date. The row is highlighted with an orange box and contains the following data: Screening Type: [ARR](#), SSN: [redacted], Last Name: [redacted], First Name: Carolyn, Initiated Date: 06/01/2020. The table is surrounded by pagination controls.

Screening Type	SSN	Last Name	First Name	Initiated Date
ARR	[redacted]	[redacted]	Carolyn	06/01/2020

Click on the Screening type and land on the 3877-78 Detail Page.

The status of the 3877-78 screening is **Form Complete**.

There is an option for the Role-3877 user to send the screening to the **nearest OBRA Coordinator or CMH Agency**.

3877-78 Detail

Home / 3877-78 / 3877-78 Detail

Patient Information

SSN	<input type="text"/>	DOB	<input type="text"/>
Gender	F	Medicaid ID Number	<input type="text"/>
Phone	<input type="text"/>	Medicare ID Number	<input type="text"/>
Address	<input type="text"/>		

The list of CMH Agencies local to the Referral Facility source is present under the **Agency** dropdown as shown below.

3877-78 ARR ()

Screening Type	ARR	Referring Agency N...	Medilodge of Capital Area
Status	NF Admitted	Agency Telephone	5172724029
Admission Date	<input type="text" value="06/01/2020 04:00 AM"/>	Created By	usermedilodge1111
Comments	<input type="text"/>	Created On	06/01/2020
		Modified By	usermedilodge1111
		Modified On	06/28/2020

Send to CMH

Agency Name	<input type="text" value="Agency"/>	Comments	<input type="text" value="Please explain:"/>
Agency is r	<input type="text" value="Agency Name"/>		<input type="button" value="Submit"/>

3877-78 ARR ()

Screening Type ARR

Status NF Admitted

Admission Date 06/01/2020 04:00 AM

Comments

Referring Agency N... Medilodge of Capital Area

Agency Telephone 5172724029

Created By usermedilodge1111

Created On 06/01/2020

Modified By usermedilodge1111

Modified On 06/28/2020

Send to CMH

Select the Agency, enter comments and click on "Submit".

Agency Name

Agency

Agency is r

Agency Name

Comments

Please explain:

Submit



3877-78 ARR ()

Screening Type ARR

Status Level-II Ready

Admission Date 12/31/2019

Previous CMH Agency

Current CMH Agency Northeast Michigan CMHA

Comments comments to CMH

Referring Agency N... Medilodge of Alpena

Agency Telephone 9893562194

Created By medilodgeworkeru1039

Created On 09/09/2020

Modified By

Modified On

Submitted to CMH



Reassign CMH

Agency Name

Northeast Michigan CMHA



Comments

comments to CMH

Submit

CIC and ARR Flows

3878 Form

No HED Option on the 3878 Form in Section 2 for the Nursing Facility

A hospital will never do a CIC, this function is only preformed by the nursing facility.

 **Form - 3878 (CIC)**
Home / Form - 3878 (CIC)

Section 1 | **Section 2**

* Exemption Criteria Coma Dementia

By checking this box, I certify to the best of my knowledge that the above information is accurate

Printed Name:
evergreen UserMedilodg

Date:
Jun 28, 2020

AUTHORITY:
Title XIX of the Social Security Act.

COMPLETION:
Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

COPY DISTRIBUTION:

ORIGINAL - Nursing Facility retains in Patient file
COPY - Attach to form DCH-3877 and send to Local Community Mental Health Services Program (CMHSP)
COPY - Patient Copy or Legal Representative

3877-78

Detail Page

One of the most important screens is the 3877-78 Detail page. There are a variety of functions available on this page.

Screen Entry

- ❑ Click on Screening type on the 3877-78 Search Module
- ❑ Click on Screening type if hyperlink enabled on the Queues

3877-78 Search Module:

3877-78 Search

Home / 3877-78 Search

SSN: Last Name: First Name: Screening Type: 3877-78 Status: Form Status:

Sort By: Show: entries Total Records: 1

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
PAS	Level-II Ready	Completed		06/28/2020	Doe	John	999-99-9111	Medilodge of Capital Area

Consumer Name Dropdown

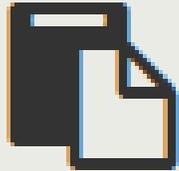
- ❑ Initiate 3877-78
 - This will initiate a new 3877-78
- ❑ Consumer transfer
 - Please refer the corresponding section (Page 96)
- ❑ Expired (dealt with in a different section, page number)
 - Mark a consumer as Expired
 - 3877-78 Status will be Not Needed
 - Date will be marked as current date by default, but user has the capability to change it to a past date
- ❑ Discharged (Screenshot provided – page 80)
 - Mark a consumer as Discharged
 - 3877-78 Status will be Not Needed
 - Date will be marked as current date by default, but user has the capability to change it to a past date
- ❑ 3877/78 Notes
 - This is the provision for the Facility/Hospital to enter notes, this is enabled for the following roles
 - Role-3877
 - Facility Admin
 - Facility Admissions
 - Facility Worker
 - Will be sorted in descending order of notes entered date with user ID and Timestamp of when the note was entered
 - Will display the number of notes entered

Screening Type from Queues (if enabled)

The screenshot shows a web browser window with the URL `milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/cmhReadyQueue`. The page title is "OBRA" and the user is logged in as "sparrowsecu1111". The dashboard displays "CMH Ready Queue" with 3877 items, 0 responses, and 1 CMH Ready item. The table below shows one record with the following data:

Screening Type	SSN	Last Name	First Name	Initiated Date
PAS	981-19-8999	NewConsumerL	NewConsumerF	04/28/2020

The Hospital 3877 User role clicks on the **PAS** hyperlink to go to the Detail page.



3877-78 Detail

[Home](#) / [3877-78](#) / [3877-78 Detail](#)

John Doe

+ Initiate 3877-78

👍 Expired/Discharged

💬 3877-78 Notes

1

99-9111

Gender M

Phone

Address 1000 Main street

This user wants to leave a message for OBRA Coordinator/CMH, they will then click on the 3877-78 Notes from the displayed drop down.

Enter note and Save

The screenshot displays a patient record for John Doe with a '3877-78 Notes' modal window open. The modal window has a blue header with the text '3877-78 Notes' and a close button. Below the header, it shows 'Sending to CEI', the user 'sparrowsecu1111', and the date '06/28/2020'. A text input field is highlighted with an orange border and contains the text 'Level Text Observation status with Cymbalta for Neuropathy...Not SMI Letter?'. To the right of the input field is a green 'Save' button with a document icon.

3877-78 Detail

Home / 3877-78 / 3877-78 Detail

John Doe

Patient Inform

3877-78 Notes

Sending to CEI sparrowsecu1111 06/28/2020

Level Text Observation status with Cymbalta for Neuropathy...Not SMI Letter?

Save

Gender M Medicaid ID Number

Phone Medicare ID Number

Address 1000 Main street
Lansing, MI 11211

No Longer Needed

Only applies if the patient discharges home, AFC or Assisted Living and/or expires

3877-78 Detail
Home / 3877-78 / 3877-78 Detail

Joe Doe

Patient Information

SSN	909-09-9090	DOB	01/01/1977
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	1000 test street Lansing, MI 34343		

3877-78 HED ()

Screening Type	HED	Referring Agency Name	Sparrow Clinton Hospital
Status	NF Admitted	Agency Telephone	9892273400
Admission Date	06/25/2020 08:09 PM	Created By	sparrowsecu1111
Comments		Created On	06/26/2020
		Modified By	doctorsparrowu1111
		Modified On	06/26/2020

- ❑ For a first-time consumer with no 3877's or 3878's in the system, this deletes the current 3877 and 3878 data for the consumer including the consumer details.
- ❑ For an existing consumer who has a Level-II in the system, this deletes the current 3877 and 3878 data for the consumer. The Consumer data will not be deleted.

3877-78 Forms

3877 Form 3878 Form [View All](#)

Facility Assignment

Assigned Facility Medilodge of Capital Area

[Go Back to Home](#) [Back to Search Results](#) [No Longer Needed](#) 

Clicking on **No Longer Needed** generates a pop-up message as shown below. 

Clicking on **YES** will delete all the data as displayed in the message.

08:09 PM Created By sparrowsecu111

No Longer Needed 

Are you sure you want to delete this 3877-78 data and Consumer data?
Please print anyone of the Consumer/3877-78 Data
before marking as Incomplete.

[Yes](#) [No](#)

Consumer Transfer

This system has the flexibility to handle various scenarios involving transferring Consumers from one facility to another during an in progress 3877/78 and in progress Level-II

For users from facilities which can initiate only PAS:

No Consumer Transfer option available.

For users from facilities which can initiate only ARR and CIC:

Consumer Transfer option available under the Consumer name dropdown for user types Facility Admissions, Role-3877 .

This option will be available only when:

- a) There is a one completed 3877 and/or 3878 forms associated with the Consumer
- b) There is no active in progress 3877 and/or 3878 forms associated with the Consumer

Consumer Transfer Function

The screenshot shows a web application interface for a '3877-78 Detail' page. At the top left, there is a document icon and the title '3877-78 Detail'. Below the title is a breadcrumb trail: 'Home / 3877-78 / 3877-78 Detail'. A blue header bar is present. Below the header, a dropdown menu is open, showing four options: '+ Initiate 3877-78', 'Consumer Transfer' (highlighted with an orange border), 'Expired/Discharged', and '3877-78 Notes' with a notification badge '0'. The main content area contains several fields: 'Phone', 'Address', 'DOB', 'Medicaid ID Number', and 'Medicare ID Number'.

Click on **Consumer Transfer**

Detail

Consumer Transfer

Current Facility: Aberdeen Rehabilitation and Skilled Nursing Center

*

* **New Facility:**

New Facility

- 1st Choice Home Care Warren (MI)
- 1st State Home Healthcare Saginaw (MI)
- 21st Century Home Health Care Bridgeman (MI)
- 24-Seven Home Health Care Services Southfield (MI)
- 247 Home Health Care Taylor (MI)
- 4 Star Home Health Care Southfield (MI)
- A Plus Home Health Care Lathrup Village (MI)
- A Plus Hospice & Palliative Care Troy (MI)
- A&D Health Care Professional Saginaw (MI)
- A&D Hospice Saginaw (MI)
- A-1 International Homecare Plymouth (MI)
- A-One Hospice Davison (MI)
- A1 Home Health Care Oak Park (MI)
- ABC Home Care Madison Height (MI)

Select the **New Facility** from the drop down and click **Save**.

Consumer Transfer

Current Facility: Advance Nursing Center-Wayne

*

* **New Facility:**

Medilodge of Clare Clare (MI)

Meadow Woods Nursing and Rehab Center Bloomingdale (MI)

Meadowbrook Home Health Care Oak Park (MI)

Med Care Home Health Care Livonia (MI)

Med Plus Home Health Care Southfield (MI)

Medco Home Healthcare Westland (MI)

Medics PC Howard City (MI)

Medilodge at the Shore Grand Haven (MI)

Medilodge of Alpena Alpena (MI)

Medilodge of Campus Area East Lansing (MI)

Medilodge of Capital Area Lansing (MI)

Medilodge of Cass City Cass City (MI)

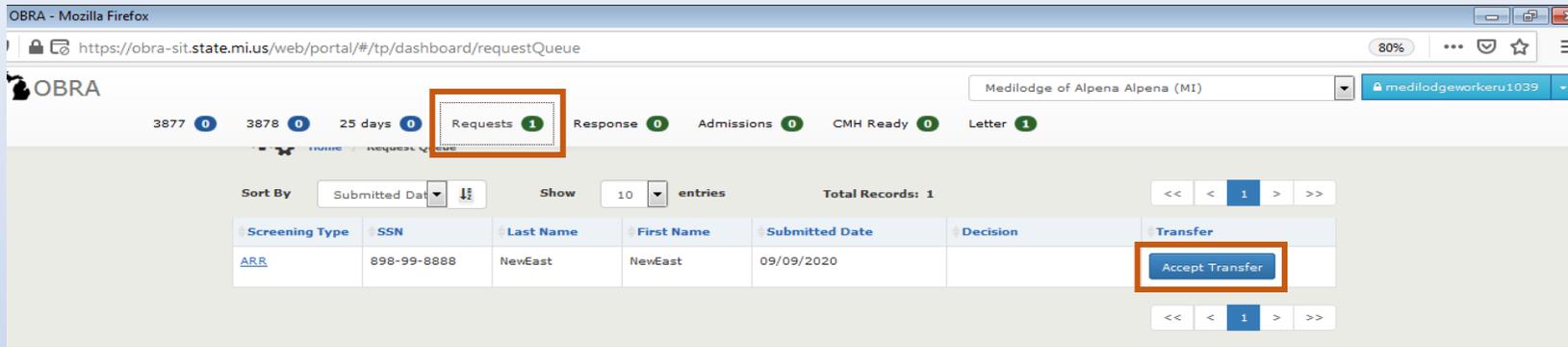
Medilodge of Cheboygan Cheboygan (MI)

Medilodge of Clare Clare (MI)

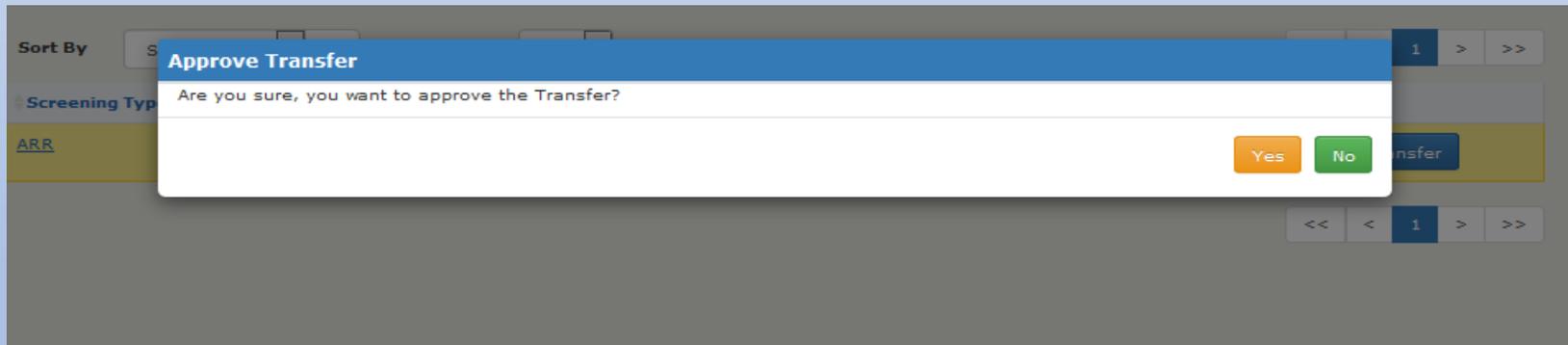
Medilodge of East Lansing East Lansing (MI)

Choose
new facility
from the
drop-down
list

Once the Consumer Transfer request is sent to the facility, the new facility will need to login and approve the request from the “Requests” queue.



Click on “Accept transfer” button in order to accept the Consumer Transfer.



Upon click of “Yes,”

User lands on the 3877-78 Detail page:

Home / 3877-78 / 3877-78 Detail

NewEast NewEast

Patient Information

SSN	898-99-8888	DOB	01/01/1977
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	100 test street Lansing, MI 34343		

3877-78 ARR ()

Screening Type	ARR	Referring Agency N...	Medilodge of East Lansing
Status	NF Admitted	Agency Telephone	5173325061
Admission Date	<input type="text" value="12/31/1987"/>	Created By	medilodgeworkeru1039
	<input type="button" value="Update"/>	Created On	09/09/2020
Previous CMH Agency		Modified By	
Current CMH Agency		Modified On	
Comments			

The facility in the Facility Assignment section would have changed to the new facility.

The screenshot displays a web application interface for patient management. At the top, a breadcrumb trail shows 'Home / 3877-78 / 3877-78 Detail'. A user profile dropdown menu is visible, currently showing 'Newcons Newcons'. The main content is organized into several sections:

- Patient Information:** Displays personal details such as SSN (909-09-9999), Gender (M), Address (1000 test street, Lansing, MI 34343), and DOB (02/01/1999). It also includes fields for Medicaid and Medicare ID numbers.
- 3877-78 PAS ():** Shows screening information including Screening Type (PAS), Status (Not Needed), and Admission Date (12/31/1999). It also lists the Referring Agency Name (Sparrow Health System - Main Campus), Agency Telephone (5173641000), and creation/modification details by user 'sparrowsocialw1039' on 09/08/2020 and 09/09/2020 respectively. Previous and Current CMH Agencies are listed as 'Clinton-Eaton-Ingham CMH'.
- 3877-78 Forms:** A section with a '3877 Form' link and a 'View All' button.
- Facility Assignment:** A section where the 'Assigned Facility' is listed as 'Medilodge of Alpena'. This section is highlighted with an orange box.

At the bottom of the page, there are three navigation buttons: 'Go Back to Home', 'Back to Search Results', and 'No Longer Needed'.

Users with Role-3877 has a “Letter” queue

The screenshot shows the OBRA web application interface. The top navigation bar includes the OBRA logo, a user role indicator '3877' with a '20' badge, and status indicators for 'Response' (0), 'CMH Ready' (0), and 'Letter' (2). The 'Letter' indicator is highlighted with a red box. Below the navigation bar, the page title is 'Level One Letter Queue'. The main content area displays a table of letter queue entries. The table has columns for Type, Last Name, First Name, SSN, Coordinator Decision Date, and Agency Name. There are two entries: one for 'CIC' (Boy, Pool) and one for 'PAS' (Newcons, Newcons). The second row is highlighted with a red box. The table also includes sorting and pagination controls.

Type	Last Name	First Name	SSN	Coordinator Decision Date	Agency Name
CIC	Boy	Pool	777-77-7792	09/04/2020	Clinton-Eaton-Ingham CMH
PAS	Newcons	Newcons	909-09-9999	09/09/2020	Clinton-Eaton-Ingham CMH

Whenever an OBRA Coordinator sends a “Letter” indicating that a full Level II is not required the “Letter Queue” increases by one.

The Role-3877 user opens the “Letter” from the “Letter Queue” by clicking anywhere on the row.



OBRA Coordinator Actions

- ❑ After the Facility users submit the screening to OBRA Coordinator/CMH, the next step is for the Coordinator to review the screening and take necessary actions.
- ❑ A PAS screening submitted will appear on the 4-day queue. The HED, ARR and CIC screenings will appear on the 14 Day queue.

Step 1:

Click on the 4 Day or the 14 Day Queue you will get a list of the referrals waiting for triage.

OBRA - Google Chrome
 milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneQueue/4

OBRA INP 5 PENDING 0 COS 0 **4 days 2** 14 days 0 Requests 1 Letter 0 project1039

3877-78 Queue - 4 days
 Home / 3877-78 Queue

Sort By Screening Typ Show 10 entries Total Records: 2

Screening Type	Submitted Date	Last Name	First Name	SSN	Facility
PAS	06/22/2020	Abc Test Scenario 1	Abc Test Scenario 1	888-88-8881	Aberdeen Rehabilitation and Skilled Nursing Center
PAS	06/28/2020	Doe	John	999-99-9111	Medlodge of Capital Area

OBRA - Google Chrome
 milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/leveloneQueue/14

OBRA INP 4 PENDING 0 COS 0 4 days 6 **14 days 1** Requests 1 Letter 0 project1039

3877-78 Queue - 14 days
 Home / 3877-78 Queue

Sort By Screening Typ Show 10 entries Total Records: 1

Screening Type	Submitted Date	Last Name	First Name	SSN	Facility
HED	06/10/2020	testnewL	testnew	898-99-1111	Medlodge of Capital Area

Step 2:

Click on the Screening type hyperlink on previous screen and land on the Detail Page.

Screening section to have the comments filled in by the 3877 User at the Hospital highlighted below.

3877-78 Detail
Home / 3877-78 Detail

John Doe

Patient Information

SSN	999-99-9111	DOB	02/02/1988
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	1000 Main street Lansing, MI 11211		

3877-78 PAS ()

Screening Type	PAS	Referring Agency Name	Sparrow Clinton Hospital
Status	Level-II Ready	Agency Telephone	9892273400
Admission Date	<input type="text"/>	Created By	sparrowsecu1111
Comments	Sending to CEI	Created On	06/28/2020
		Modified By	sparrowsecu1111
		Modified On	06/28/2020

Scroll down to the **Evaluation Status** section

The **Evaluation status** will look different for each screening type

PAS:

Evaluation Status

Significant Mental Illness (and/or) ID/DD, RC

Not Seriously Mentally Ill (NSMI) - letter sent

Readmit/Transfer

I verify the legal information is accurate Yes No

Referral Date: 09/11/2020 11:45 AM

Comments for Letter

[Save](#) [Create Level-II](#) [Level II Not Needed](#) [Generate Letter](#)

[Go Back to Home](#)

HED:

Evaluation Status

Significant Mental Illness (and/or) ID/DD, RC

Not Seriously Mentally Ill (NSMI) - letter sent

Planned Discharge

Readmit/Transfer

I verify the legal information is accurate Yes No

Referral Date: 09/21/2020 03:21 PM

Comments for Letter

[Save](#) [Create Level-II](#) [Level II Not Needed](#) [Generate Letter](#)

ARR/CIC:

Evaluation Status

Significant Mental Illness (and/or) ID/DD, RC

Not Seriously Mentally Ill (NSMI)

Readmit/Transfer

Verified Coma or Dementia Exemption Met

I verify the legal information is accurate Yes No

Referral Date
09/14/2020 10:35 AM

Comments for Letter

Save Create Level-II Level II Not Needed Generate Letter

- The Referral date will be auto filled with the date time stamp when the Facility User had sent the screening to OBRA Coordinator/CMH.

Evaluation Status	Options
Significant Mental Illness / ID/DD	Save, Create Level-II
Not Seriously Mentally Ill (Not SMI) / Not ID/DD - Letter Sent	Save, Level-II Not Needed, Generate Letter
Planned Discharge	Save, Level-II Not Needed, Generate Letter
Readmit/Transfer	Save, Level-II Not Needed, Generate Letter
Verified Exemption Met	Save, Level-II Not Needed, Generate Letter

Creating Level-II

A Level-II can be initiated only when the first option i.e. **Significant Mental Illness/ID/DD** is clicked, and YES is selected to the **“I verify Legal Information is accurate”** question. Upon doing so, screen navigates to the **Create Evaluation** screen and the **INP Queue** count will be increased by 1.

OBRA - Google Chrome
milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/evaluationdashboard/createevaluation/120270/createEvaluation//224598

OBRA INP 5 PENDING 0 COS 0 4 days 2 14 days 0 Requests 1 Letter 0

Create Evaluation
Home / Evaluations / Create Evaluation

Testnew TestnewL

* Eval Type HED

* Referral Date 06/22/2020

* Agency Clinton-Eaton-Ingham CMH

* Referral Sparrow Health System-St Lawrence Campus Lansing (MI)

* Facility Medilodge of Capital Area Lansing (MI)

Admission Date 06/21/2020

Reset Cancel Next

The Referral Date, Agency and Referral fields are read only. The Eval type, Facility field and the Admission date will be populated from the 3877-78 screening but in editable mode.

Clicking on Next button will navigate the Evaluation Level-I screen. The screen will be in read only mode with all fields prefilled from the 3877-78 screening.

Evaluation Level I Screen
Home / Evaluations / Evaluation Level I Screen

Testnew TestnewL

No Yes

1. The person has a current diagnosis of:
 Mental Illness Dementia Both

No Yes

2. The person has received treatment for:
 Mental Illness Dementia Both

No Yes

3. The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days.

No Yes

4. There is presenting evidence of mental illness or dementia including significant disturbances in thought, conduct, emotions, or judgment.

No Yes

5. The person has a diagnosis of developmental/intellectual disability or a related condition, including but not limited to epilepsy, autism, or cerebral palsy.

No Yes

6. There is presenting evidence of deficits in intellectual functioning or adaptive behavior which suggests that the person may have developmental/intellectual disability or a related condition.

test

Note:
The person screened shall be determined to require a comprehensive Level II OBRA evaluation if any of the above items are "YES", UNLESS a physician certifies on form DCH-3878 that the person meets at least one of the exemption criteria.

Reset Cancel Back Next

Clicking on **Next** button will navigate to the Assessment forms page.

The 3877 and 3878 Forms will be attached with the names **Auto-generated 3877.pdf** and **Auto-generated 3878.pdf** under the respective sections.

The screenshot displays a web interface for 'Assessment Forms - Testnew TestnewL'. At the top, there is a breadcrumb trail: Home / Evaluations / Assessment Forms - testnew testnewL. Below this is a user profile dropdown for 'Testnew TestnewL'. The interface is divided into three main sections for file uploads:

- 3877 :** A text input field, an 'Attach File' button, an 'Upload' button, and a link to 'Auto-Generated-3877.pdf'.
- 3878 :** A text input field, an 'Attach File' button, an 'Upload' button, and a link to 'Auto-Generated-3878.pdf'.
- Other Documents :** A text input field, an 'Attach File' button, and an 'Upload' button.

Below the upload sections is a table titled 'Comprehensive Level II Forms'.

AssessmentForm	Assessor	Counter Signee	Assign	Status
Psychosocial	--Select Assessor--	--Select Counter Signee--	Assign	Unassigned
Medical History & Examination	--Select Assessor--	--Select Counter Signee--	Assign	Unassigned
Psychiatric Assessment	--Select Assessor--	--Select Counter Signee--	Assign	Unassigned
Psychological Assessment	--Select Assessor--	--Select Counter Signee--	Assign	Unassigned

Note: Comprehensive Level II will have the 3877 and 3878 Forms at the end of the document.

In Progress Evaluation exists for the same consumer under the same OBRA/CMH Agency:

- ❑ This usually happens when the Consumer was transferred to a different facility under the same catchment area and that facility submits the screening to the OBRA Coordinator/CMH.
- ❑ The screening will NOT be present in the 4 Day or 14 Day queue. It will be present under the **Requests/Transfer** queue.
- ❑ Transfers are only handled by the OBRA Coordinators.

The screenshot shows the OBRA dashboard in a Mozilla Firefox browser. The address bar displays the URL: <https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/splashpage>. The dashboard header includes the OBRA logo and several status indicators: INP (5), PENDING (0), COS (0), 4 days (2), 14 days (0), Requests (1), and Letter (0). The 'Requests' indicator is highlighted with a red box. Below the header, there are two main sections: 'OBRA Notifications' and 'Outages'. The 'Outages' section contains a notification about daily maintenance on 01/11/2019.

❑ Request/Transfer Queue:

OBRA - Mozilla Firefox
https://milogintpdev.michigan.gov/mdhhs-waps2/obra/#/dashboard/splashpage

OBRA INP 5 PENDING 0 COS 0 4 days 2 14 days 0 Requests 1 Letter 0 project1039

OBRA Notifications

Outages

- Daily Maintenance M-F 4:00am-4:30am. Please make sure you are not in the OBRA Application during this time to avoid any save issues. 01/11/2019

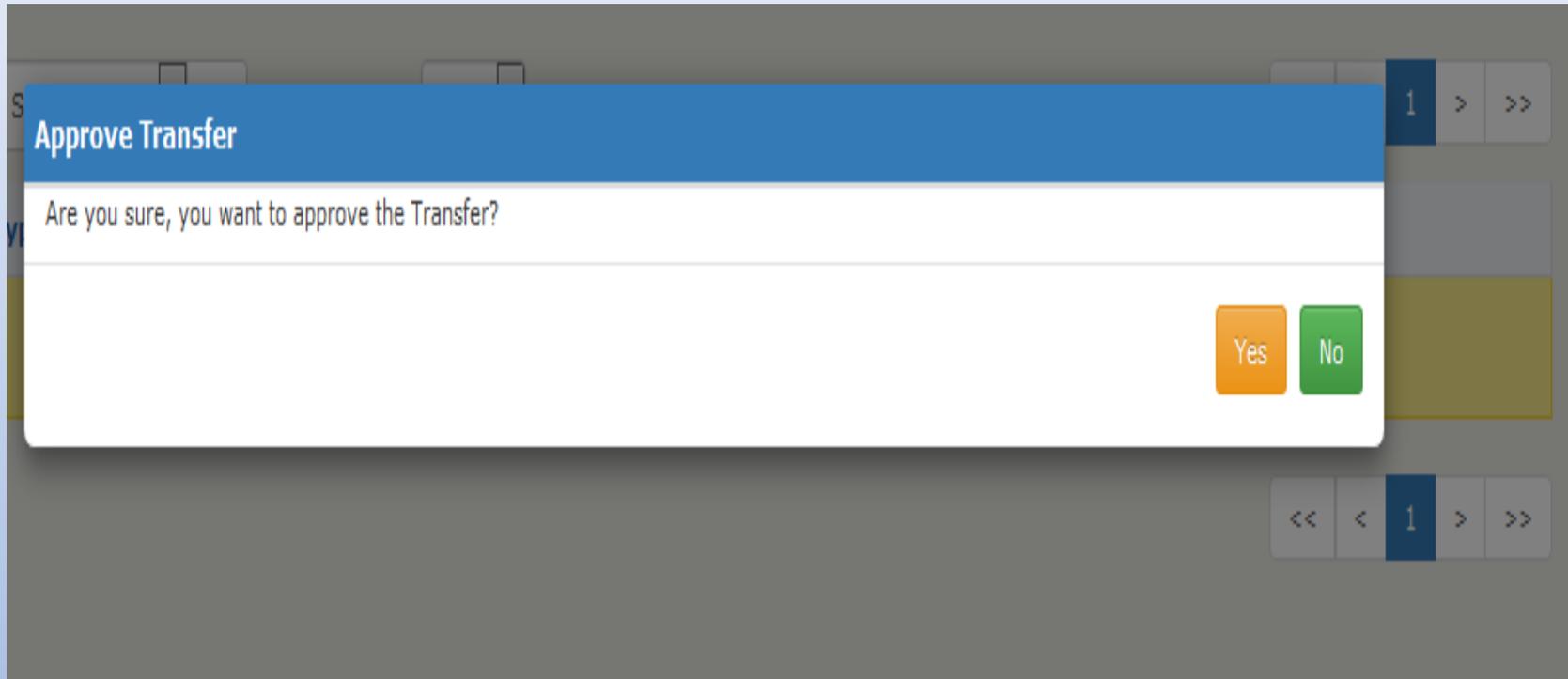
❑ Same Consumer has a record in the INP Queue:

Evaluation Queue - INP
Home / Evaluation Queue

Sort By Referral Date Show 10 entries Total Records: 5

Type	Status	Referral Date	Last Name	First Name	SSN	Current Status	Agency
ARR	INP	01/09/2020					Clinton-Eaton-Ingham CMH
ARR	INP	01/22/2020					Clinton-Eaton-Ingham CMH
HED	INP	05/07/2020	May7firstL	May7firstF			Clinton-Eaton-Ingham CMH
PAS	INP	06/04/2020	Abc Test Cns Transfer 1	Abc Test Cns Transfer 1	666-66-6662		Clinton-Eaton-Ingham CMH
HED	INP	06/22/2020	testnewL	testnew	898-99-1111		Clinton-Eaton-Ingham CMH

- ❑ Clicking on **Accept Transfer** button. The following will happen:



- ❑ Clicking on **YES** - Screening Record will go away from the Requests/Transfer queue.
- ❑ Also, the screening in the INP Queue will update the facility.

In Progress Evaluation exists for the same consumer under a different OBRA/CMH Agency:

- ❑ This usually happens when the Consumer was transferred to a different facility under a different catchment area and that facility submits the screening to their local CMH.
- ❑ The record will be present in the 4 Day or 14 Day queue. Upon creating a Level-II from the 3877-78 Detail page, a warning message will be displayed.



The screenshot displays a web application interface for a '3877-78 Detail' page. At the top left, there is a document icon and the title '3877-78 Detail'. Below the title, a breadcrumb trail shows 'Home / 3877-78 Detail'. A prominent red warning message is displayed in a box, stating: 'INP Evaluation exists. Please contact Coordinator of Clinton Eaton Ingham Agency'. To the right of the message is a red 'X' icon for closing the alert. At the bottom left, there is a blue user profile button labeled 'Daisy Duck' with a dropdown arrow.

Letters:

Not SMI DD/ Partial letter:

From the 4 day or the 14-day queue,

- ❑ Click on the Screening type hyperlink and land on the Detail Page. Screening section to have the comments filled in by the Facility User.

3877-78 Detail
Home / 3877-78 Detail

John Doe

Patient Information

SSN	999-99-9111	DOB	02/02/1988
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	1000 Main street Lansing, MI 11211		

3877-78 PAS ()

Screening Type	PAS	Referring Agency Name	Sparrow Clinton Hospital
Status	Level-II Ready	Agency Telephone	9892273400
Admission Date	<input type="text"/>	Created By	sparrowsecu1111
Comments	Sending to CEI		
		Created On	06/28/2020
		Modified By	sparrowsecu1111
		Modified On	06/28/2020

- ❑ Scroll down to the **Evaluation Status** section

For example for ARR:

The screenshot shows a web form titled "Evaluation Status". It contains several input fields and buttons. Red numbered callouts (1-5) are placed over the form to indicate the sequence of actions:

- 1**: A red callout points to the checkbox for "Not Seriously Mentally Ill (NSMI)", which is checked.
- 2**: A red callout points to the text "I verify the legal information is accurate" and the "Yes" radio button, which is selected.
- 3**: A red callout points to the "Comments for Letter" text area, which contains the text "this is the comment for NSMI Partial letter".
- 4**: A red callout points to the "Generate Letter" button.
- 5**: A red callout points to the "Level II Not Needed" button.

Other elements in the form include:

- Unselected checkboxes for "Significant Mental Illness (and/or) ID/DD, RC" and "Verified Coma or Dementia Exemption Met".
- A "Referral Date" field showing "09/04/2020 11:32 AM".
- Buttons at the bottom: "Save", "Create Level-II", "Level II Not Needed", and "Generate Letter".

- ❑ Select the second option i.e. Not Seriously Mentally Ill (NSMI), enter text in the “Comments for Letter” and click on Generate letter. (**Follow the steps in the order shown above for all letter’s**)
- ❑ The letter pops up in a new window. Please ensure that the “Pop Ups” are enabled on the browser.

Here is how a sample of the letter would look like:

- ❑ Once the letter is generated, the CMH Coordinator can mark the Level II as “Not needed”.
- ❑ The following are the letters available in the application:
 - Planned Discharge
(Applies to HED Only)
 - Not SMI/DD or Partial
(All Screening types)
 - Re-admit and Transfer
(Applies to all screening types)

OBRA PASARR CORRESPONDENCE

DO NOT REMOVE FROM RECORD

DATE (calendar)

Regarding: CONSUMER, DOB (auto populates both based on chart)

The PASARR Level I (DCH-3877) for the above-named recipient has been received and reviewed by the _____ (dropdown) OBRA Coordinator.

Based on a review of the available information, and/or a face to face contact with the recipient and there is a:

Based on a review of the available information, the recipient was **admitted to the nursing facility with a hospital exemption or with an incorrect 3877 form. Although the resident remains at the nursing facility, there is a tentative discharge date scheduled within 2 weeks.** Therefore, a Level II OBRA assessment will not be initiated at this time.

If that plan changes, please notify the local OBRA Office as soon as possible for appropriate follow up.

*Narrative box for comments pertaining to decision.

Sincerely,

CMHSP OBRA Coordinator & credentials

(drop down will indicate which County/Catchment area as well)

Planned Discharge

Re-admit and
Transfer Letter

OBRA PASARR CORRESPONDENCE

DO NOT REMOVE FROM RECORD

DATE (calendar)

Regarding: CONSUMER, DOB (auto populates both based on chart)

The PASARR Level I (DCH-3877) for the above-named recipient has been received and reviewed by the _____ (dropdown) OBRA Coordinator.

Based on a review of the available information, and/or a face to face contact with the recipient and there is a:

Based on a review of the available information, the recipient had been residing in a nursing facility prior to this hospitalization and will return to a nursing facility. There is an exception in the OBRA rules which states that a Level II screening is NOT required if the person was in a nursing facility immediately prior to a MEDICAL hospital admission, even if the person transfers to a DIFFERENT facility.

A nursing facility resident also does NOT require an OBRA Level II screening PRIOR TO transferring from one nursing facility to another nursing facility. There is an exception in the OBRA rules that states that a Level II screening *is NOT required prior to transfer if the person is in a nursing facility and transfers to a DIFFERENT facility.*

The staff at the admitting nursing facility should submit the forms received in the discharge/transfer packet to the OBRA office in their county to initiate the OBRA Level II screening process.

The nursing facility has the right to request an OBRA screen regardless of the circumstances to ensure they can safely accommodate the person's needs.

Sincerely,

CMHSP OBRA Coordinator & credentials

(drop down will indicate which County/Catchment area as well)

Not SMI/IDD or
Partial Letter

OBRA PASARR CORRESPONDENCE

DO NOT REMOVE FROM RECORD

DATE (calendar)

Regarding: CONSUMER, DOB (auto populates both based on chart)

The PASARR Level I (DCH-3877) for the above-named recipient has been received and reviewed by the _____ (dropdown) OBRA Coordinator.

Based on a review of the available information, the recipient **does not meet criteria for a serious mental illness, developmental disability, intellectual disability, or related condition under the PASARR provisions** but may have a less than serious mental illness.

The recipient may be admitted to or remain in the nursing facility and receive mental health services. Further PASARR Level II Evaluations (Annual Resident Reviews) are not required unless a significant change has been reported by the nursing facility.

This does not alter the nursing facility's requirement for completing the annual Level I (DCH-3877) or reporting significant changes to the CMHSP or their contract agency. A copy of this notice is required to remain in the recipient's medical record along with the current Level I (DCH 3877).

****Narrative box (not a required field).**

This is where the Coordinator could type a specific message such as if a face-to-face assessment was completed, by whom and what date.

Sincerely,

CMHSP OBRA Coordinator & credentials

(drop down will indicate which County/Catchment area as well)

Special Expectations for Implementation

Specific Responsibilities:

- The State OBRA Office is asking that each of the OBRA Coordinators and their staff make sure that each facility (All referral sources) in your catchment area receive the notice regarding training and implementation schedules.
- Reach out and try to talk to at least one individual within each facility to ensure that they understand the expectation of *their* compliance with this process change.
- Contact our office with any special issues as needed.
- OBRA Coordinators will provide technical assistance with Admin User Roles, only contacting State OBRA if issue can't be resolved.
- If you get any questions related to "Downtime" please respond with, "Most issues are normally resolved within 24 hours and there will be a backup plan available for these issues utilizing a paper form. We will update you with a written procedure when completed prior to the first group going live. Please note that in the last couple of years the longest unexplained outage was about one hour.
- Thank you all for your effort and assistance with getting the information out to everyone!**

Electronic 3877 & 3878 Project –Implementation Schedule

09/24/2020

Phased Implementation	Go Live Date	
Phase I – PROD LIVE for User registration for all Users Statewide	Wed 10/28/20	Wed 11/11/20
Phase II – Go live Group 1 - Mid-State and Lakeshore Regions	Thu 11/12/20	
Phase III – Go Live Group 2 - Region 10, Oakland, Macomb, Wayne and CMH Partnership of SE Michigan	Tue 12/01/20	
Phase IV – Go Live Group 3 - Southwest Michigan and Northern Michigan	Mon 12/07/20	
Phase V – Go Live Group 4 - Northcare Network (Upper Peninsula)	Thu 12/10/20	

Groups can not use the new electronic process until their identified “Go Live” date. There is no “sandbox” to test out the new system. We are sorry that this is not going to be available. If people go in and try to use the system before the assigned “Go Live” date, discharge dates and the OBRA evaluation process will end up being delayed.

Group 1
Mid-State
and
Lakeshore
Group 2
Region 10,
Oakland,
Macomb,
Wayne and
CMH
Partnership
of SE
Michigan
Group 3
SW Michigan
and Northern
Michigan
Group 4
Northcare
Network (UP)

Electronic 3877 & 3878 Project – Training Schedule 09/24/2020

OBRA State Team – 9/23/2020 1:00 PM – 4:00 PM EST - **Completed**
<https://somedhhs.adobeconnect.com/eif8s74shaou/event/registration.html>

OBRA Coordinators Webinar – 9/28/2020 1:00 PM – 4:00 PM EST
<https://somedhhs.adobeconnect.com/e1pi5w0ul065/event/registration.html>

OBRA Implementation **Group 1** Webinar – 10/02/2020 9:00 AM – 12:00 PM EST
<https://somedhhs.adobeconnect.com/edj6m0iko954/event/registration.html>

OBRA Implementation **Group 2** Webinar – 10/06/2020 1:00 PM – 4:00 PM EST
<https://somedhhs.adobeconnect.com/exc90l7bzvmw/event/registration.html>

OBRA Implementation **Group 3** Webinar – 10/09/2020 1:00 PM – 4:00 PM EST
<https://somedhhs.adobeconnect.com/edvik24giubm/event/registration.html>

OBRA Implementation **Group 4** Webinar – 10/13/2020 1:00 PM – 4:00 PM EST
<https://somedhhs.adobeconnect.com/ej7fhl84kxgv/event/registration.html>



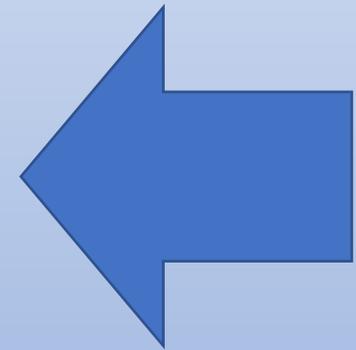
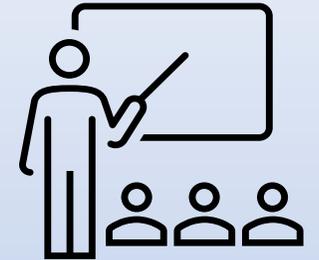
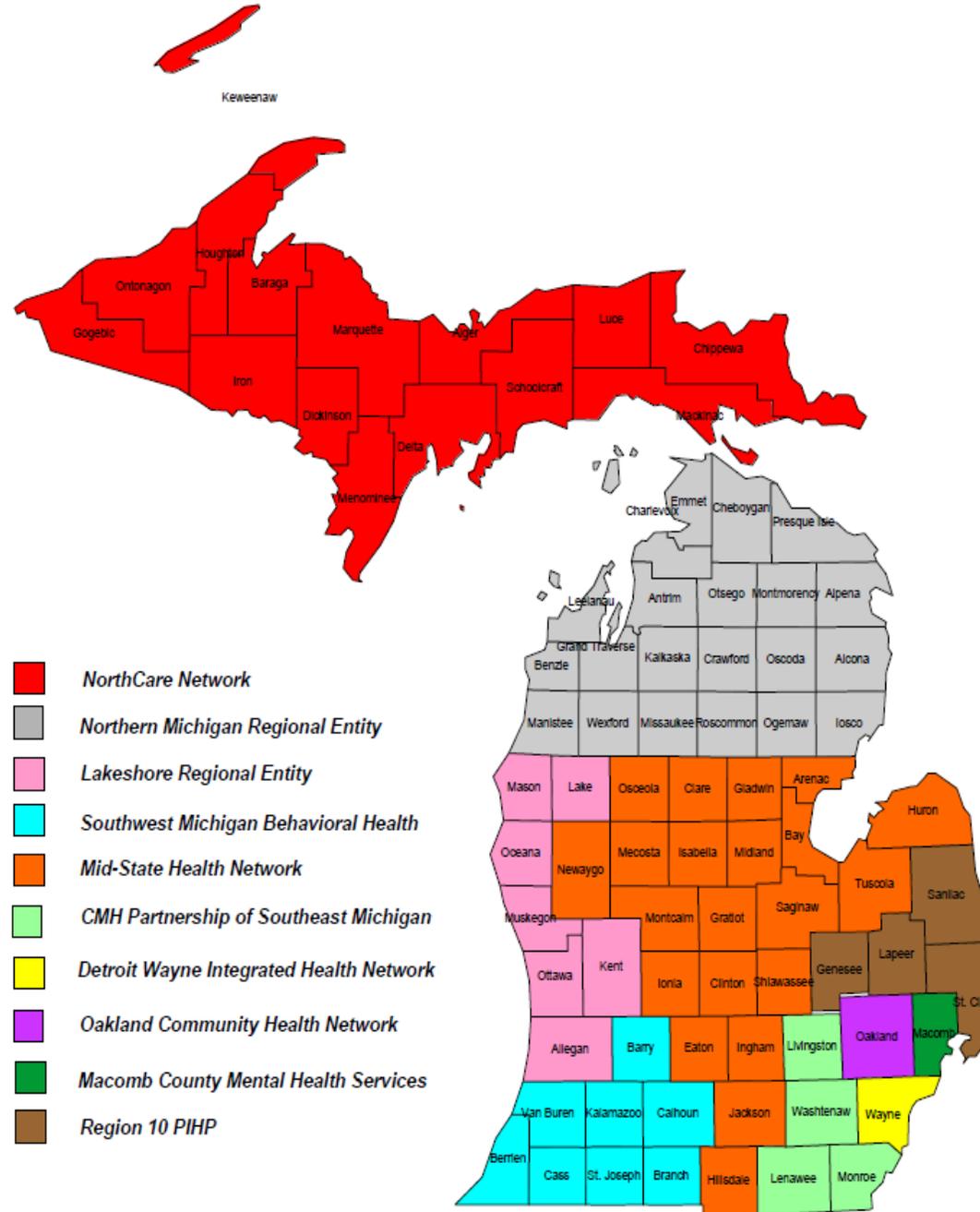
Please provide
the training link
to facilities
located in the
assigned “group”

First

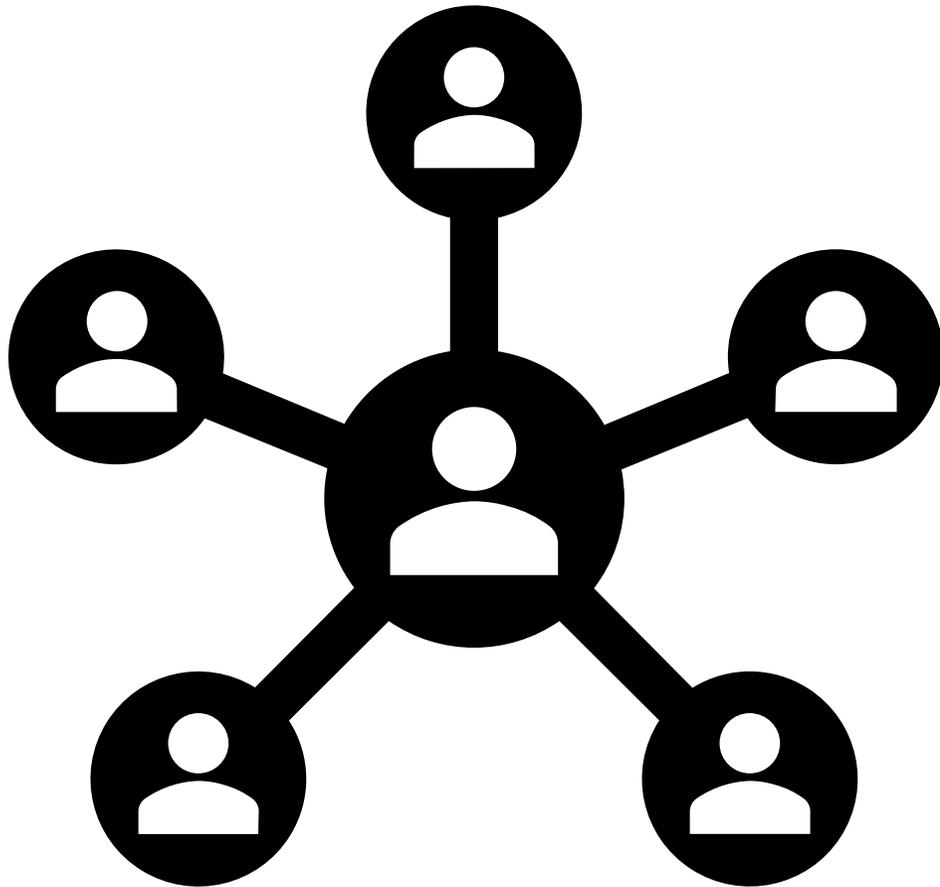
Find where your catchment area is

Second

Identify which region you are in using the key on the left side of the map by color to determine



Facility Group Names



Facility Name	New Facility Name	Facility Group Name
Aberdeen Rehabilitation and Skilled Nursing Center		Aberdeen
Advantage Living Center NW	Advantage Living Center - Northwest	Advantage
Advantage Living Center - Samaritan Manor	Advantage Living Center - Samaritan	Advantage
Advantage Living Center - Armada		Advantage
Advantage Living Center- Redford		Advantage
Advantage Living Center- Roseville		Advantage
Advantage Living Center- Southgate		Advantage
Advantage Living Center- Warren		Advantage
Advantage Living Center Wayne		Advantage
Advantage Living Center-Harper Woods		Advantage
Advantage Living Center- Battle Creek		Advantage
Aerius Health Center		Aerius
Altercare of Big Rapids CTR For Rehab & Nursing Care	Aftercare Big Rapids	Aftercare
Allegan County Medical Care Facility	Allegan County Medical Care Community	Allegan CMCC
Meadow Brook Medical Care Facility		Antrim County
Arbor Manor Rehab and Nursing Center		Arbor Manor
Allegan General Hospital	Ascension Allegan Hospital	Ascension Michigan
Borgess Pipp Hospital	Ascension Borgess Pipp Hospital	Ascension Michigan
Ascension Standish	Ascension Standish Hospital	Ascension Michigan
Ascension Standish Long Term Care	Ascension Standish Hospital Skilled Nursing	Ascension Michigan
Ascension St Mary's Hospital		Ascension Michigan