Nursing Facility Reporting of Omnibus Budget Reconciliation Act (OBRA) Information NURSING FACILITY MUST FILL IN ALL SECTIONS BELOW

(FAX OR SECURE EMAIL FORM within 48 clock hours of individual's event to your Field Operations Office)

SECTION I – NURSING FACILITY INFORMATION

NURSING FACILITY NAME AND COMPLETE ADDRESS:	DATE SENT:	COUNTY CODE:	SERVICE PROVIDER ID (13 DIGITS):			
	CONTACT PERSON & TITLE:		TELEPHONE NUMBER:			
	EMAIL ADDRESS:		FAX NUMBER:			

SECTION II – RESIDENT INFORMATION								
NAME (LAST, FIRST, MIDDLE):			DATE OF	BIRTH:	SOCIAL SECURITY NUMBER:	ORIGINAL ADMISSION DATE:		
CATEGORY:	PROGRAM OFFICE (PO) LETTER DATES:	LONG-TERM:	SHORT-TERM (≤180 DAYS):	NFI:	DOES NOT MEET PO CRITERIA:	CHECK IF INFORMATION WAS FOR- WARDED TO ANOTHER PO(s):	SPECIALIZED SERVICES:	
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SECTION III – RESIDENT TRACKING DATA						
□ NEW ADMISSION DATE: If the individual is from out of state, note it in the comment section.	CHANGE IN CRITERIA DATE: Any change in the individual that previously met or now meets criteria for MH, ID/DD and/or ORC program office: staying longer than authorized					
EXCEPTIONAL ADMISSION DATE: As described in the Exceptional Admission Section of the Pennsylvania PASRR Level I (MA 376 form)	time frame, awoke from coma, etc. Explain in comment section what the change is and who was spoken to at the program office if this is an extension.					
 RESIDENT IS AN EXEMPTED HOSPITAL DISCHARGE (30 DAYS OR LESS) Attach physician documentation of the 30-day time limit and stability 	□ UNREPORTED RESIDENT DATE: Individual meets PO criteria but was not reported on this form. Explain what was not identified in the comment section.					
 RESIDENT REQUIRES RESPITE STAY (14 DAYS OR LESS) Attach private physician note for need for 24-hour care for 14 days or less 	DISCHARGE DATE: Explain in the comment section where the individual was discharged to.					
 RESIDENT REQUIRES EMERGENCY PLACEMENT (30 DAYS OR LESS) Attach adult protective services document for this type of admission 	DATE:					
 RESIDENT IS IN A COMA OR FUNCTIONS AT BRAIN STEM LEVEL Attach physician documentation 	INDIVIDUAL NEEDS A PASRR LEVEL II:					
COMMENTS:						

FIELD OPERATIONS OFFICE NAME AND ADDRESS:	FOR DHS-OLTL USE ONLY:		
	FIELD OPERATIONS REPRESENTATIVE SIGNATURE		

Nursing Facility Reporting of Omnibus Budget Reconciliation Act (OBRA) Information MA 408 Form Instructions

- 1. Nursing Facility (NF) must fill in all sections of the form.
- Fax or secure email the form to the appropriate Field Operations Office within 48 clock hours of the individual's event. Include a copy of the PASRR Level I and program office (PO) letter(s) when form is faxed or secure emailed. Do not send a PASRR Level I or PO Letter for Discharge or Expired individuals.

SECTION I – NURSING FACILITY INFORMATION

- 3. Enter complete name and address for the nursing facility.
- 4. Enter date the form is sent.
- 5. Enter the Pennsylvania county code for where the nursing facility is located.
- 6. Enter the 13-digit Medical Assistance (MA) Service Provider Identification number for the nursing facility.
- 7. Enter the name of contact person, title, email address, telephone number, and fax number incase of any questions.

SECTION II – RESIDENT INFORMATION

- 8. Enter the individual's name, date of birth, Social Security Number (all 9-digits), and original admission date.
- 9. Check the PO category for the criteria met: MH (Mental Health), ID/DD (Intellectual/Developmental Disability), or ORC (Other Related Condition).
- 10. Enter the date of the PO letter that the individual has received.
- 11. Enter the following information from the letter: Check if Long-term, Short-Term, NF Ineligible (NFI), does not meet the PO criteria, check if the packet has been forwarded to another PO, and whether there are specialized services recommended.

SECTION III – RESIDENT TRACKING DATA

- 12. Check the reason for sending the MA 408 form. Enter the date of the event. All entries should be explained in the comment section.
 - New Admission An individual that is new to the NF and meets criteria for MH, ID/DD, or ORC program office on the PASRR Level I, has been evaluated with a PASRR Level II, has a PO letter, or is from out of state. Explain in the comment section where the individual was admitted from, such as state (if from out of state), community setting, hospital, and/ or prior NF.
 - **Exceptional Admission** Check the type of exceptional admission, and check that you are attaching the additional information that must be faxed with the MA 408 form.
 - **Change in Criteria** Any change in the individual that previously met or now meets criteria for MH, ID/DD, and/or ORC program office; i.e., individuals staying longer than authorized time frame or someone that wakes from a coma, etc. Explain in the comment section what the change is and who was spoken to at the PO if this is an extension.
 - **Unreported Resident** Individual meets PO criteria, but for some reason, it was not reported to the Field Operations Office on this form; i.e., admitted an individual that is an exceptional admission without documentation. Explain in the comment section on the form.
 - **Discharge** Explain in the comment section where the individual was discharged to. If the individual is expected to return to the NF after hospitalization, do not send this form.
 - Expired Check and date when an individual expires.
 - Individual Needs a PASRR Level II Check who is to evaluate the individual.