



3877-78 User Manual for Facility Users  
OBRA  
(Omnibus Budget Reconciliation Act)

## COPYRIGHT INFORMATION

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*All previous editions/versions obsolete*

## REVISION HISTORY

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NAME	DESCRIPTION	VERSION	DATE
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## Accessing the OBRA application (MILogin)

MILogin is the new 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.

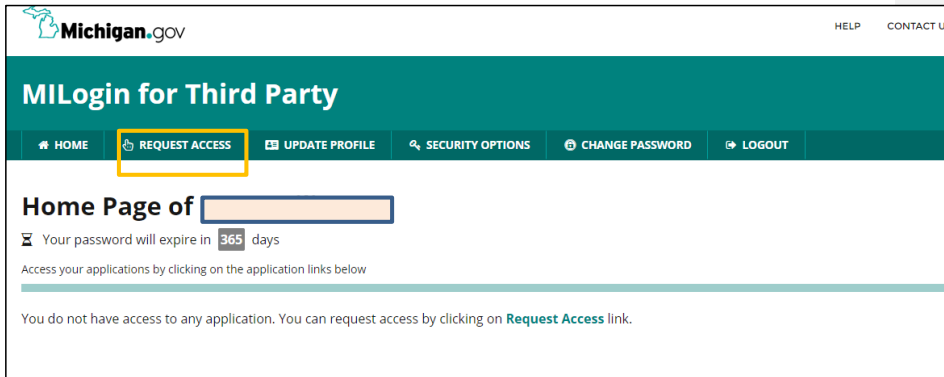
If you are a new user to the MILogin State of Michigan MICAM solution, you must register to create your User ID and Password.

**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.

## Requesting access to the OBRA application

After successful MILogin login, click the **Request Access** button as shown below highlighted in orange to request access to the OBRA application.

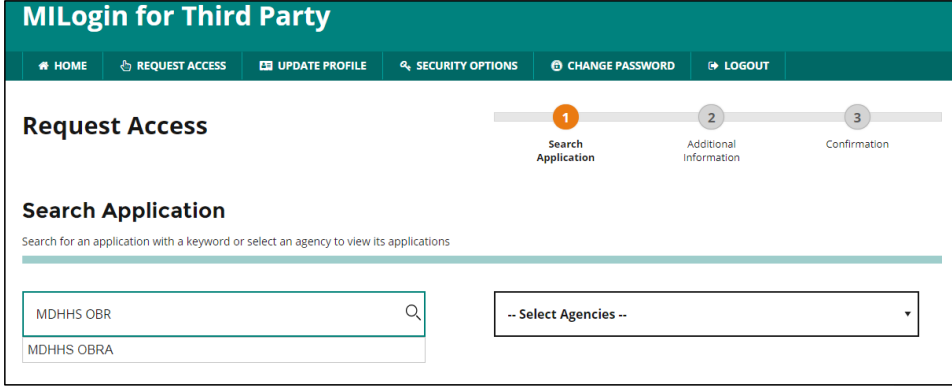


The screenshot shows the Michigan.gov MILogin for Third Party interface. At the top left is the Michigan.gov logo. At the top right are links for HELP and CONTACT US. Below this is a teal header with the text "MILogin for Third Party". Underneath the header is a navigation bar with several buttons: HOME, REQUEST ACCESS (highlighted in orange), UPDATE PROFILE, SECURITY OPTIONS, CHANGE PASSWORD, and LOGOUT. The main content area displays "Home Page of [redacted]" and a password expiration notice: "Your password will expire in 365 days". Below this, it says "Access your applications by clicking on the application links below". At the bottom, it states "You do not have access to any application. You can request access by clicking on Request Access link."

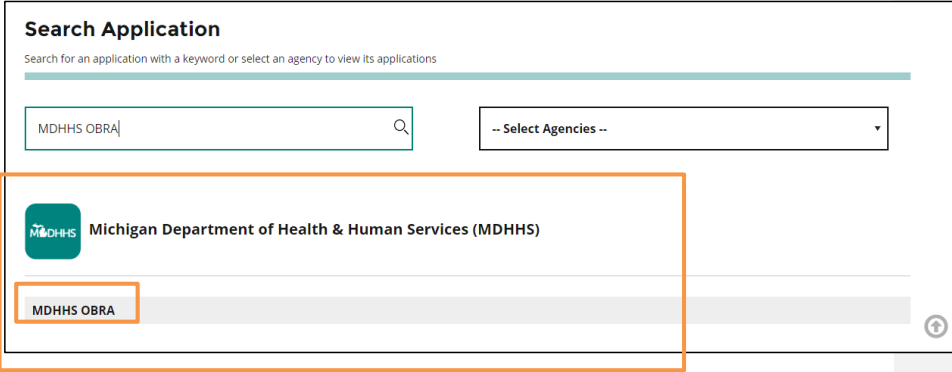


Once clicked, the system will display the **Request Access** screen as shown below. Follow the guidelines/steps listed on the screen to select MDHHS OBRA and click the **Request Access** button to submit.

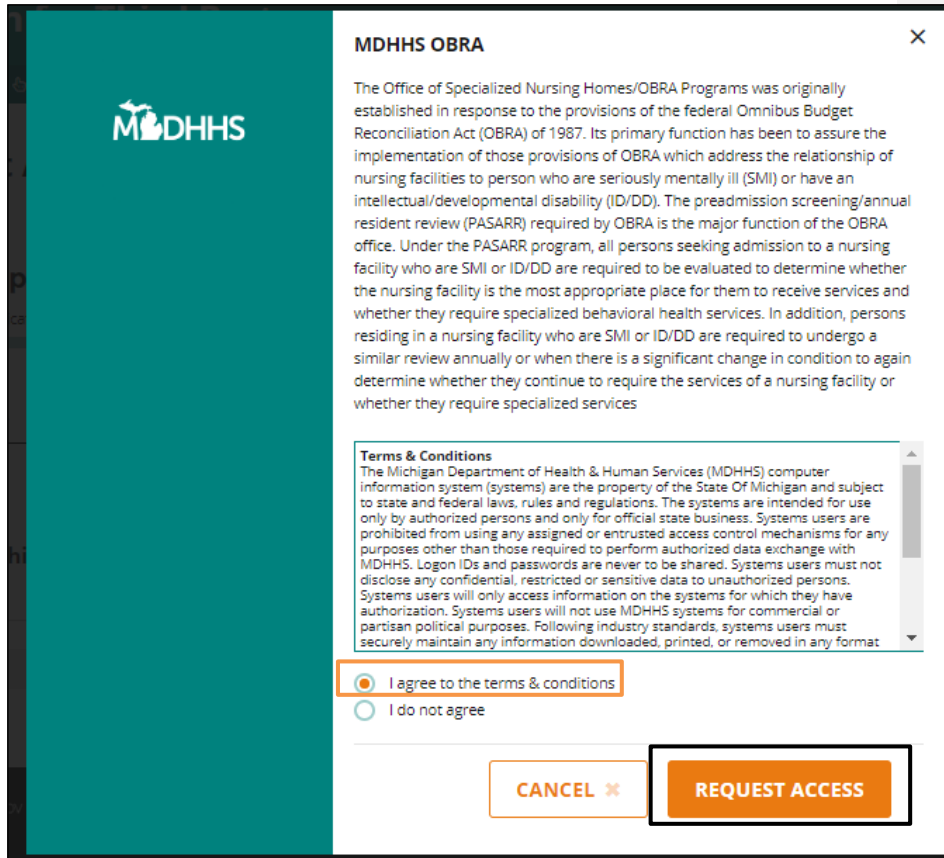
Step1: Type MDHHS OBRA and the application will be populated in the dropdown below.



Step2: Click on MDHHS OBRA on the dropdown, and then the below section will appear, highlighted in Orange color.



Click the name of the application being requested and agree to the terms and conditions.



The screenshot shows a modal dialog box titled "MDHHS OBRA" with a close button (X) in the top right corner. On the left side of the dialog is a teal vertical bar with the MDHHS logo. The main content area contains a paragraph of text explaining the purpose of the OBRA programs. Below this text is a section titled "Terms & Conditions" with a scrollable area containing detailed legal text. At the bottom of the dialog, there are two radio button options: "I agree to the terms & conditions" (which is selected and highlighted with an orange border) and "I do not agree". At the very bottom, there are two buttons: "CANCEL ✕" 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 ✕** **REQUEST ACCESS**

Click the "Request Access" button to initiate the request for access.

## Request Access

### Additional Information

Provide following information to submit your access request

\* Required

\* Email Address

tst@facility.com

Mobile Number

\* Work Phone Number

SUBMIT

RESET

Click on Submit button and the system will display a confirmation screen as shown below indicating that the request for access has been successfully submitted.

## Request Access

1

✓ Search Application

2

✓ Additional Information

3

Confirmation

### Confirmation

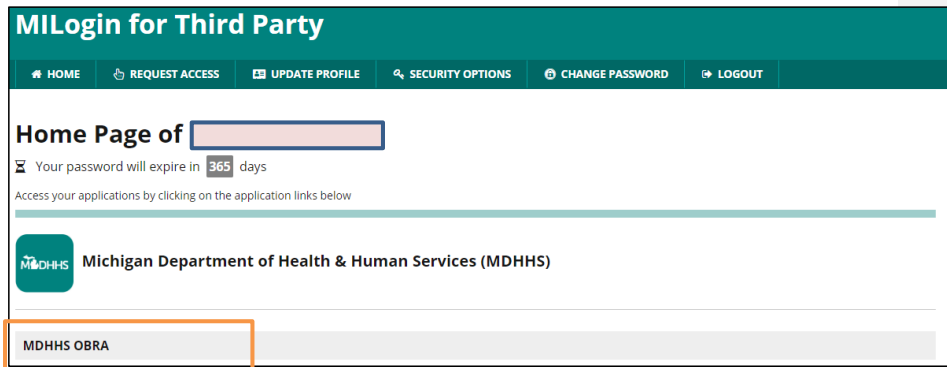
✓ Success

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

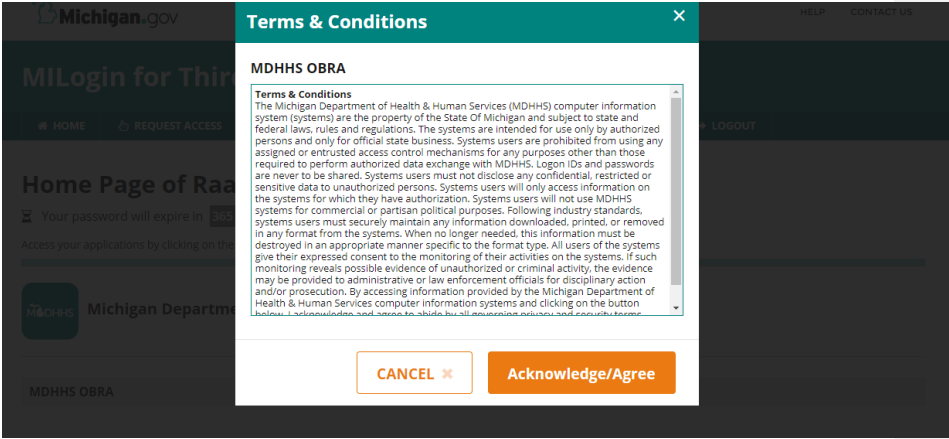
Once your subscription request to the MDHHS OBRA application has been processed the application link will be available the next time you login to your MILogin account.



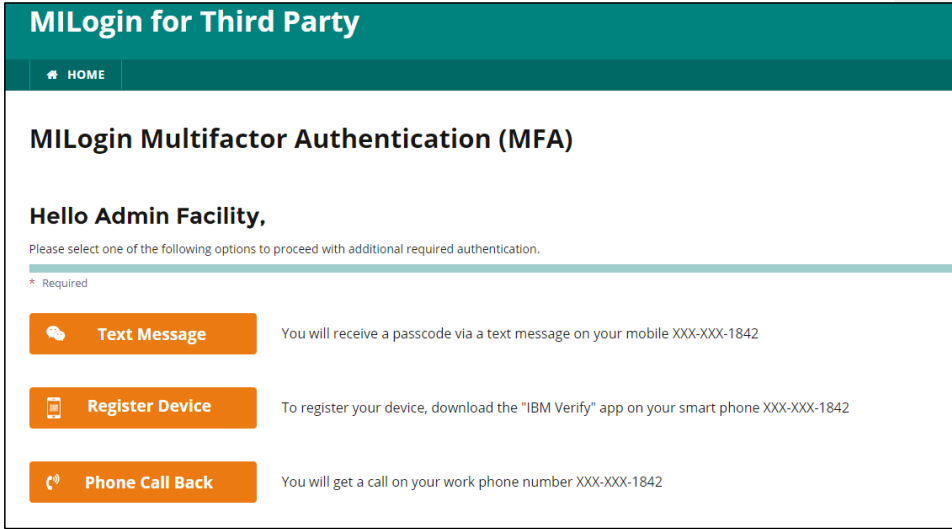
The screenshot displays the MILogin for Third Party interface. At the top, there is a teal navigation bar with the title "MILogin for Third Party" and several menu items: HOME, REQUEST ACCESS, UPDATE PROFILE, SECURITY OPTIONS, CHANGE PASSWORD, and LOGOUT. Below the navigation bar, the page content includes a "Home Page of" section with a redacted name, a password expiration notice ("Your password will expire in 365 days"), and a section titled "Access your applications by clicking on the application links below". Under this section, there is a card for "Michigan Department of Health & Human Services (MDHHS)" with a logo. At the bottom of the page, a link labeled "MDHHS OBRA" is highlighted with an orange border.

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

Click the **Acknowledge/Agree** button to proceed with MILogin Multifactor Authentication.



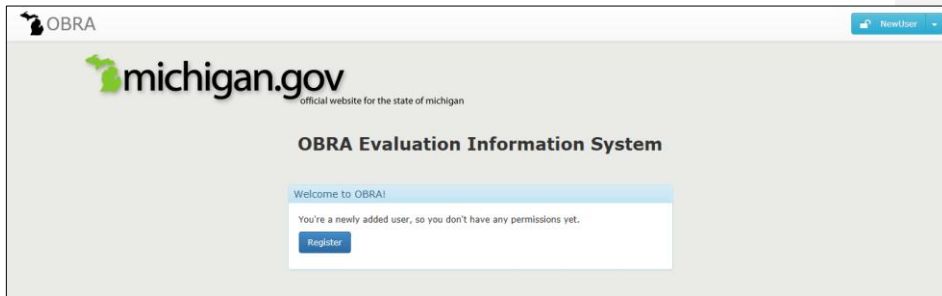
Select one of the following options to proceed with the MILogin Multifactor Authentication.




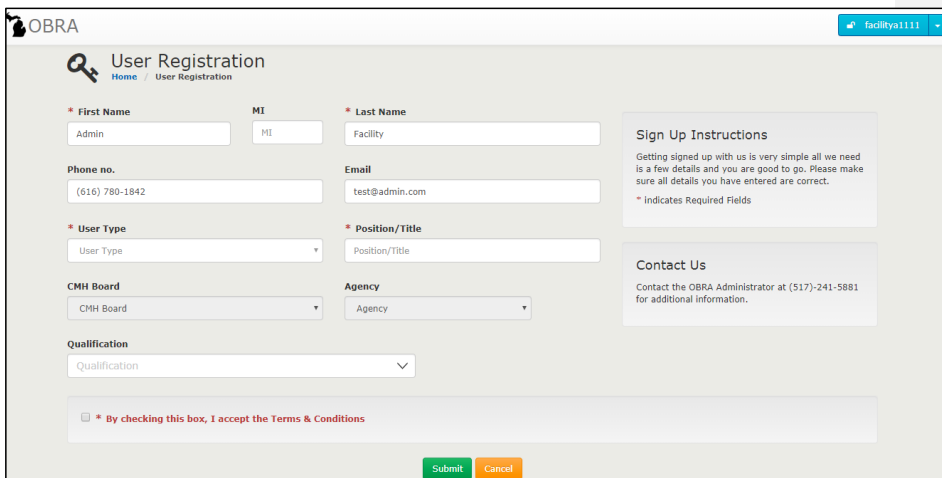
Once successfully authenticated, the system will present the user with their respective **Main Dashboard** based on their assigned role or with the message indicating that Registration is required.

## Requesting permissions to the OBRA application

Registration is also required to be granted permissions to the OBRA application. Click the **Register** button to begin the registration process.



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

A screenshot of the "User Registration" form. The form is titled "User Registration" and includes a breadcrumb "Home / User Registration". It contains several required fields marked with a red asterisk: "First Name" (with value "Admin"), "MI" (with value "MI"), "Last Name" (with value "Facility"), "Phone no." (with value "(616) 780-1842"), "Email" (with value "test@admin.com"), "User Type" (dropdown menu), "Position/Title" (text input), "CMH Board" (dropdown menu with value "CMH Board"), "Agency" (dropdown menu with value "Agency"), and "Qualification" (dropdown menu). There is also a checkbox for "By checking this box, I accept the Terms & Conditions". On the right side, there are two informational boxes: "Sign Up Instructions" and "Contact Us". At the bottom, there are "Submit" and "Cancel" buttons.

Upon entering various information on the screen, there will be additional fields needed based on the user type and role.

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

The screenshot shows a web form titled "User Registration" with a navigation bar containing "Home / User Registration". The form contains the following fields and sections:

- \* First Name:** Text input field containing "Admin".
- MI:** Text input field containing "MI".
- \* Last Name:** Text input field containing "Facility".
- Phone no.:** Text input field containing "(616) 780-1842".
- Email:** Text input field containing "test@admin.com".
- \* User Type:** A dropdown menu is open, showing a list of options: "User Type", "MDHHS-OBRA Staff", "CMH", "Qualified Professionals", "CMH/Qualified Professional", "3877/78 Admin", "3877/78 User", and "3877/78 View Only". This section is highlighted with an orange border.
- \* Position/Title:** Text input field containing "Position/Title".
- Agency:** Dropdown menu with "Agency" selected.
- Qualification:** Dropdown menu with "Qualification" selected.
- \* By checking this box, I accept the Terms & Conditions**
- Submit** (green button) and **Cancel** (orange button) buttons at the bottom right.

**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:** This User Type is reserved for those entering 3877 Forms, 3878 Forms, admitting Consumers into Facilities and sending the Level-I screening to CMH Agency or discharging the Consumers.

**3877/78 View Only:** This User Type is reserved for clerical staff who needs to only view the completed 3877 and 3878 Forms in a Facility.

**User Selects 3877-78 Admin as User Type:**

The screenshot shows the 'User Registration' form with the following fields and values:

- \* First Name:** Admin
- MI:** MI
- \* Last Name:** Facility
- Phone no.:** (616) 780-1842
- Email:** test@admin.com
- \* User Type:** 3877/78 Admin (selected in a dropdown)
- \* Position/Title:** Position/Title
- CMH Board:** CMH Board (selected in a dropdown)
- Agency:** Agency (selected in a dropdown)
- \* User Role:** Roles (selected in a dropdown)
- License:** License Number
- \* Facility Group:** Facility Group (selected in a dropdown)
- Qualification:** Qualification (selected in a dropdown)
- \* Authorization Document:** Attach File button

Additional elements on the right side of the form include:

- 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.

At the bottom, there is a checkbox and text:  \* I hereby acknowledge that as a Facility Administrator that I am responsible and liable for granting access to Facility users into OBRA application.

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

- CMH Board and Agency fields will be greyed out
- User Role and License Number fields appear, they are mandatory fields.
- Facility Group drop down appears with capability to select only one group and with a "View Facilities" link next to it

If User Role is selected as Facility Admin and any Facility Group is selected from the drop down "View Facilities" link is clicked, it will bring up the list of facilities under the Facility Group.



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

Facility Admin X License Number

**\* Facility Group**

County Group [View Facilities](#)

**Qualification**

Qualification

**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, an "Authorization document" is mandatory. It can be in a PDF, .doc, or .docx format.

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

Facility Admin X License Number

**\* Facility Group**

County Group [View Facilities](#)

**Qualification**

Qualification

**\* Authorization Document**

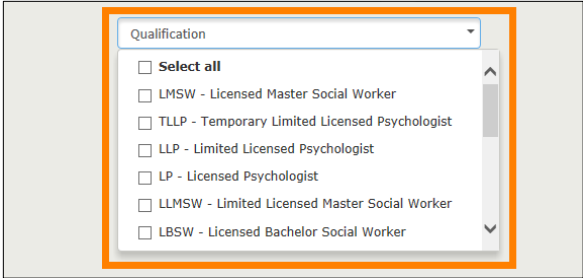
[Attach File](#)

**\* 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](#)

Before submitting the registration, the "I hereby acknowledge that as a Facility Administrator that I am responsible and liable for granting access to Facility users into OBRA application" check box needs to be checked.

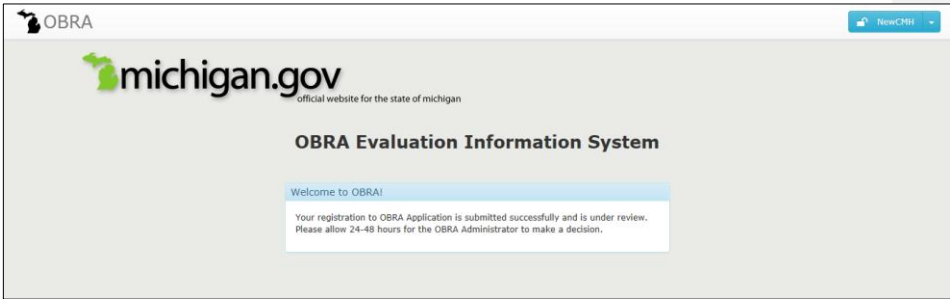
**Note:** Likewise, select all valid Qualifications that apply.



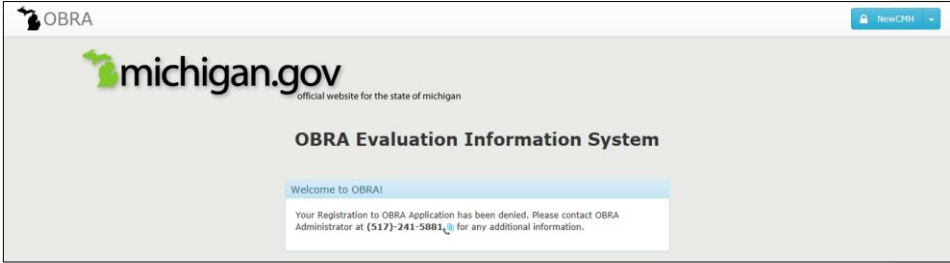
A screenshot of a web form showing a dropdown menu labeled "Qualification". The dropdown is open, displaying a list of checkboxes and their corresponding qualification names:

- 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 make a decision.



If your registration to the OBRA Application was denied. Contact the OBRA Administrator at (517)-241-5881 for additional information.



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.

**User Selects 3877-78 User 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 registration form includes the following fields and sections:

- \* First Name:** Text input field with "User" entered.
- MI:** Text input field with "MI" entered.
- \* Last Name:** Text input field with "Facility" entered.
- Phone no.:** Text input field with "(616) 780-1842" entered.
- Email:** Text input field with "mai@test.com" entered.
- \* User Type:** Dropdown menu with "3877/78 User" selected.
- \* Position/Title:** Text input field with "Position/Title" entered.
- CMH Board:** Dropdown menu with "CMH Board" selected.
- Agency:** Dropdown menu with "Agency" selected.
- \* User Role:** Dropdown menu with "Roles" selected.
- License:** Text input field with "License Number" entered.
- \* Facility:** Dropdown menu with "Facility" selected. This field is highlighted with an orange border.
- Qualification:** Dropdown menu with "Qualification" selected.
- Sign Up Instructions:** Text block stating "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." and a note "\* indicates Required Fields".
- Contact Us:** Text block stating "Contact the OBRA Administrator at (517)-241-5881 for additional information."
- Terms & Conditions:** A checkbox with the text "\* By checking this box, I accept the Terms & Conditions".
- Buttons:** "Submit" (green) and "Cancel" (orange).

The facility selection dropdown menu displays the following list of facilities, each with a checkbox:

- 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)

At the bottom of the dropdown, there is a search bar with the text "Facility" and an upward arrow.

User Role dropdown:

Role-3877  
Role-3878  
Facility Admission  
Facility worker

Roles

Required

**Select User Role as Role-3877:**

Qualification to be selected:

At least one of RN,LBSW, LLBSW,LMSW,LLMSW,LPC,LLPC,LP,LLP,PA,DO,MD, Nurse Practitioner is mandatory

**Select User Role as Role-3878:**

Qualification to be selected:

At least one of PA, DO, MD, Nurse Practitioner 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

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 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**

Required

**\* 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.

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

User Role dropdown:

View Only

Roles

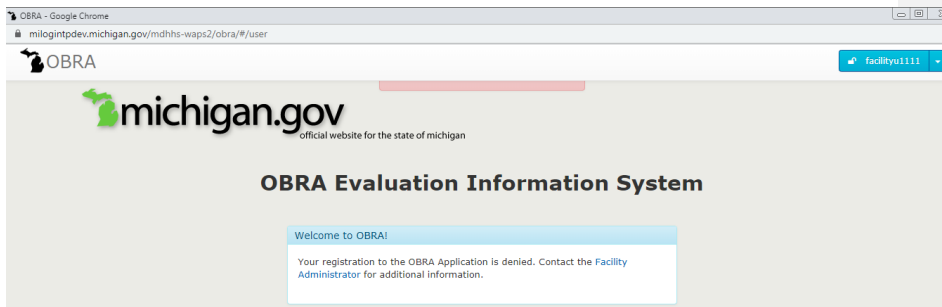
**Select User Role as View Only:**

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 for review. Please allow 24-48 hours for the OBRA Administrator to make a decision.



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



Once the Facility Administrator 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 that approved facility.**

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

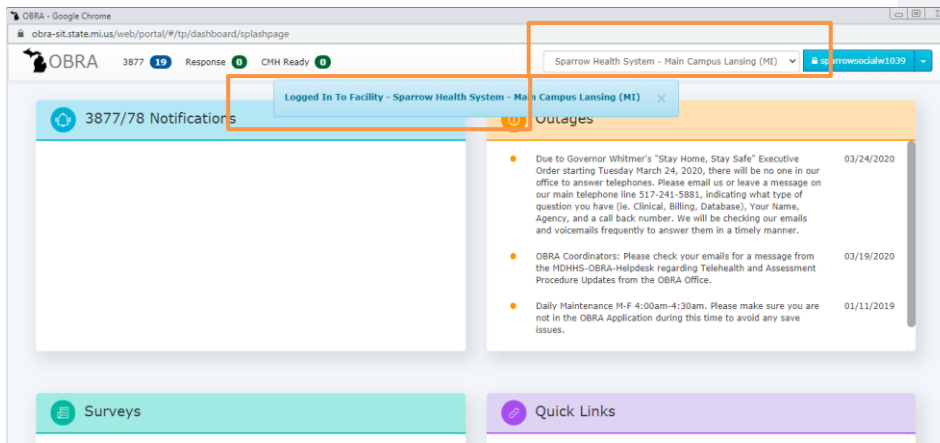
*Facility Admin*

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 there would be a message as shown below.

*Role-3877 (Splash Page):*



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

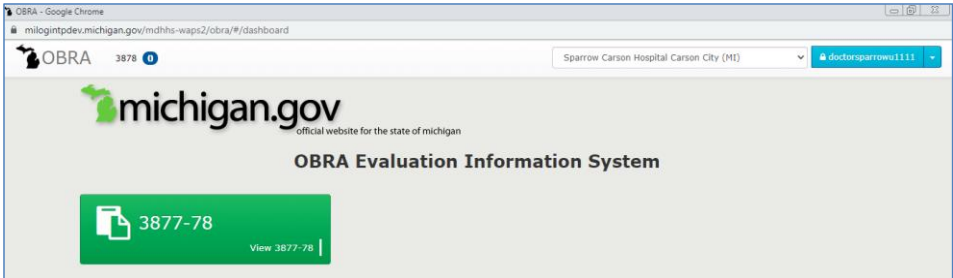
*Role-3877 (Dashboard):*



**Facility Toggle:**

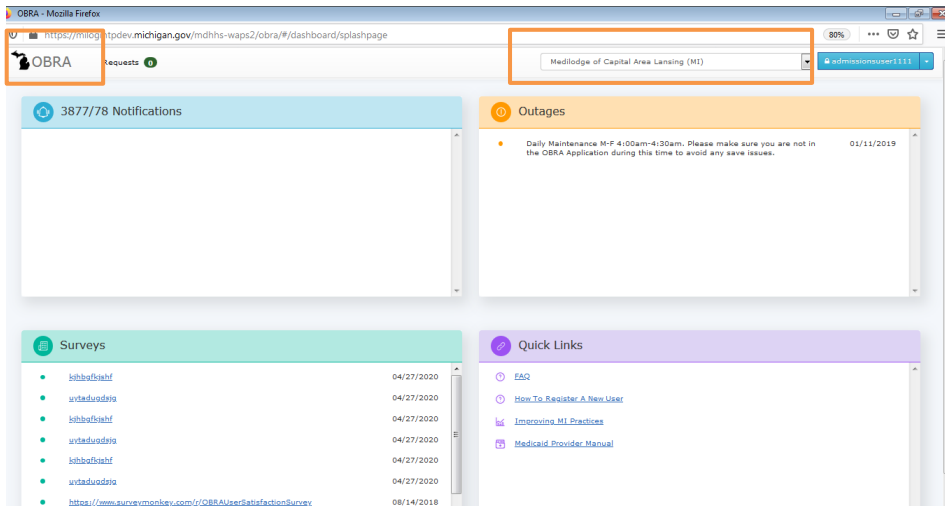
The box highlighted in orange indicates all the facilities that are accessible to the user. The one shown on the top will be the current logged in facility.

*Role-3878 (Dashboard)*

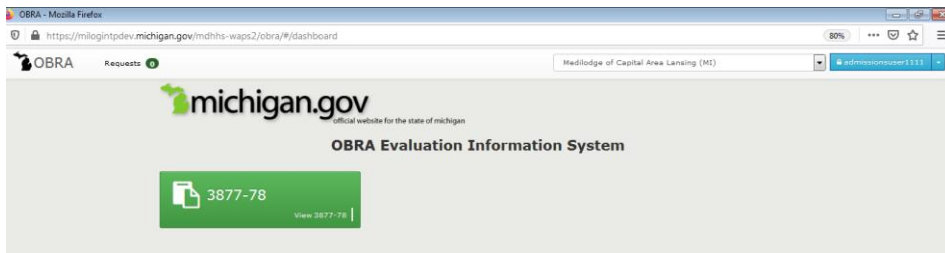


*Facility Admissions (Splash Page):*

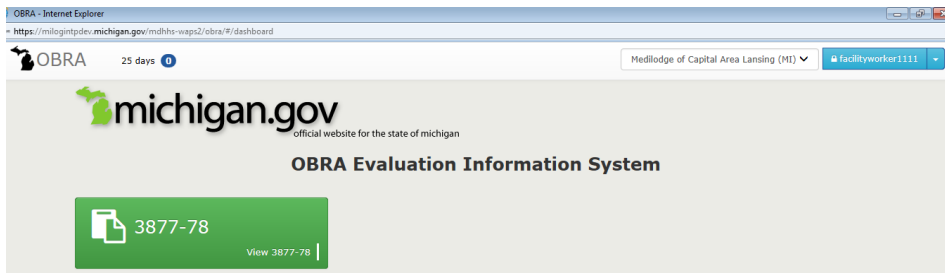




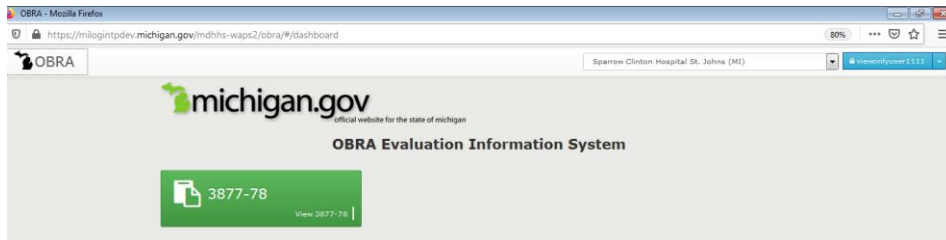
Upon click of "OBRA" link on the top left, dashboard page appears:



Facility Worker (Dashboard):



View Only (Dashboard):



#### General Notes:

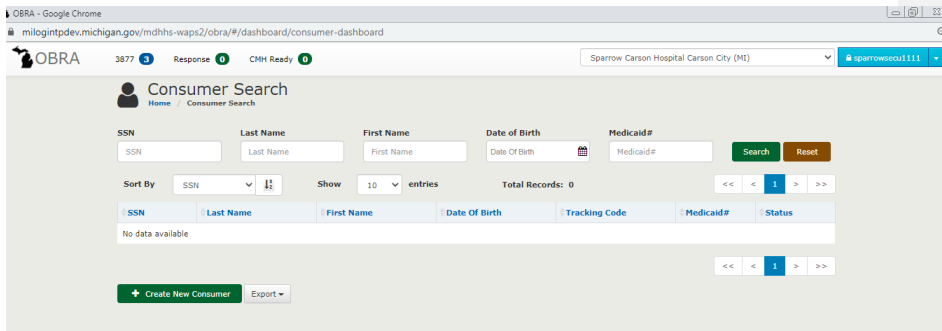
- Do not use the browser Refresh, Back, or Forward buttons throughout the application. Doing so can lead to unexpected behavior and the user may need to Logout and Login to the application.
- Likewise, depending on your window focus, using the Backspace button could lead to data loss. The problem occurs when you think your cursor is in a text field and it's not. If your window focus 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 logging

## Consumers

### Consumer Search

The functionality is under Consumers Module which is accessible only for the users with **role Role-3877**. Only CMH Coordinators and OBRA Staff can view this module and access Consumer Details.

After login, the user lands on **Splash** page, from which click on the OBRA link on the top left to land on the **Main Dashboard**. There, click the **Consumers** button. The screen below will be displayed.

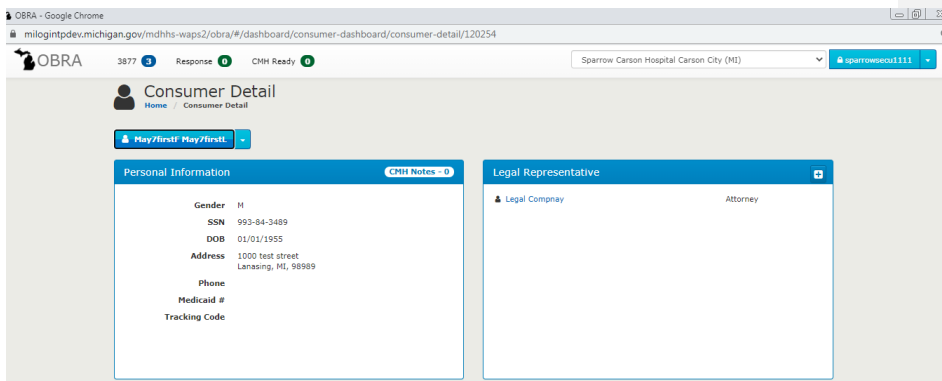


Enter a full SSN on the **Consumer Search** screen. Once a SSN is entered, click the **Search** button and the system will display the record generated based on the SSN entered as shown below.

**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***

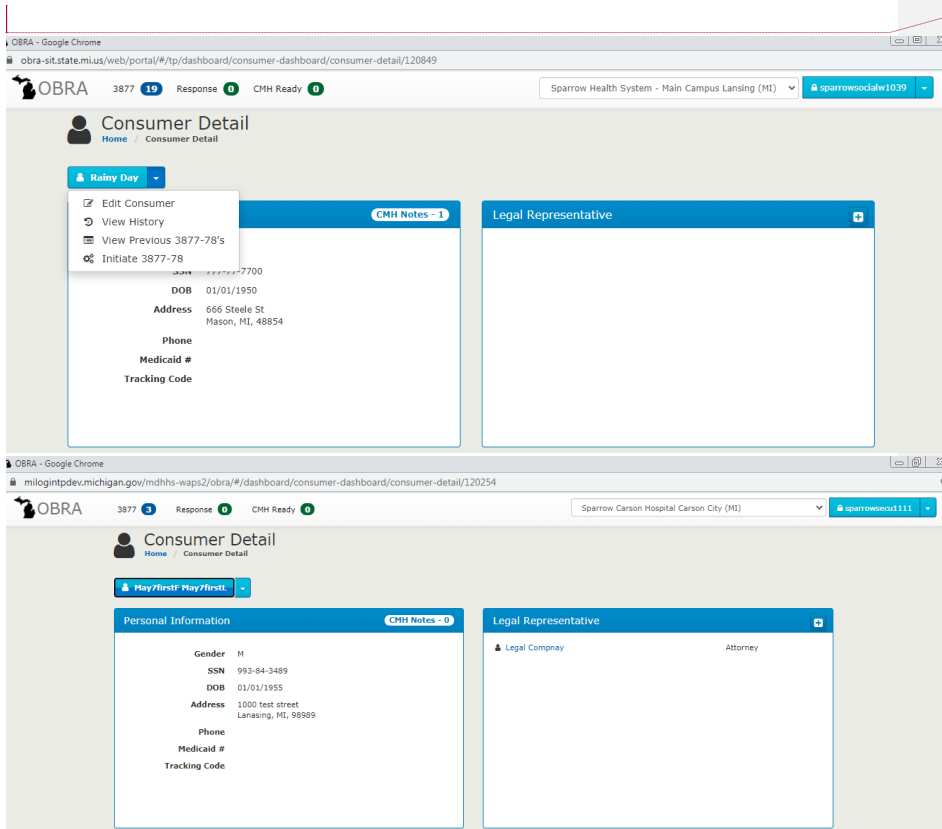
The **Consumer Detail** screen consists of the following sections:

- Personal Information
  - The Personal Information section consists of Consumer identifying and demographic information
- Legal Representatives
  - The Legal Representative section displays the Legal Representative associated to the Consumer

## Accessing the Consumer Menu

Click the drop-down icon which is right after the Consumer name  to expand the menu. Once clicked, the system will display the menu as shown below highlighted in orange.

Commented [DVM1]: Subject to change



The image displays two screenshots of the OBRA Consumer Detail page. The top screenshot shows a user with ID 3877 and a dropdown menu expanded with options: Edit Consumer, View History, View Previous 3877-78's, and Initiate 3877-78. The bottom screenshot shows a user with ID 3877 and a dropdown menu expanded with options: Play/first Play/first. Both screenshots show personal information and legal representative sections.

**Consumer Detail**  
Home / Consumer Detail

**3877** 19 Response CMH Ready

Sparrow Health System - Main Campus Lansing (MI) | sparrowsocialw1039

**Consumer Detail**

**3877** 3 Response CMH Ready

Sparrow Carson Hospital Carson City (MI) | sparrowsecu1111

**Consumer Detail**  
Home / Consumer Detail

**3877** 3 Response CMH Ready

Sparrow Carson Hospital Carson City (MI) | sparrowsecu1111

**Consumer Detail**  
Home / Consumer Detail

**3877** 3 Response CMH Ready

Sparrow Carson Hospital Carson City (MI) | sparrowsecu1111

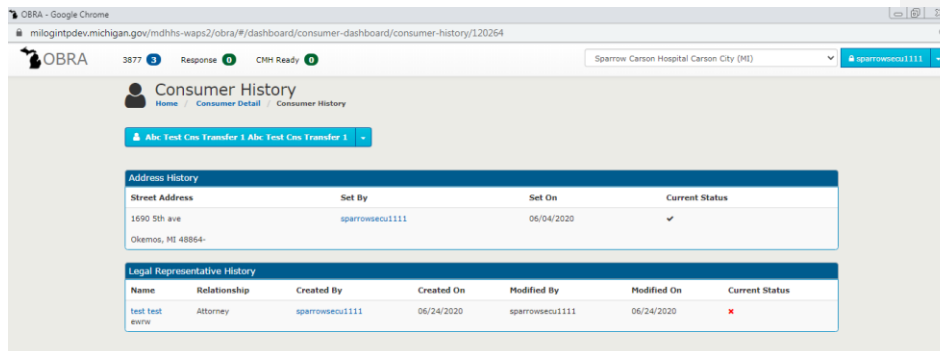
**Note:** The menu options displayed in the drop-down as shown above will vary based on the permissions assigned to the user; e.g., not all users will see the "Initiate 3877-78" option

Action	3877 User	3878 User	Facility Admin	Facility Admissions	Facility Worker	View Only	CMH Staff	OBRA Staff
Edit Consumer	Y (for new consumers only)						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					
Create New Evaluation							Y (till Mass Rollout)	
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

#### View Consumer History:

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



#### Explanation of Consumer History Screen

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

- Address History
  - The Address History section consists of the changes related to the Consumer's address

- Legal Representative History
  - The Legal Representative History section displays the changes related to the Consumer's legal representation

**Note:**

- *To navigate back to the **Consumer Detail** screen, click the **Consumer Menu** button as shown above highlighted in red, click the **Consumer Detail** breadcrumb (hyperlink) as shown above highlighted in orange, 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** as shown above highlighted in green.*

**Create a New 3877-78 screening:**

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 will display the **3877-78 History** screen as shown below.

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

**Commented [DVVM2]:** Subject to change, date is not populated

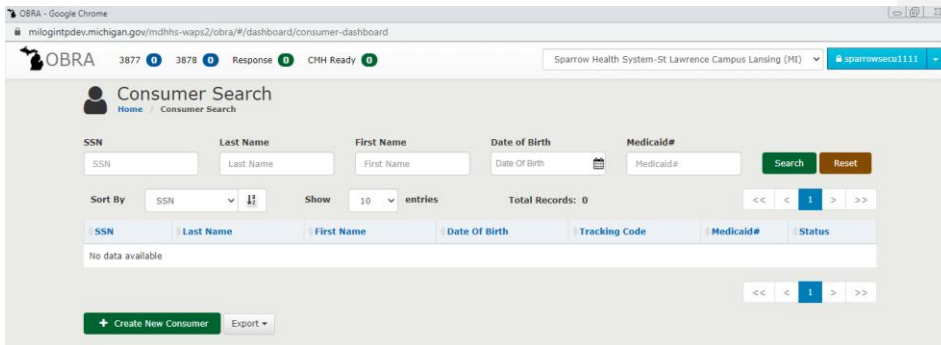
**Note:**

- Only completed 3877-78 Screenings will be displayed
- Only a user who has access to a facility that owns the consumer i.e. where a Consumer’s assigned facility 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
- OBRA Staff can always view previous 3877-78’s irrespective of the facility where Consumer is in



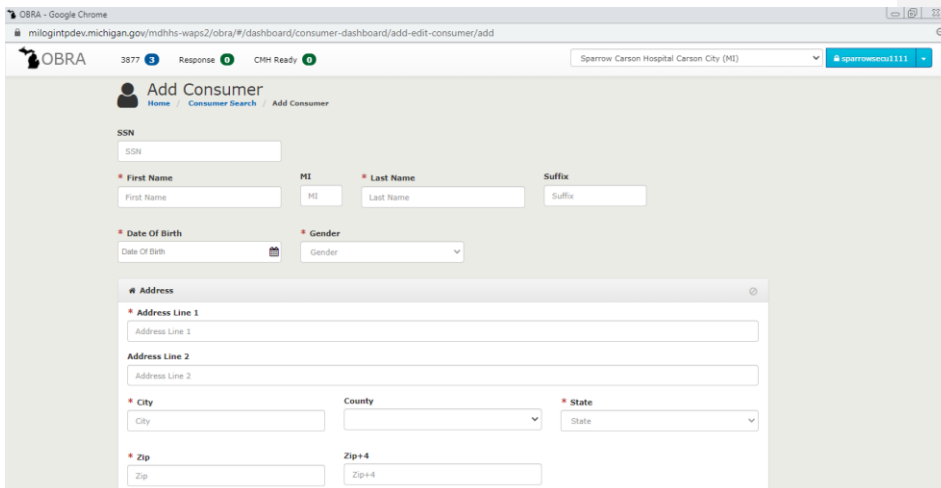
## Create a New Consumer

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



The screenshot shows the OBRA Consumer Search dashboard. At the top, there is a navigation bar with the OBRA logo, user information (3977, 3878, Response, CHH Ready), and a dropdown menu for the location (Sparrow Health System-St Lawrence Campus Lansing (MI)). The main heading is "Consumer Search". Below this, there are search filters for SSN, Last Name, First Name, Date of Birth, and Medicaid#. A "Search" button and a "Reset" button are present. Below the filters, there are options to "Sort By" (SSN) and "Show" (10) entries. A table header is visible with columns: SSN, Last Name, First Name, Date Of Birth, Tracking Code, Medicaid#, and Status. The table content is empty, showing "No data available". At the bottom left, there is a green button labeled "Create New Consumer" and an "Export" button.

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



The screenshot shows the OBRA Add Consumer form. The heading is "Add Consumer". The form includes fields for SSN, First Name, MI, Last Name, Suffix, Date of Birth, and Gender. Below these is an "Address" section with fields for Address Line 1, Address Line 2, City, County, State, Zip, and Zip+4. The form is designed for entering new consumer information.

**Consumer Notes**

Consumer Notes


Phone


Email


Medicaid #

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 user doesn't want to enter the Consumer's **Address** click this icon  and the system will not require the Address fields. Clicking this icon also hides the Address fields on the screen.

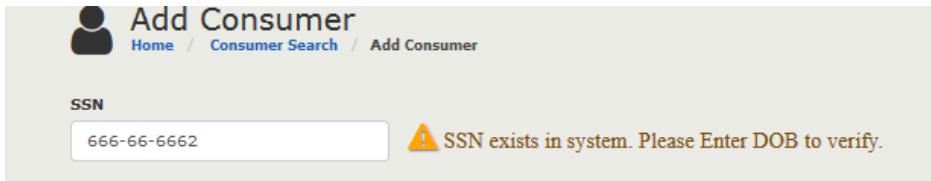
Clicking this icon  on Address will display all Address fields for the user to enter.

**Note:**

- *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,*
- *User would need to enter Date of Birth*
  - *If Date of Birth matches, then all the below information is auto populated*
    - *First Name*
    - *MI*
    - *Last Name*
    - *Suffix*
    - *Gender*
    - *Address*
  - *If Date of Birth does not match, then user cannot proceed further and would need to call the nearest CMH office.*
- *If SSN does not match with any in Database*
  - *User would enter all the demographic information i.e. First Name, MI, 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 them
  - If there is no match, then user can proceed with the rest of the form
- When the user does not enter a 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.

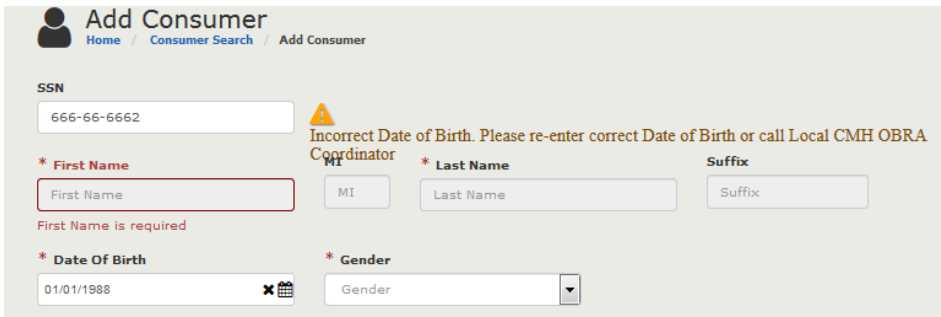
**When SSN exists in the system:**



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

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

**SSN Matches, Incorrect date of birth entered:**



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

SSN

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

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

First Name is required

\* **Date Of Birth**  **\* Gender**

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

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

**Add Consumer**  
Home / Consumer Detail Consumer Search / Add Consumer

SSN  
666-66-6662

\* First Name MI \* Last Name Suffix  
Abc Test Cns Transfer 1 MI Abc Test Cns Transfer 1 Suffix

\* Date Of Birth \* Gender  
00/02/2020 M

**Address**  
\* Address Line 1  
1690 5th ave  
Address Line 2  
Address Line 2  
\* City County \* State  
Okemos ALCONA Michigan(MI)  
\* Zip Zip+4  
48864 Zip+4

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  
111-11-1111 ⚠️ Consumer with the same name exists in the System. Please Enter DOB to verify.

\* First Name MI \* Last Name Suffix  
Abc Test Cns Transfer 1 MI Abc Test Cns Transfer 1 Suffix

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

**Add Consumer**  
Home / Consumer Detail Consumer Search / Add Consumer

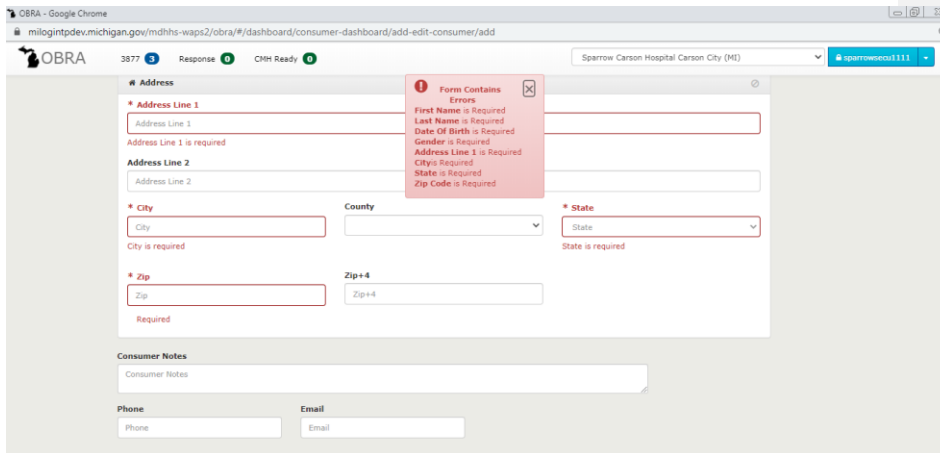
SSN  
889-89-8989 ⚠️ Consumer with same name and DOB exists. Please call local CMH

\* First Name MI \* Last Name Suffix  
Pool MI Boy Suffix

\* Date Of Birth \* Gender  
12/05/1970 M

**Date Of Birth**

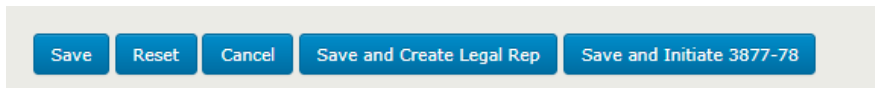
**Validation Errors:** When the user fails to enter any of the required fields, the system will display error messages to the user asking them to fill in the required field. The missing required fields will be highlighted in red for easy identification.



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

### 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.



**Reset:** Clicking this button will clear the entered values.

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

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

### Create a Legal Representative

The system offers three approaches to create a Legal Representative.

1. The user can create a Legal Representative from the **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. The user can create a Legal Representative from the **Consumer Detail** screen by clicking this icon  as shown below highlighted in orange.

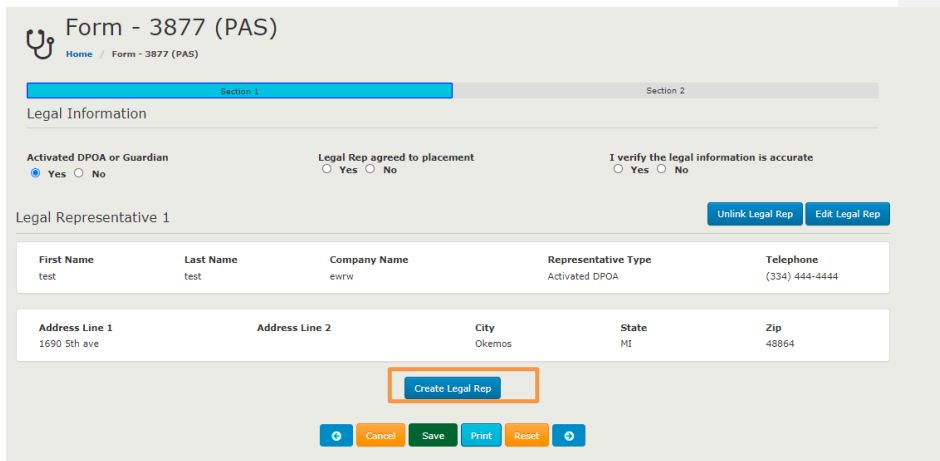


**Consumer Detail**  
Home / Consumer Search / Consumer Detail

Mary A. Smith

Personal Information	Legal Representative
Gender: F SSN: 386-70-0133 DOB: 05/13/1922 (93) Address: 928 Holmes Road, Lansing, MI 48910 Phone: (517) 555-1212 Medicaid #: 1234567890 Tracking Code: 1234567890	No Legal Representative Assigned

3. The user can create a Legal Representative from the Section 1 of the 3877 Form by clicking on the **'Create Legal Rep'** button as shown below 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

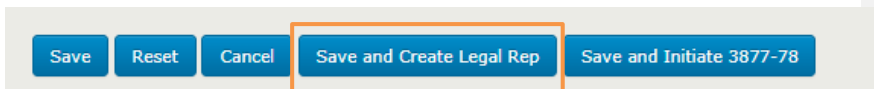
**Create Legal Rep**

Cancel Save Print Reset

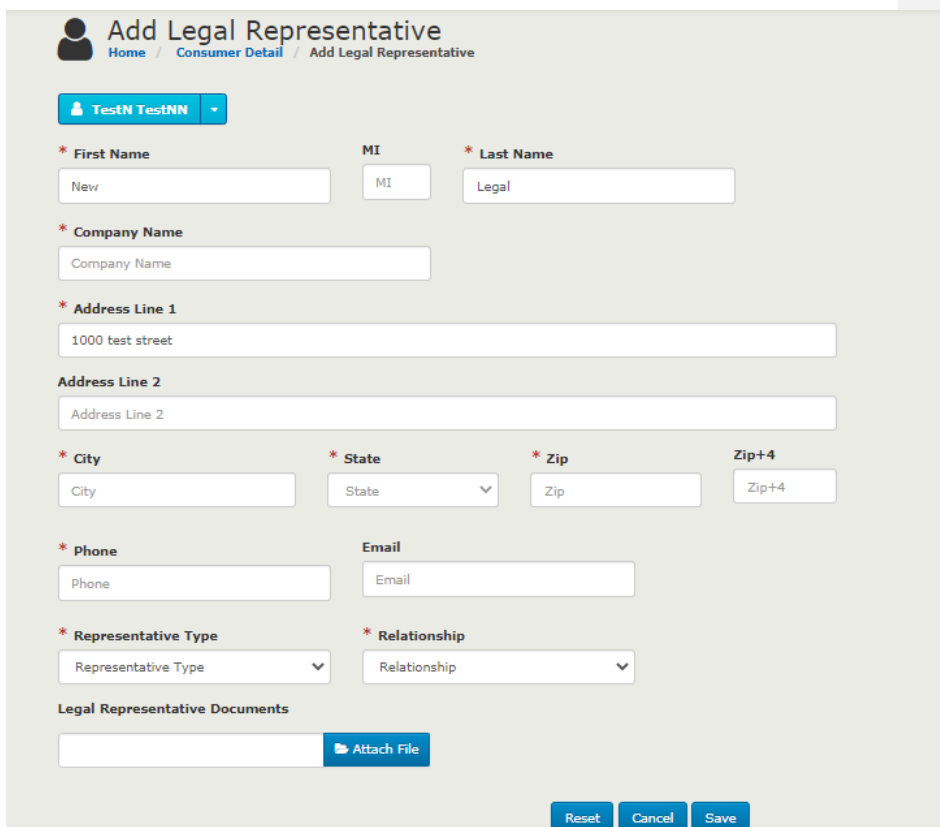
**First Approach:**

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.



- Click the **Save and Create Legal Rep** button, the system will display 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

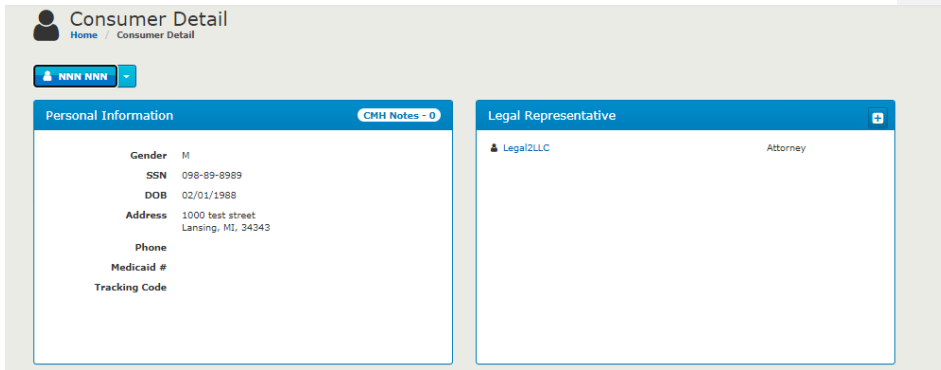
\* Representative Type: Representative Type  
\* Relationship: Relationship

Legal Representative Documents  
Attach File

Reset Cancel Save

**Steps:**

- Enter data in all 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.

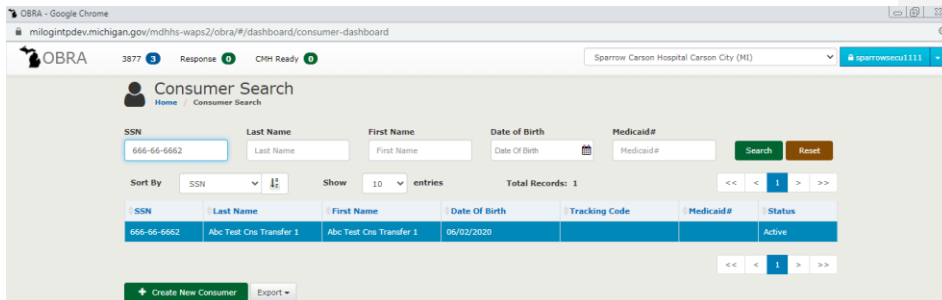



**Second Approach:**

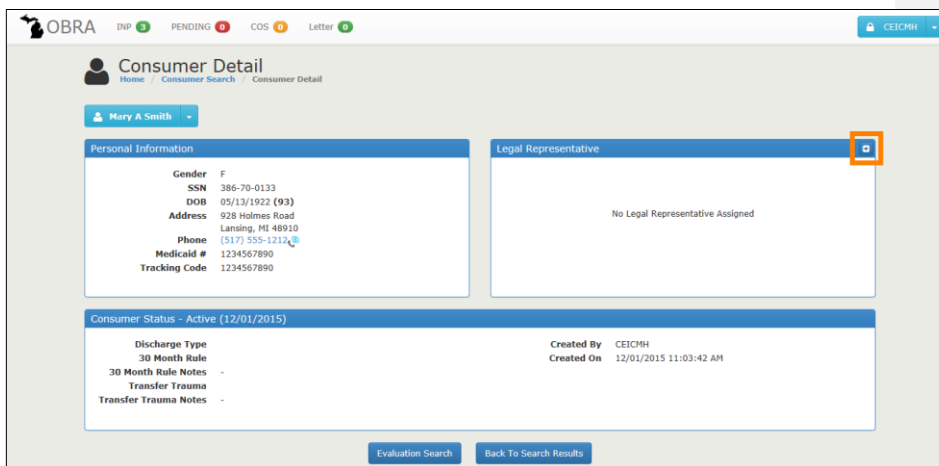
This approach is used when the Consumer already exists in the system and you are adding or changing the Legal Representative.

- 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.





- Clicking the desired Consumer record will display 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 will display 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.

**View Legal Representative**  
Home / Consumer Detail / View Legal Representative

Legal LLC

Personal Information	
<b>Company Name</b>	Legal LLC
<b>Address</b>	1000 test street Lansing, MN, 54343 -
<b>Phone</b>	(212) 122-1212

Type & Audit	
<b>Type</b>	Attorney
<b>Relationship</b>	Activated DPOA
<b>Created By</b>	sparrowsecu1111
<b>Created On</b>	06/23/2020
<b>Modified By</b>	sparrowsecu1111
<b>Modified On</b>	06/23/2020

Documents Uploaded
<a href="#">Doc Upload.docx</a>

**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

- Click on the **Create Legal Rep** link on the bottom, highlighted in orange above
- 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 will be displayed on the **Consumer Detail** screen as shown below highlighted in orange.

The Name or Company Name of the Legal Rep will be a hyperlink as shown below highlighted in green.

Consumer Detail

Home / Consumer Detail

NNN NNN

Personal Information	Legal Representative
<p>Gender: M</p> <p>SSN: 098-89-8989</p> <p>DOB: 02/01/1988</p> <p>Address: 1000 test street Lansing, MI, 34343</p> <p>Phone</p> <p>Medicaid #</p> <p>Tracking Code</p>	<p>Legal2LLC Attorney</p>

Clicking the hyperlink will display the **View Legal Representative** screen as shown below.


The screenshot shows the 'View Legal Representative' interface. At the top, there is a breadcrumb trail: Home / Consumer Detail / View Legal Representative. Below this is a header for 'Legal2LLC' with a dropdown arrow. The main content is divided into three sections: 'Personal Information', 'Type & Audit', and 'Documents Uploaded'. The 'Personal Information' section contains fields for Company Name, Address, and Phone. The 'Type & Audit' section contains fields for Type, Relationship, Created By, and Created On. The 'Documents Uploaded' section contains a link to 'Doc Upload.docx'.

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 which is right after the Legal Rep name  to expand the menu.

This screenshot is identical to the previous one, but the 'Legal2LLC' dropdown menu is highlighted with an orange border. The dropdown arrow is also visible.

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



### 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.

**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 filling 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 above
- 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 will display the **View Legal Rep History** screen as shown below.

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 below highlighted in orange.

The screenshot shows the 'Consumer History' page for 'Abc Test Cns Transfer 1'. It contains two tables:

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			✓

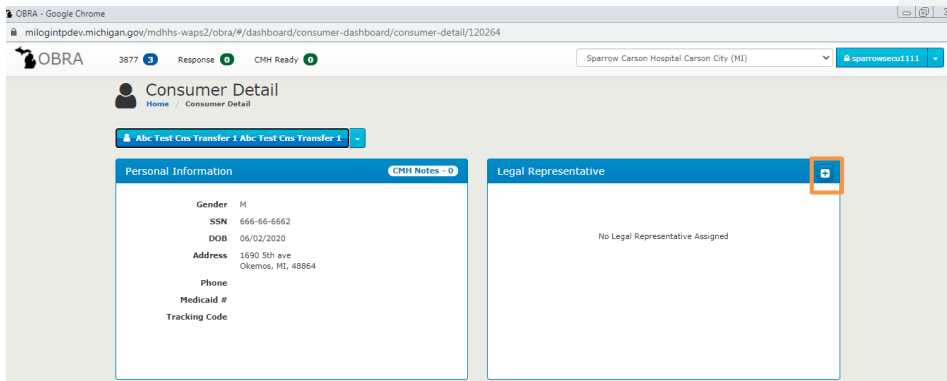
**Unlink Legal Rep from Consumer:**

There are two approaches to doing this.

**First Approach:**

Once the **Legal Rep Menu** is expanded, click the **Unlink Consumer** menu option. The system will display the **Consumer Detail** screen as shown below.

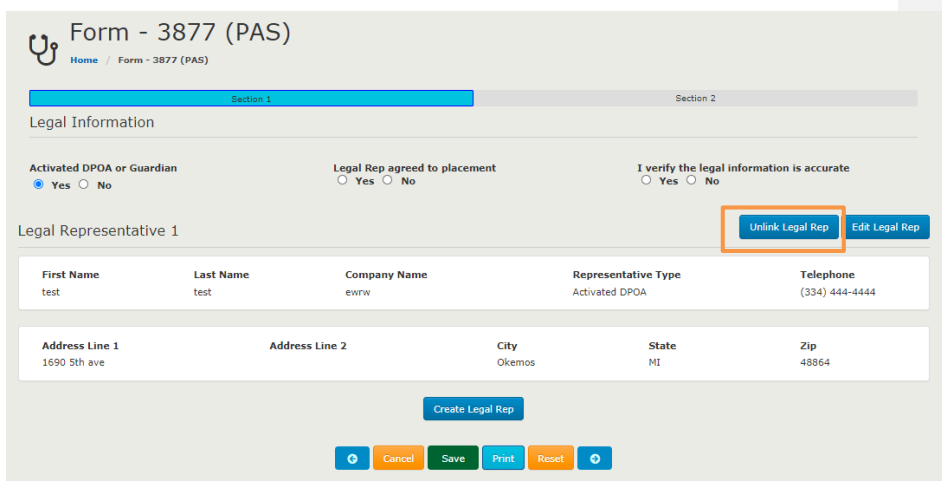
Once a Legal Rep is unlinked, the system will no longer display any information about the unlinked Legal Representative in the Legal Representative section as shown below highlighted in orange.



**Second Approach:**

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

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

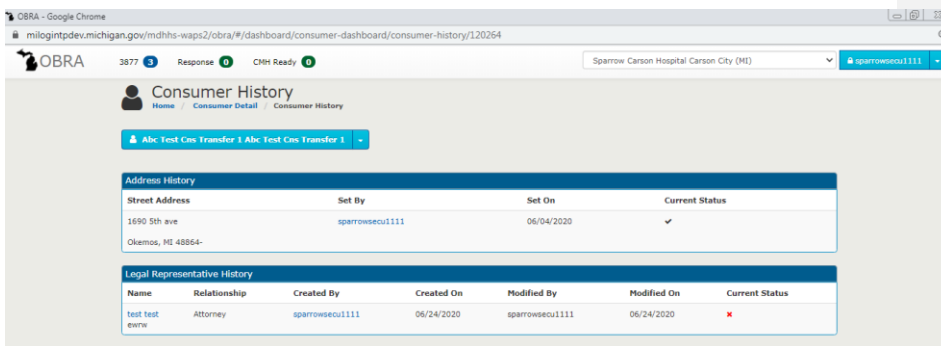




- Click on the Create Legal Rep link on the bottom, highlighted in orange above
- System will unlink the Legal Rep and display Legal Representative
- System will navigate back to the 3877 Form Section 1

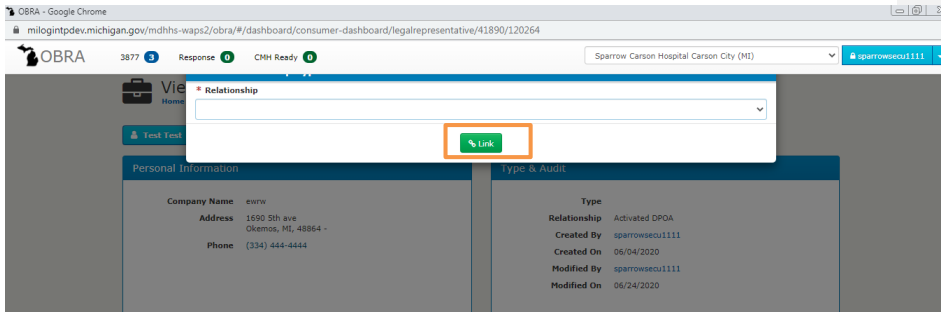
**Relink Consumer to Legal Rep:**

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.



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 will display 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 highlighted in orange to establish the link back to the Consumer.



## Consumer Actions

### View Consumer Detail:

Once the **Legal Rep Menu** is expanded, click the **Consumer Detail** menu option. The system will display the **Consumer Detail** screen as shown below.

The screenshot displays the OBRA system interface for a consumer detail view. At the top, there are navigation tabs for INP (1), PENDING (0), COS (0), and Letter (0). The user is logged in as CEICMH. The main content area is titled 'Consumer Detail' and includes a breadcrumb trail: Home / Consumer Search / Consumer Detail. Below this, the user's name 'Mary A. Smith' is displayed. The screen is divided into two main sections: 'Personal Information' and 'Legal Representative'. The 'Personal Information' section lists the following details: Gender (F), SSN (386-70-0133), DOB (05/13/1922 (93)), Address (928 Holmes Road, Lansing, MI 48910), Phone ((517) 555-1212), Medicaid # (1234567890), and Tracking Code (1234567890). The 'Legal Representative' section shows 'Legally Right, LLC' as the Attorney.

## Consumer Actions

### Edit Consumer Details:

Once the **Consumer Menu** is expanded, click the **Edit Consumer** menu option. The system will display 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 will display the **Consumer History** screen where all of the changes related to Consumer Address, Legal Representative. (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 will display the first screen for a new 3877. (refer to the Evaluation section)

### Note:

- Only one screening can be in process for a Consumer at one time. The system will display an alert message for the user that the "Consumer has an open 3877-78. Cannot create a new one."

Commented [DVVM3]: Need screenshot

**View Previous 3877-78:**

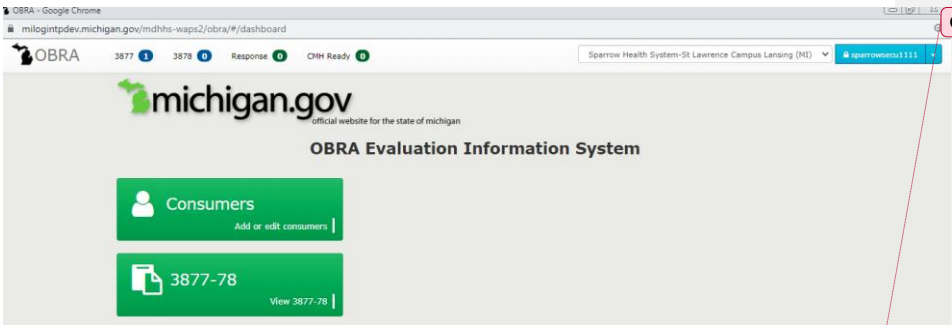
Once the **Consumer Menu** is expanded, click the **View Previous Evaluations** menu option. The system will display the **3877-78 History** screen as shown below.

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

Commented [DVVM4]: Subject to change, date not populated

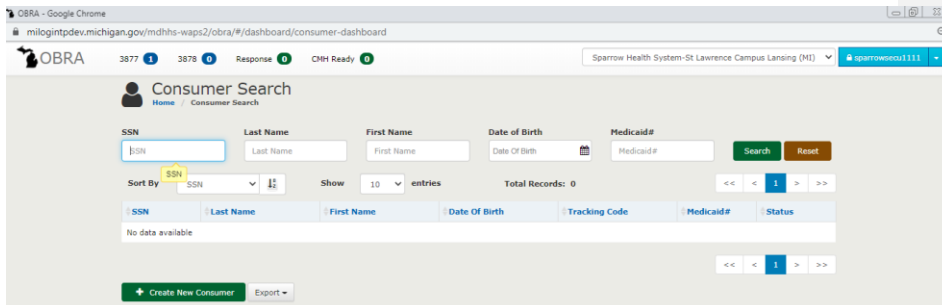
**Create a New 3877-78**

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 will display the Role-3877 **Main Dashboard** as shown below.



Commented [DVVM5]: Need screenshot

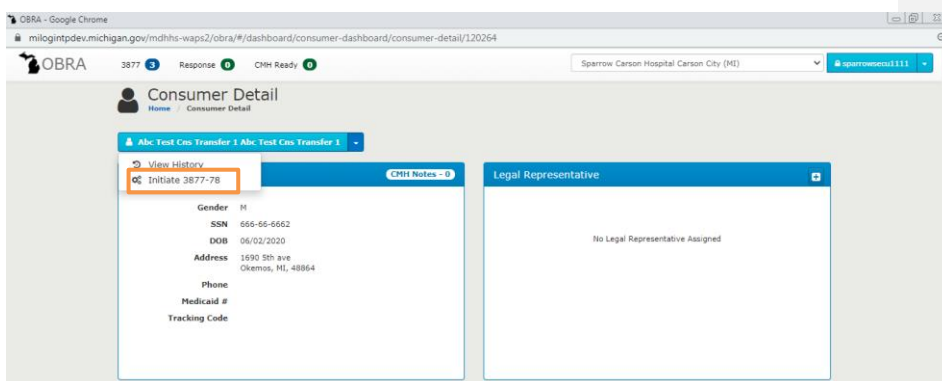
From the **Main Dashboard**, click the **Consumers** button. The screen below will be displayed.



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




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

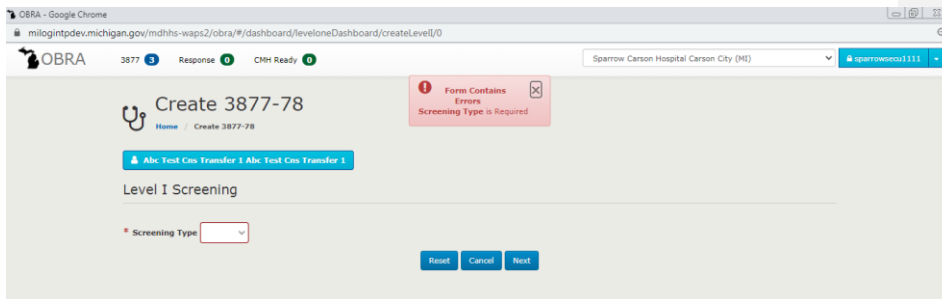


System navigates to the Create 3877-78 Screen

## 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 will display 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 browser window displaying the 'OBRA' application. The page title is 'Create 3877-78'. The breadcrumb navigation is 'Home / Create 3877-78'. There are three status indicators: '3877', 'Response', and 'CMH Ready'. A dropdown menu shows 'Sparrow Carson Hospital Carson City (MI)'. A red error message box at the top right states: 'Form Contains Errors: Screening Type is Required'. Below this, the form is titled 'Level I Screening'. A red asterisk is placed before the 'Screening Type' dropdown menu. At the bottom of the form are three buttons: 'Reset', 'Cancel', and 'Next'.

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

**Note:**

- The screening type on the drop down depends on where the user is located in. If the user is associated to a Hospital, the drop down will have only PAS. If the user is associated to a Nursing Facility, the drop down will have ARR and CIC.
- How to fill a 3877 Form- Entry Points:
  - o MI Login home page -> MDHHS OBRA -> 3877 Module -> Initiate 3877/78
  - o Click on **Assigned** link from 3877 Queue to land on **In Progress** 3877
  - o Click on **Assigned** link from 3877/78 Listing Page to land on **In Progress** 3877
  - o Click on **3877** link on 3877/78 Detail screen to land on a **Completed** 3877
  - o Click on **Completed** link on 3877/78 Listing screen to land on a **Completed** 3877
  - o Click on **Rejected** link from 3877/78 Listing Page to land on a **Rejected** 3877

**3877 Section 1:**

Existing Legal Representative Information will be displayed as shown in the below screenshot highlighted in Orange.

The screenshot shows a web browser window displaying the 'Form - 3877 (PAS)' in the OBRA system. The page is divided into two sections: Section 1 (Legal Information) and Section 2. Section 1 contains three radio button questions: 'Activated DPOA or Guardian' (defaulted to 'Yes'), 'Legal Rep agreed to placement' (defaulted to 'No'), and 'I verify the legal information is accurate' (defaulted to 'No'). Below these is a table for 'Legal Representative 1' which is highlighted with an orange border. The table has columns for First Name, Last Name, Company Name, Representative Type, and Telephone. The first row shows 'Legal' as the first name, 'Last' as the last name, and 'Activated DPOA' as the representative type. Below the table are fields for Address Line 1, Address Line 2, City, State, and Zip. At the bottom of the form are buttons for 'Cancel', 'Save', 'Print', 'Reset', and 'Create Legal Rep'.

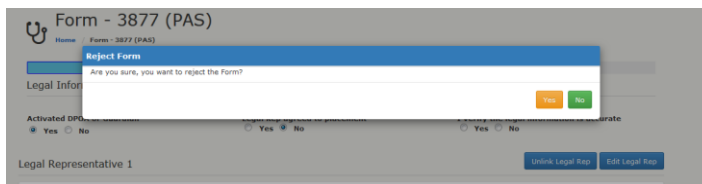
First Name	Last Name	Company Name	Representative Type	Telephone
Legal	Last		Activated DPOA	(999) 929-8989

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

- 3877 Section 1, i.e. Legal Representative section will contain the following information
  - o Activated DPOA (Y/N)?
    - o This question will be shown at the top
    - o This option will be defaulted to NO when there are no Legal Representatives for the Consumer
      - If one or more Legal Representatives exist,
        - This option will be defaulted 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:**



**Button Functionality for 3877 and 3878 Forms:**

Once the user with Role-3877 enters all required fields, he/she must certify the assessment form by marking the required box and then click the **Submit to Counter Signee** button or the **Submit to Coordinator** button. The system will **Save** the entered values and return the Qualified Professional (Assessor) to the **Assessor Landing Page** screen.



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

**Reset:** Clicking this button will clear the entered values.

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

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

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

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

**Submit:** Clicking this button submits the completed 3877 Form

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.



3877 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**      **Admission date to nursing facility (proposed or actual)**

9892273400     

**Nursing Facility Name**      **County Name**

     CLINTON

---

\* 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:

---

**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

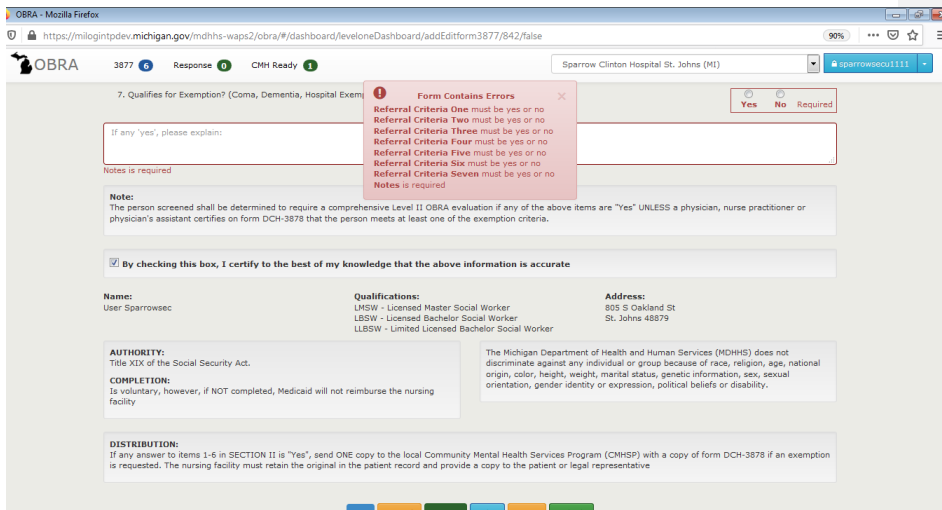
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or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

Cancel
Save
Print
Reset
Submit

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 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.



Once the user enters all required fields, click the **Submit** button to complete the 3877 Form. Upon submit, a printed PDF of the form will be displayed 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 filling / editing 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*
      - *Address of the facility where the user is filling the form from*
- *On Submission, Digital Signature is mandatory*

### Land on 3877 Form from 3877 Queue

3877 6 Response 0 CMH Ready 1 Sparrow Clinton Hospital St. Johns (MI)

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

Sort By Screening Type Show 10 entries Total Records: 6

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	Assigned	04/28/2020	SecondNewL	SecondNewF	112-32-2222		User Sparrowsec	Past 30
PAS	Assigned	04/30/2020	xyz1	abcde	123-12-1234		Test caseworker	Past 30
PAS	Assigned	04/30/2020	xyz1	abcde	123-12-1234		Test caseworker	Past 30
PAS	Assigned	04/30/2020	xyz1	abcde	123-12-1234	Advantage Living Center Wayne	Test caseworker	Past 30
PAS	Assigned	06/24/2020	Doe	John	999-09-9999		User Sparrowsec	

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

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

### Land on 3877 Form from 3877-78 Search module

Click on the 3877-78 Module

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

OBRA 3877 6 Response 0 CMH Ready 1 Sparrow Clinton Hospit

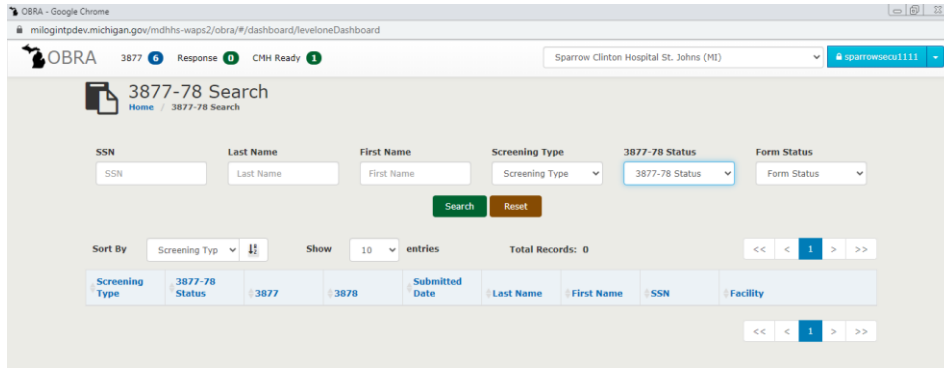
michigan.gov official website for the state of michigan

**OBRA Evaluation Information System**

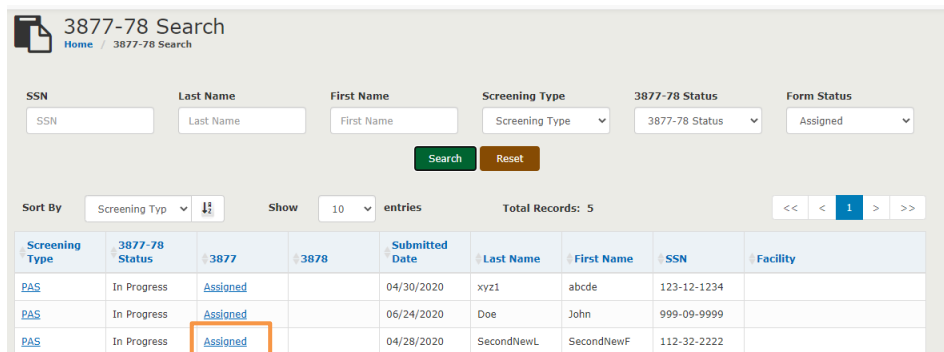
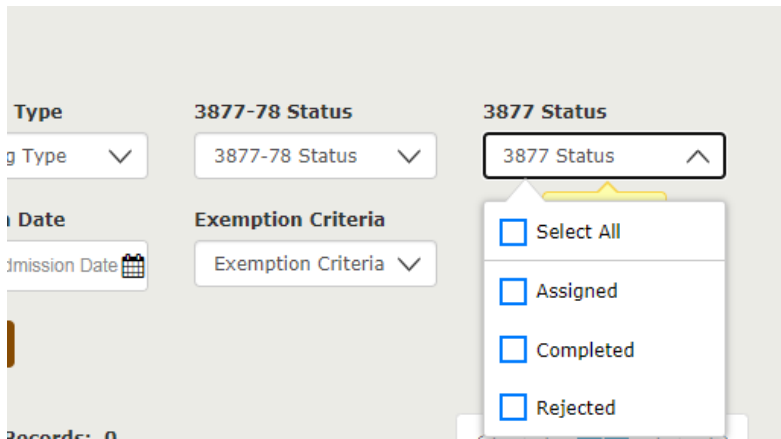
Consumers  
Add or edit consumers

**3877-78**  
View 3877-78

User lands on 3877-78 Search.



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



## 3878 Form

3878 Form is generated when answer to the 7<sup>th</sup> 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  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

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 3878/78 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 3877/78 Listing Page for a Rejected 3878 Form

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

OBRA 3878 Sparrow Clinton Hospital St. Johns (M1) 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	abode	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

Section 1 should be auto populated from 3877 Form

- Patient Information
- Agency Information

Form - 3878 (PAS)

Home Form - 3878 (PAS)

Section 1 Section 2

Patient Information

\* First Name: John  
MI: MI  
\* Last Name: Doe  
Suffix: Suffix

\* Date Of Birth: 01/01/1999

Agency Information


\* Referring Agency Name: Sparrow Clinton Hospital  
Telephone Number: 9892273400  
Admission date to nursing facility (proposed or actual): Admission date to nursing facility

Nursing Facility Name (proposed or actual): Aberdeen Rehabilitation and Skilled Nursing Center  
County Name: CLINTON  
Facility Address: 805 S Oakland St, St. Johns 48879

Cancel Print ↻

### 3878 Section 2

User clicks on Section 2 or clicks on “->” arrow from Section 1.

 **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

User 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:**  
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**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

User selects Dementia and answers YES to all questions that trigger enabling next question.

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   Alzheimer's Type
- No    Yes   Vascular Dementia
- No    Yes   Other General Medical Conditions
- No    Yes   Substance - Induced Persisting Dementia
- No    Yes   Not Otherwise Specified

\* 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 pre-morbid traits.  
 Yes    No

No    Yes   3. Disturbances in items 1 or 2 above significantly interfere with work, usual activities or relationships with others.

No    Yes   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:**  
Is voluntary, however, if NOT completed, Medicaid will not reimburse the nursing facility

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**COPY DISTRIBUTION:**

**ORIGINAL** - Nursing Facility retains in Patient file  
**CDPY** - 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

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*

User selects **HED** – This option is available only to certain Facility types e.g. Hospitals that initiate only PAS screening.

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.

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

**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

Note:

- There will be 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

### Rejecting a 3878 and 3877 Form

The 3878 user can reject the screening for various reasons. In order to reject a Coma or a Dementia or HED, user can select No to any question according to the rules given under each screenshot in the previous section. Then the following Reject text box appears.

**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.

Form 3878 Not required. Please Reject the form.

Reason for Rejection, please explain:

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

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

**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

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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 Qualified Professional (Assessor) has logged into the OBRA application, the system will display the **Assessor Landing Page**; a list of assessment forms that have been assigned as shown below.

**Note:**

- 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

The screenshot shows a web interface titled "3877-78 Queue - 3877". It includes a breadcrumb "Home / 3877-78 Queue", a "Sort By" dropdown set to "Screening Typ", a "Show 10 entries" indicator, and "Total Records: 2". A table with columns: Screening Type, Status, Submitted Date, Last Name, First Name, SSN, Facility, Assignee, and Warning. The first row (HED) has a "Rejected" link under Status. The second row (PAS) has a "Rejected" link under Status, which is highlighted with an orange box. The table is on page 1 of 1.

Screening Type	Status	Submitted Date	Last Name	First Name	SSN	Facility	Assignee	Warning
HED	<a href="#">Rejected</a>	04/30/2020	xyz1	abcde	123-12-1234	Advantage Living Center - Amesbury	Test caseworker	Past 30
PAS	<a href="#">Rejected</a>	05/26/2020	Doe	Joe	909-09-9090	Cambridge North Healthcare Center	User Sparrowsec	

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

User will land on the 3877 Record. Navigate to Section 2. Rejection comments will be visible at the bottom.

**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**      **Admission date to nursing facility (proposed or actual)**  
 9892273400     

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

**Rejection Comment**

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.      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.

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

## 3877-78 Search

From the main dashboard, click the **3877-78** button. The screen below will be displayed.

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

OBRA 3877 Response CMH Ready Sparrow Clinton Hospital St. Johns (MI) sparrowsec01111

**3877-78 Search**

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

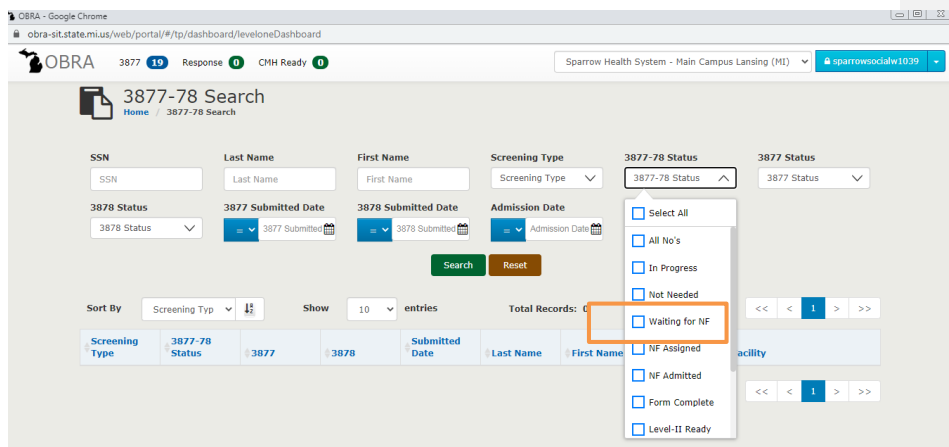
Sort By: Screening Typ      Show: 10 entries      Total Records: 0

Screening Type	3877-78 Status	3877	3878	Submitted Date	Last Name	First Name	SSN	Facility
Total Records: 0								

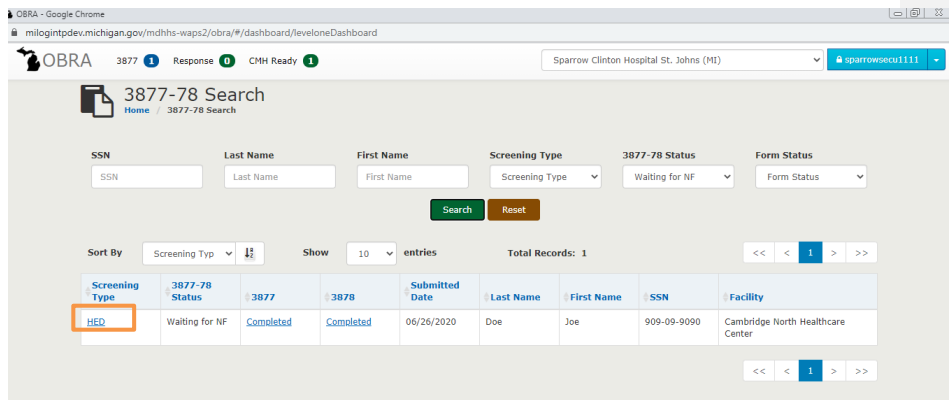
**Search** screen. Once criteria are entered, click the **Search** button and the system will display the records generated based on the criteria entered as shown below.

**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.



Search result:



## Process flow for HED Case:

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

Once the 3878 is completed by the user with **Role-3878** with HED option, the **Role-3877** User has to 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 OBRA 3877-78 Search interface. The top navigation bar includes the OBRA logo, user information (3877, Response, CMH Ready), and the Sparrow Clinton Hospital St. Johns (MI) location. The main header is "3877-78 Search". Below the header are search filters for 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, Not Needed, Waiting for NF (highlighted with a red box), NF Assigned, NF Admitted, Form Complete, Level-II Ready, and Completed. Below the filters are "Search" and "Reset" buttons. The "Sort By" dropdown is set to "Screening Typ", and the "Show" dropdown is set to "10" entries. The "Total Records" is 0. At the bottom, there is a table with columns: Screening Type, 3877-78 Status, 3877, 3878, Submitted Date, Last Name, First Name, SSN, and Facility.

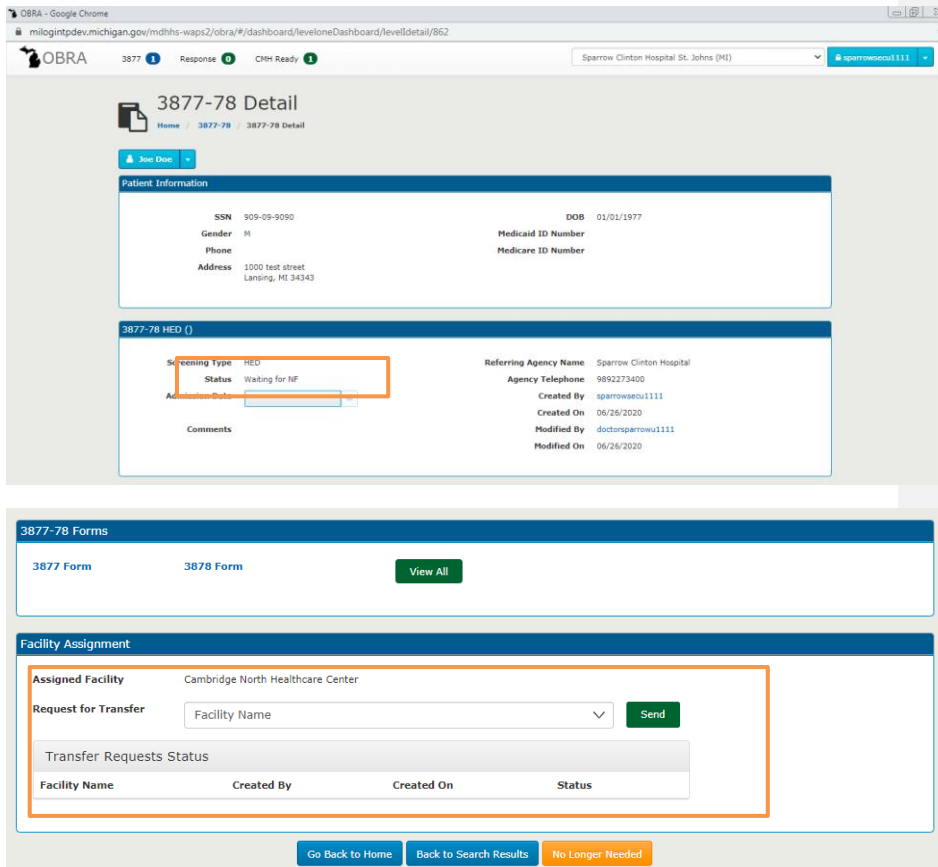
### Search result:

The screenshot shows the OBRA 3877-78 Search interface with search results. The top navigation bar is the same as in the previous screenshot. The main header is "3877-78 Search". Below the header are search filters for SSN, Last Name, First Name, Screening Type, 3877-78 Status, and Form Status. The 3877-78 Status dropdown menu is set to "Waiting for NF". Below the filters are "Search" and "Reset" buttons. The "Sort By" dropdown is set to "Screening Typ", and the "Show" dropdown is set to "10" entries. The "Total Records" is 1. At the bottom, there is a table with columns: Screening Type, 3877-78 Status, 3877, 3878, Submitted Date, Last Name, First Name, SSN, and Facility. The first row of the table is highlighted with a red box, showing the following data: Screening Type: HED, 3877-78 Status: Waiting for NF, 3877: Completed, 3878: Completed, Submitted Date: 06/26/2020, Last Name: Doe, First Name: Joe, SSN: 909-09-9090, Facility: Cambridge North Healthcare Center.

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

Click on the **HED** link above. System navigates to the 3877-78 Detail Page. Please note that the status of the screening would read “Waiting for NF”.

Scroll down to the Facility Assignment section.



Request for Transfer will be a multi select dropdown with all active Nursing Facilities in the list. The user can select them and send upon one single click, 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 a multi select options. User can also type the first few characters and it will bring up the facilities matching up.

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



Screening Type:  Select All

Status: Sparrow Clinton Hospital

Admission Date: 9892273400

Comments: sparrowscu1111

06/26/2020

doctorsparrow1111

06/26/2020

78 Forms

7 Form

Facility Assignment

Assigned Facility

Request for Transfer

Facility Name

Send

Transfer Requests Status

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

Facility Assignment

Assigned Facility: Cambridge North Healthcare Center

Request for Transfer

- Medilodge of Capital Area - 2100 E Provincial House Dr, Lansing, INGHAM - 48910
- Medilodge of Richmond - Richmond ORCO LLC - 34901 Division Rd, Richmond, MACOMB - 48062

Send

Transfer Requests Status

Facility Name	Created By	Created On	Status
---------------	------------	------------	--------

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

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

**Facility Assignment**

**Assigned Facility** Cambridge North Healthcare Center

**Request for Transfer** Facility Name

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



Click on the **Response** queue:

**Response Queue**

Sort By Last Name 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

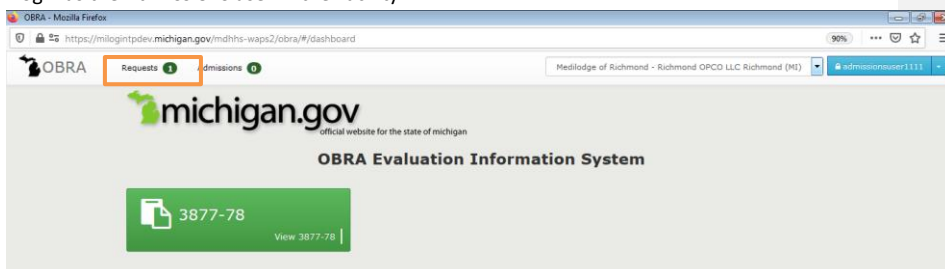
In the above screenshot, it denotes that there are 2 requests that were sent and in Pending status, 0 in Approved status – meaning that no facility has accepted the request to admit the Consumer and 0 in Denied status – meaning that no facility has denied the request to admit the Consumer.

Each of the facilities to which the request were sent will have a record in their **Request** queue as shown below.

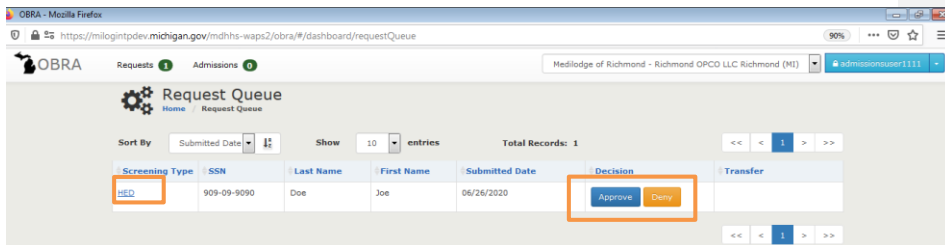
This is shown to the **Admissions** user in the Facility.

### Step 3 – Accepting/Denying the request:

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



Click on the **Request** queue. It will show the record which has 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 will appear and click on **Yes**.

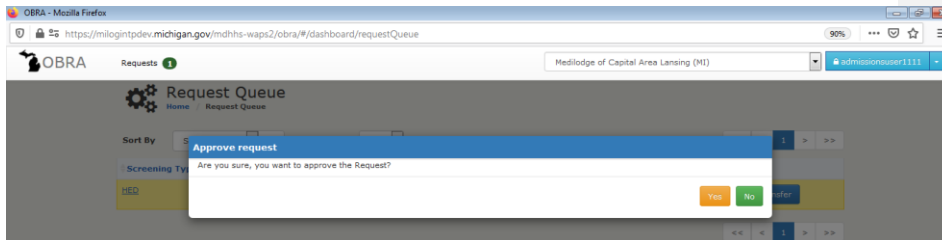


Once the approve button is clicked, the following events happen:

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.

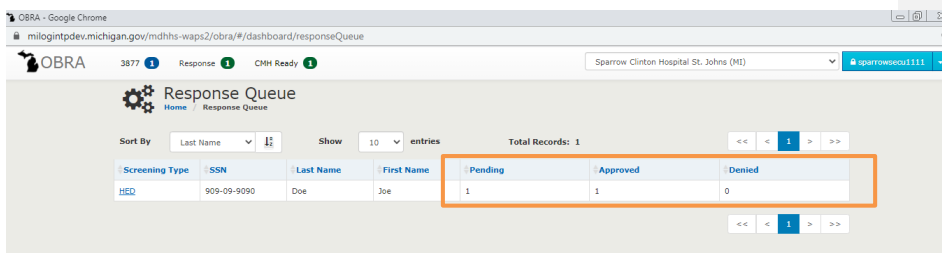
Screenshots given below:

Approve the record in the Request queue:



#### Step-4- Assigning a Facility:

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



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 appears next to the request. 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.

**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	A <input type="button" value="Assign"/>
Medilodge of Richmond - Richmond OPCO LLC	sparrowsecu1111	06/26/2020	P

Click on the **Assign** button. The Assigned facility will change to the Facility next to which Assign was performed. There will also be an **Unassign** button next to this facility. The status of the Screening also will be changed to **NF Assigned**

**Facility Assignment**

**Assigned Facility**

**Request for Transfer**

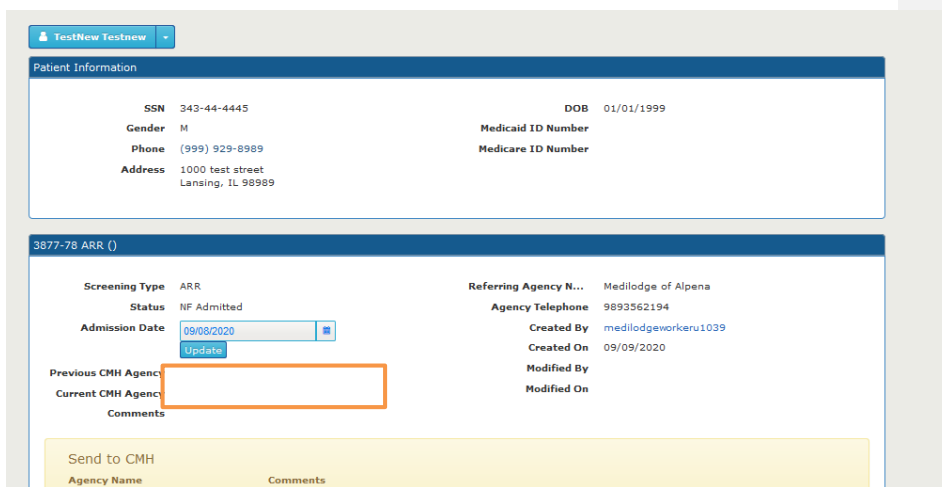
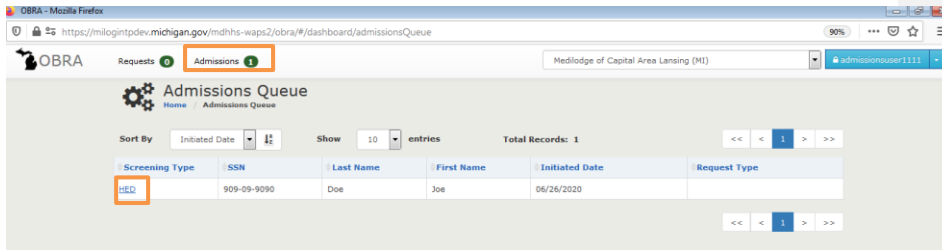
**Transfer Requests Status**

Facility Name	Created By	Created On	Status
Medilodge of Capital Area	sparrowsecu1111	06/26/2020	A <input type="button" value="Assign"/>
Medilodge of Richmond - Richmond OPCO LLC	sparrowsecu1111	06/26/2020	P

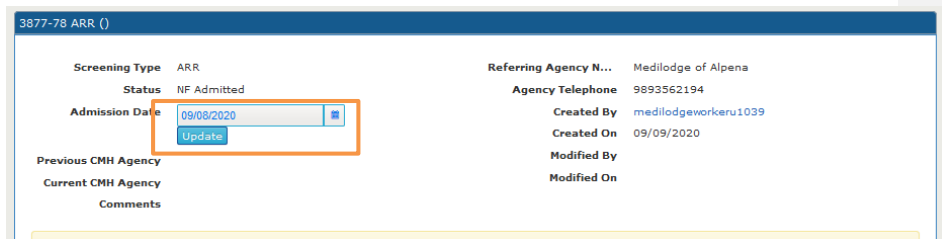
Clicking on **Unassign** button will remove the facility name from the **Assigned facility** label. The Hospital user can select another facility to assign the Facility.

**Step-5: Admitting a Consumer:**

The next step is for the **Admissions user** in the Facility to admit the Consumer. When the Hospital user has clicked on the Assign button, a record will appear on the **Admissions queue** of the Facility Admissions user. Click on the Screening type and land on the 3877-78 Detail Page.



Select **Admission date** (System will allow any date up to current date) and click on **Update** button. Status of the screening will change to **NF Admitted**.



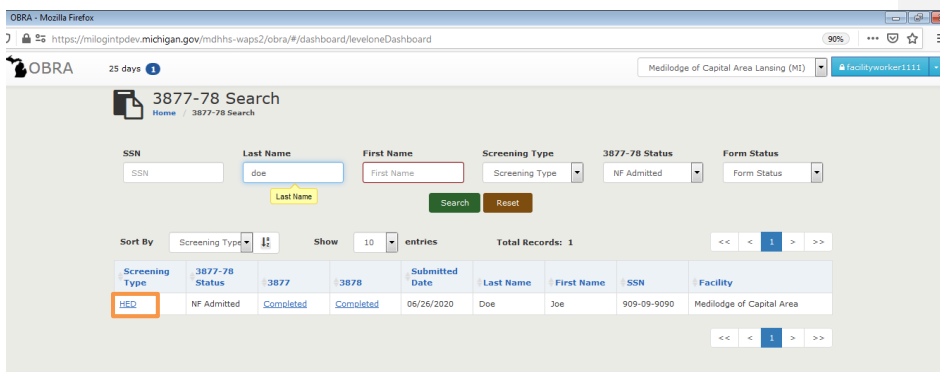
**Step-6: 25 Day queue and Send to CMH/Expired/Discharged**

This is to be performed by the user with role as **Facility Worker**.

As a Facility Worker, log in to OBRA. There are two approaches here.

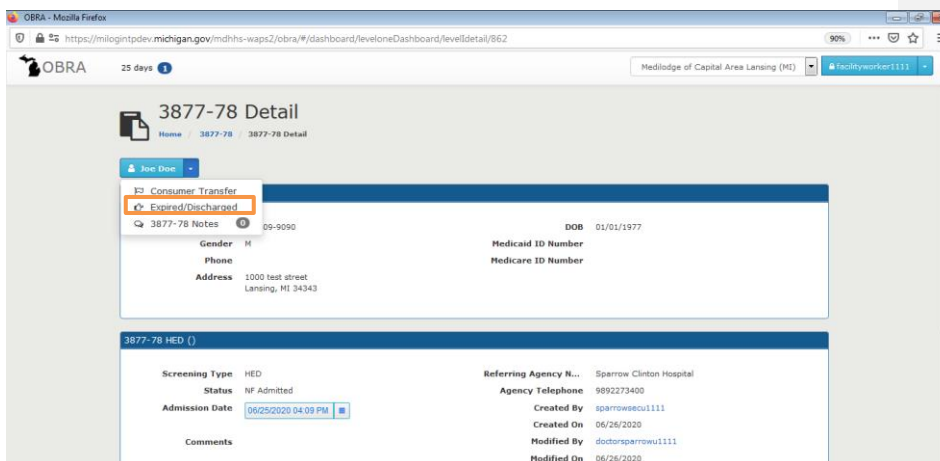
**First approach:**

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



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

If the Consumer is to be discharged, click on the Consumer name drop down and click on Expired/Discharged.



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.

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

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

Scenario Nine

**Patient Information**

SSN 587-98-7321  
Gender M  
Phone  
Address 23434 main  
Lansing, MI 48910

**3877-78 HED ()**

Screening Type HED  
Status Level-II Ready  
Admission Date 08/09/2020

Agency Telephone 5173641000  
Created By hospitalsocialw2233

**Take An Action**

Discharge  
 Expired

\* Discharge Date  
09/08/2020

\* Discharge Type  
Discharge Type  
Assisted Living  
Community Group Home  
Home/Relative's Home  
Inpatient Medical Facility  
Inpatient Psychiatric Facility  
Other  
Unknown

Comments  
Please explain:

Submit

If the Facility has decided to send the screening to CMH, clicking on the Detail record will show the Send to CMH option as shown below.

**3877-78 HED ()**

Screening Type HED  
Status NF Admitted  
Admission Date 06/25/2020 04:09 PM

Comments

Referring Agency Name Sparrow Clinton Hospital  
Agency Telephone 9892273400  
Created By sparrowsecu1111  
Created On 06/26/2020  
Modified By doctorsparrowu1111  
Modified On 06/26/2020

**Send to CMH**

Agency Name Agency  
Comments Please explain:

Submit

From the list of **CMH Agencies** in the Agency dropdown select an Agency, enter comments and click on Submit. These are the CMH Agencies local to the Referral Facility.



Send to CMH

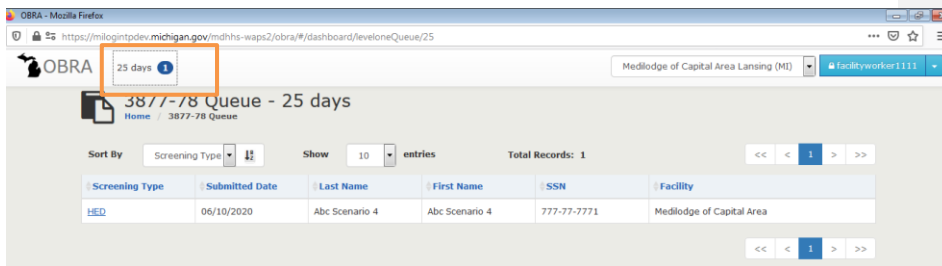
Agency Name:

Comments: Please explain:

CMH Coordinator will take necessary actions. Covered under the CMH user Manual

**Second Approach:**

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



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
- Expired
- Discharge

Steps covered in First approach.

**Screening Types and who can initiate what Screenings**

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


Facility type	PAS	ARR	HED (converted from PAS)	CIC
County Medical Care Facility		Y		Y


Home Health Agency	Y			
Hospice Facilities	Y			
Hospital	Y		Y	
Hospital Long Term Care Unit	Y		Y	
Nursing Home		Y		Y
Partial Psy Hospital Programs	Y			
Physician	Y			
Psychiatric Hospitals	Y			
Social Services Agency	Y			
Treatment facility aged	Y			
Veteran facilities	Y	Y	Y	Y

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

The screenshot shows the 'Create 3877-78' interface. At the top left is a logo and the text 'Create 3877-78'. Below it is a navigation bar with 'Home / Create 3877-78'. A user profile button for 'Jane Doe' is visible. The main heading is 'Level I Screening'. Below this is a form field labeled '\* Screening Type' with a dropdown menu showing 'PAS'. At the bottom right, there are three buttons: 'Reset', 'Cancel', and 'Next'.

For a Nursing Home, the Create 3877-78 screen shows:

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

 Joe Doe

Level I Screening

\* Screening Type

ARR  
CIC

Reset Cancel Next

User selects ARR:

Level I Screening

\* Screening Type

Reset Cancel Next

User selects CIC (options appear under), but not mandatory to fill 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

### PAS Flow (not HED):

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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> 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 **NO** to question no.7 but selects **YES** to one of the questions 1-6.

\* 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.)

- The person has a current diagnosis of:
  - Mental Illness
  - Dementia
  - Both
- The person has received treatment for:
  - Mental Illness
  - Dementia (within the past 24 months)
  - Both
- The person has routinely received one or more prescribed antipsychotic or antidepressant medications within the last 14 days.
- 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.
- 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.
- 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.
- Qualifies for Exemption? (Coma, Dementia, Hospital Exempt Discharge)

Submit the form.

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

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.

The status of the 3877-78 screening would be **Form Complete**. There would be an option for the Role-3877 user to send the screening to the **nearest CMH Agency**. The list of CMH Agencies local to the Referral Facility source would be present under the **Agency** dropdown as shown below.

**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 ( )**

<b>Screening Type</b>	PAS	<b>Referring Agency Name</b>	Sparrow Clinton Hospital
<b>Status</b>	Form Complete	<b>Agency Telephone</b>	9892273400
<b>Admission Date</b>	<input type="text"/>	<b>Created By</b>	sparrowsecu1111
<b>Comments</b>		<b>Created On</b>	06/28/2020
		<b>Modified By</b>	
		<b>Modified On</b>	

**Send to CMH**

<b>Agency Name</b>	<b>Comments</b>	
<input type="text" value="Agency"/> <input type="text" value="Clinton-Eaton-Ingham CMH"/>	<input type="text" value="Please explain:"/>	<input type="button" value="Submit"/>

**3877-78 Forms**

3877 Form

**Facility Assignment**

**Assigned Facility** Medlodge of Capital Area

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



3877-78 ARR ()

<b>Screening Type</b>	ARR	<b>Referring Agency N...</b>	Medilodge of East Lansing
<b>Status</b>	Level-II Ready	<b>Agency Telephone</b>	5173325061
<b>Admission Date</b>	<input type="text" value="12/31/1987"/>	<b>Created By</b>	medilodgeworkeru1039
		<b>Created On</b>	09/09/2020
<b>Previous CMH Agency</b>		<b>Modified By</b>	
<b>Current CMH Agency</b>	Clinton-Eaton-Ingham CMH	<b>Modified On</b>	
<b>Comments</b>	comments to CMH		

Submitted to CMH

Reassign CMH

<b>Agency Name</b>	<b>Comments</b>	
<input type="text" value="Clinton-Eaton-Ingham CMH"/>	<input type="text" value="comments to CMH"/>	<input type="button" value="Submit"/>

### CIC and ARR Flow: 3877 Only

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

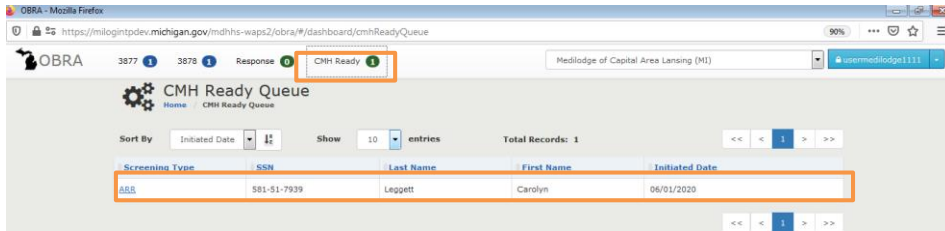
\* This section of form must be completed by a Registered Nurse, Licensed Bachelor or Master Social Worker, Licensed Professional Counselor, Psychologist, Physician's Assistant, Nurse Practitioner or a Physician

Screening Criteria (All 7 items must be completed.)

1. The person has a current diagnosis of:	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input type="radio"/> Mental Illness <input type="radio"/> Dementia <input type="radio"/> Both		
2. The person has received treatment for:	<input type="radio"/> Yes	<input checked="" type="radio"/> No
<input type="radio"/> Mental Illness <input type="radio"/> Dementia (within the past 24 months) <input type="radio"/> Both		
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 tasks, 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

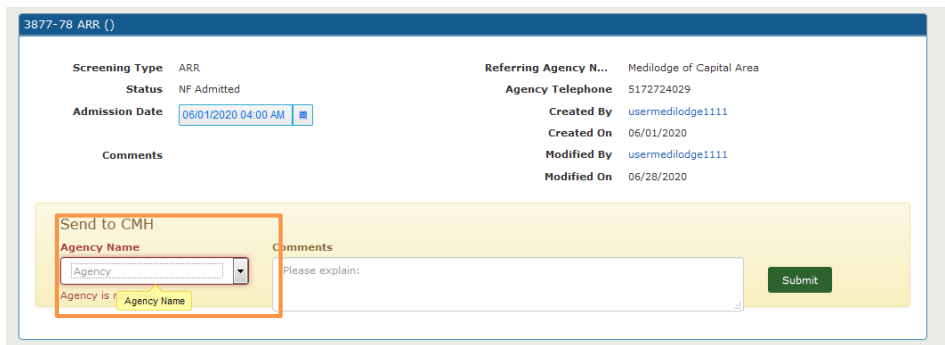
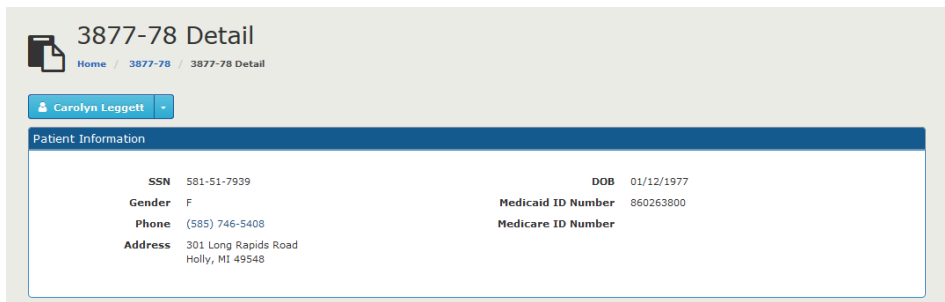
Submit the form.

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



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

The status of the 3877-78 screening would be **Form Complete**. There would be an option for the Role-3877 user to send the screening to the **nearest CMH Agency**. The list of CMH Agencies local to the Referral Facility source would be present under the **Agency** dropdown as shown below.



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

3877-78 ARR ( )

Screening Type: ARR  
Status: Level-II Ready  
Admission Date: 12/31/2019

Referring Agency N...: Medlodge of Alpena  
Agency Telephone: 9893562194  
Created By: medlodgeworkeru1039  
Created On: 09/09/2020  
Modified By:  
Modified On:

Previous CMH Agency:  
Current CMH Agency: Northeast Michigan CMHA  
Comments: comments to CMH

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:

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

Reset Save Print Cancel Reject Submit

## 3877-78 Detail Page

One of the most important screens, if not the most, is the 3877-78 Detail page. There are a variety of functions available in 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: Screening Typ Show 10 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	Medlodge of Capital Area

Screening Type from Queues (if enabled):

OBRA - Google Chrome

miogintpdev.michigan.gov/mdhhs-waps2/cbra/#/dashboard/cmhReadyQueue

OBRA 3877 Response CMH Ready Sparrow Clinton Hospital St. Johns (MI) spertowecm1111

CMH Ready Queue

Home / CMH Ready Queue

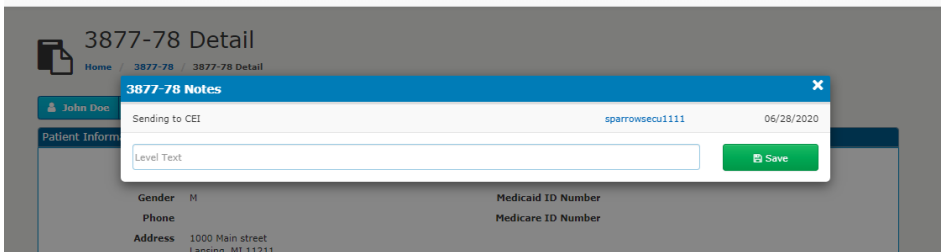
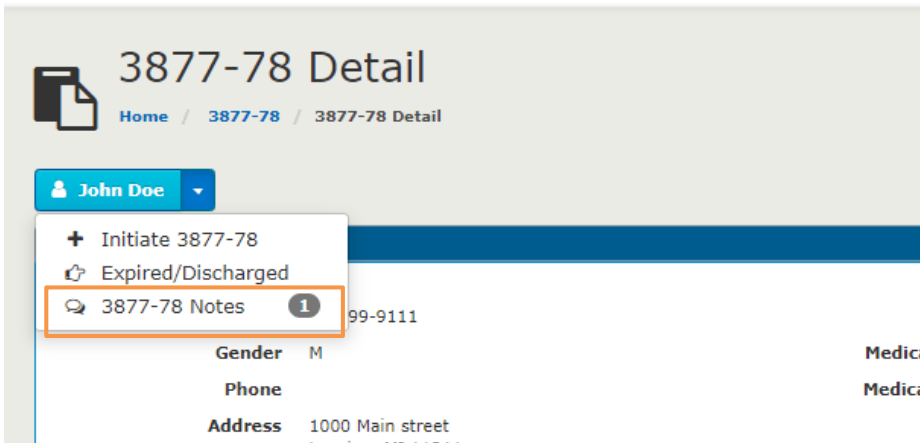
Sort By: Initiated Date Show 10 entries Total Records: 1

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

### Consumer Name Dropdown

- Initiate 3877-78
  - This will initiate a new 3877-78
- Consumer transfer
  - Please refer 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



### No Longer Needed

- For a first time consumer with no 3877's or 3878's in the system, this will delete 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 will delete the current 3877 and 3878 data for the consumer. The Consumer data will not be deleted.

**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 48343		

**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	05/26/2020
		Modified By	doctorsparrowu1111
		Modified On	05/26/2020

**3877-78 Forms**

3877 Form    3878 Form    [View All](#)

**Facility Assignment**

Assigned Facility    Medlodge of Capital Area

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

Clicking on **No Longer Needed** will generate a pop up message as shown below.

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](#)

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

### Patient Information

- The following fields will be displayed on Read only mode. These will be the latest values from the Database
  - SSN (XXX-XXX-XXXX)

- Phone (XXX-XXX-XXXX)
- Address
- DOB
- Gender
- Medicaid Beneficiary ID number
- Medicaid ID number
- Status

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 48343		

### Screening type Details

- Section name -> 3877-78 (<Screening Type>)
- The following fields will be displayed on Read only mode, populated from the 3877 Form
  - Screening Type
  - Status of 3877-78
  - Admission Date and Update Button
    - For screening type PAS, the Admissions date will be blank by default
    - For screening type ARR or CIC, the Admissions date will be populated from the 3877 form
    - This capability is available only for user role - Facility Admissions
    - The update button will be enabled only for the following scenarios
      - 3877/78 Status is NF Assigned
      - 3877/78 Status is NF Admitted
  - "Send to CMH" option (For PAS, HED, ARR and CIC screening types)
    - For Screening types HED, ARR or CIC, the option will be available only for Evaluations with 3877/78 Status "NF Admitted"
    - For Screening type PAS, the option will be available for Screenings with 3877-78 Status as "Form Complete"
    - There will be option (Not mandatory) to enter comments while sending to CMH
    - Upon click of "Send to CMH",
      - The Referral date will be populated with current date
      - There will be a dialogue box with an option to select a CMH Agency name if the Assigned Facility belongs to multiple CMH Agencies
      - The CMH Agencies will be populated based on the Assigned facility name
      - There will be a dialogue box with only one prepopulated CMH Agency Name if the Facility belongs to only one CMH

- Referring Agency Name
- Agency Telephone
- Created By
- Created On
- Modified By
- Modified On

3877-78 PAS ()	
<b>Screening Type</b>	PAS
<b>Status</b>	Level-II Ready
<b>Admission Date</b>	<input type="text"/>
<b>Comments</b>	Sending to CEI
<b>Referring Agency Name</b>	Sparrow Clinton Hospital
<b>Agency Telephone</b>	9892273400
<b>Created By</b>	sparrowsecu1111
<b>Created On</b>	06/28/2020
<b>Modified By</b>	sparrowsecu1111
<b>Modified On</b>	06/28/2020

### 3877-78 Forms:

- 3877 Form – this will be hyperlinked only when the 3877 Form status is completed
  - Upon click, the 3877 Form will be opened in a new window
- 3878 Form– this will be hyperlinked only when the 3877 Form status is completed
  - Upon click, the 3878 Form will be opened in a new window
- View All
  - This will print the completed forms in PDF format in a new window in the order – 3877 and then 3878

3877-78 Forms		
<a href="#">3877 Form</a>	<a href="#">3878 Form</a>	<a href="#">View All</a>

### Facility Assignment:

This is described under the HED Flow (Page number)

**Commented [DVVM6]:** To mention the page number after review



## 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.

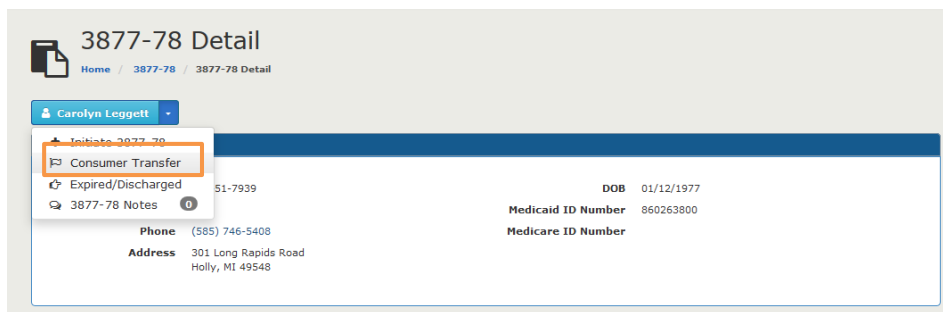
For users from facilities which can initiate only ARR and CIC:

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

**Commented [DVVM7]:** User types to be added

This option will be available only when:

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



Click on **Consumer Transfer**:

Detail

### Consumer Transfer

**Current Facility:** Aberdeen Rehabilitation and Skilled Nursing Center

\*

**\* New Facility:**

New Facility

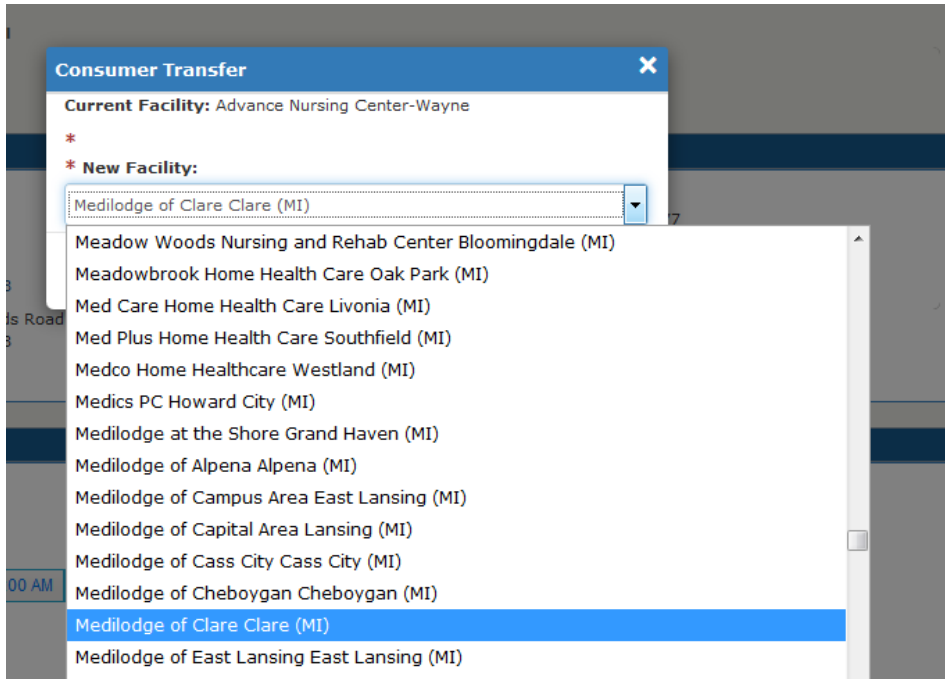
- 1st Choice Home Care Warren (MI)
- 1st State Home Healthcare Saginaw (MI)
- 21st Century Home Health Care Bridgeman (MI)
- 24-Seven Home Health Care Services Southfield (MI)
- 247 Home Health Care Taylor (MI)
- 4 Star Home Health Care Southfield (MI)
- A Plus Home Health Care Lathrup Village (MI)
- 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)

88

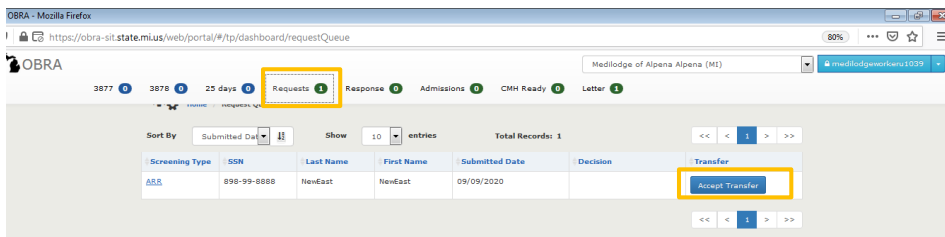
street  
1 34343

d

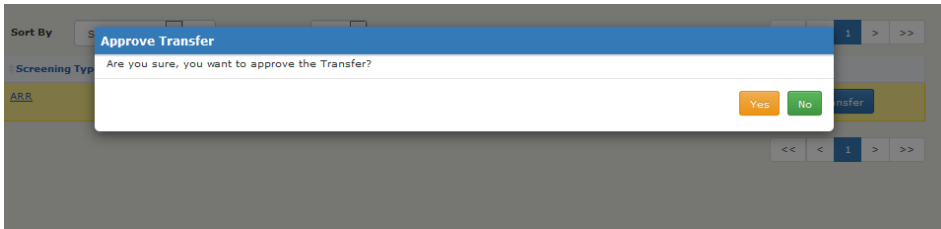
Select the **New Facility** from the drop down and click on **Save**.



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.

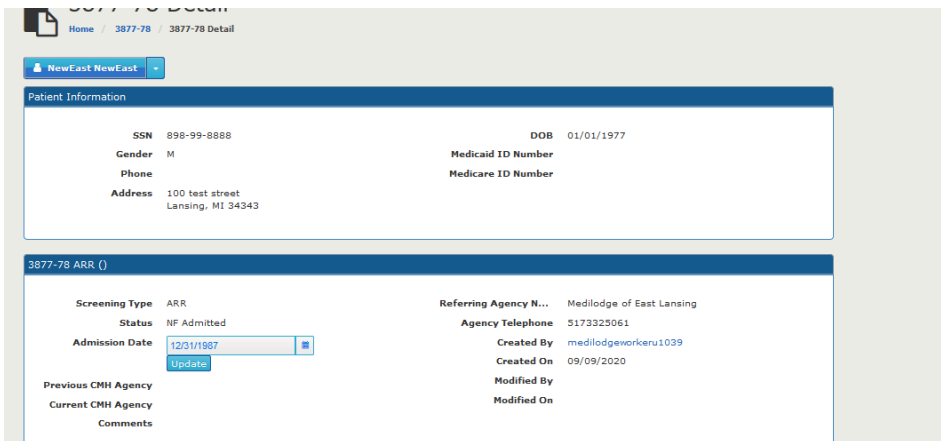


Click on "Accept transfer" button in order to accept the Consumer Transfer.



Upon click of "Yes",

User lands on the 3877-78 Detail page:



The user is navigated to the 3877-78 Detail page. The facility in the Facility Assignment section would have changed to the new facility.

Home / 3877-78 / 3877-78 Detail

Newcons Newcons

Patient Information

SSN	909-09-9999	DOB	02/01/1999
Gender	M	Medicaid ID Number	
Phone		Medicare ID Number	
Address	1000 test street Lansing, MI 48343		

3877-78 PAS ()

Screening Type	PAS	Referring Agency Name	Sparrow Health System - Main Campus
Status	Not Needed	Agency Telephone	5173641000
Admission Date	12/31/1999	Created By	sparrowsocialw1039
Previous CMH Agency		Created On	09/08/2020
Current CMH Agency	Clinton-Eaton-Ingham CMH	Modified By	sparrowsocialw1039
Comments	tte	Modified On	09/09/2020

3877-78 Forms

3877 Form [View All](#)

Facility Assignment

Assigned Facility	Medilodge of Alpena
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[Go Back to Home](#) [Back to Search Results](#) [No Longer Needed](#)

## Letters

Users with Role-3877 has a "Letters" queue

OBRA 3877 20 Response 0 CMH Ready 0 Letter 2

Sparrow Health System - Main Campus Lansing (MI) sparrowsocialw1039

Level One Letter Queue

Sort By Coordinator De Show 10 entries Total Records: 2

Type	Last Name	First Name	SSN	Coordinator Decision Date	Agency Name
PAS	Newcons	Newcons	909-09-9999	09/09/2020	Clinton-Eaton-Ingham CMH

This queue has records whenever a Coordinator has made a decision on the Screening type.

The Role-3877 user opens the record from the letter queue by clicking on the row.