

471-000-229 Instructions for Completing Form DPI-OBRA7. "Referral for Community-Based Services"

Use: Form DPI-OBRA7 is used by the HHS/Contractor to refer an individual to the community-based developmental disability service provider, if the individual has a diagnosis of mental retardation or a related condition.

The form is then used by the CBDDSP to respond to the referral.

Number Prepared: Form DPI-OBRA7 is completed in triplicate for each CBMRP receiving a referral.

Completion: Form DPI-OBRA7 is completed as follows.

Heading: The HHS/Contractor Unit completes the heading identifying for whom the request for services is being made.

Items 1-7: The CBDDSP staff complete these items. Supportive material may be attached.

Signature: The CBDDSP staff person completing the disposition signs and dates Form DPI-OBRA7.

Distribution: The HHS/Contractor Unit sends the Form DPI-OBRA7 to the CBDDSP and retains a copy. When the disposition section has been completed, the CBDDSP sends a copy back to the HHS/Contractor and retains a copy, within 30 days of receipt of the referral.

Retention: Form DPI-OBRA7 is retained for four years.

FIRST MENTAL HEALTH, INC.

TO:

DATE:

REV#:

SS#:

RE:

Referral for Community-Based Services

As you are aware, the purpose of this form is to inform you that a Preadmission Screen or Resident Review was performed for this individual. As a result, this individual was found inappropriate for nursing facility services and/or to require specialized services.

Please note that if services are currently unavailable to serve this individual, place him/her on the waiting list for services according to standard procedures.

Please contact FMH PASARR Quality Assurance at (800) 598-6462 if you have any questions. Thank you.

Enclosure:

XC: Carla Lasley, DDD (if MR/RC)