



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OFFICE OF LONG-TERM LIVING BULLETIN

ISSUE DATE

February 12, 2014

EFFECTIVE DATE

March 1, 2014

NUMBER

03-14-12

SUBJECT

Revised Target Resident (MI, ID, ORC) Reporting Form
(MA 408)

BY

Bonnie L. Rose, Deputy Secretary
Office of Long-Term Living

PURPOSE:

The purpose of this bulletin is to issue a revised Target Resident (MI, ID, ORC) Reporting Form (MA 408). The revised MA 408 (MA 408 3/14) replaces the MA 408 (MA 408 3/04).

SCOPE:

This bulletin applies to all county, nonpublic and state-operated nursing facilities enrolled in the Medical Assistance (MA) Program.

BACKGROUND/DISCUSSION:

Pursuant to 42 U.S.C. § 1396r(e)(7) and 42 CFR Part 483 Subpart C (relating to "Preadmission Screening and Annual Review of Mentally Ill and Mentally Retarded Individuals"), the Department must establish and maintain a preadmission screening and resident review system for nursing facility applicants and residents with mental illness (MI), intellectual disability (ID) or other related conditions (ORC) that meet the criteria on the preadmission screen. The preadmission screening and resident review system requires nursing facilities enrolled in the MA Program to notify the Department when an individual with MI, ID or ORC is admitted. (See 55 Pa. Code § 1187.31(3)). Submission of the MA 408 fulfills the requirement that the nursing facility notify the Department's Office of Long-Term Living, Bureau of Quality and Provider Management, Division of Nursing Facility Field Operations when a resident with MI, ID, or ORC meets the criteria on the preadmission screen for a targeted resident, regardless of payment source. The Department must complete a prompt review of an individual upon receipt of an MA 408 which indicates "CHANGE IN CONDITION" or "UNREPORTED TARGET".

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO: Ruth Anne Barnard

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Visit the Office of Long-Term Living's Web site at www.dpw.state.pa.us/About/OLTL

The Department made minor changes to the MA 408 form for clarification purposes. This will enable nursing facilities to provide more specific information to the Department regarding individuals that meet target criteria. In Section III, MR was changed to target category ID. In addition, after Section III, references to UMR Field Office and UMR Representative were changed to Nursing Facility Field Operations Office and Nursing Facility Field Operations Representative.

PROCEDURE:

The Department must be notified via form MA 408 anytime an individual with MI, ID or ORC meets target criteria, enters a nursing facility or undergoes a change in condition while in the nursing facility. If an individual enters a nursing facility as an exceptional admission, the nursing facility must notify the Department prior to expiration of their initial determination time frame. If a Target resident transfers to another MA nursing facility, or expires, the change must be communicated to the Department by completing and sending the MA 408 form. In the case of a Target resident transfer, the transferring and the receiving facilities must both complete and send the MA 408 form.

The revised MA 408 must be completed as follows:

- A. Type or Print all items on the form in black ink.
- B. Section I - Enter the facility name and address, date, county code, Service Provider ID, contact person, title, telephone number and fax number in the appropriate fields.
- C. Section II - Check the appropriate box(es) and enter date as required.
- D. Section III - Enter the resident's name, social security number, MA recipient number, date of admission, appropriate target category and date of the Program Office Letter of Determination, if known, in the appropriate box.
- E. Send or fax the original MA 408 to your Nursing Facility Field Operations Office within 48 hours.

Please contact your Nursing Facility Field Operations Representative for the Nursing Facility Field Operations Office address or fax number. (The mailing addresses, fax and phone numbers of the Nursing Facility Field Operations Offices are also available at the following website address:

http://www.dpw.state.pa.us/cs/groups/webcontent/documents/document/d_006466.pdf)

The revised MA 408 forms can be ordered from the MA Forms contractor via the Medical Assistance Provider Order Form (MA 300X). The Target Resident (MI, ID, ORC) Reporting Form number is MA 408 and is available in packs of 25 or may be printed from the following website:

<http://www.dpw.state.pa.us/findaform/ordermedicalassistanceforms/index.htm>. The revised MA 408 (MA 408 3/14) form will be required for admissions on March 1, 2014 and thereafter. Previous versions of the MA 408 form are not acceptable for admissions on March 1, 2014 and thereafter.