

OBRA PACKET INFORMATION TO INCLUDE FOR AAA

RESIDENT NAME: _____

SSN: _____

Send the below documentation to the Program Office in the order listed below:

	MH		ID		ORC
<input type="checkbox"/>	Program Office Transmittal Sheet – should be the 1 st sheet in packet.	<input type="checkbox"/>	Program Office Transmittal Sheet – should be the 1 st sheet in packet.	<input type="checkbox"/>	Program Office Transmittal Sheet – should be the 1 st sheet in packet.
<input type="checkbox"/>	MA 51	<input type="checkbox"/>	MA 51	<input type="checkbox"/>	MA 51
<input type="checkbox"/>	Notification Sheet	<input type="checkbox"/>	Notification Sheet	<input type="checkbox"/>	Notification Sheet
<input type="checkbox"/>	PASRR-ID and PASRR-EV	<input type="checkbox"/>	PASRR-ID and PASRR-EV	<input type="checkbox"/>	PASRR-ID and PASRR-EV
<input type="checkbox"/>	Comprehensive History & Physical Exam	<input type="checkbox"/>	LOCA	<input type="checkbox"/>	LOCA
<input type="checkbox"/>	Comprehensive Medication History (most current and immediate past)	<input type="checkbox"/>	Admission Report – To include History, Diagnoses, Physical Exam	<input type="checkbox"/>	Comprehensive History & Physical Exam
<input type="checkbox"/>	Comprehensive Psychosocial Evaluation	<input type="checkbox"/>	Nurses Notes – only the most recent (1 week prior to NF Admission)	<input type="checkbox"/>	Nurses notes including what Specialized Service would be helpful
<input type="checkbox"/>	Comprehensive Psychiatric Evaluation	<input type="checkbox"/>	Current Medication record	<input type="checkbox"/>	Course of Stay – any important issues during stay
<input type="checkbox"/>	LOCA – <u>Reminder</u> – Give Home address, NOT hospital unless client is homeless.	<input type="checkbox"/>	Course of Stay – any important issues during stay	<input type="checkbox"/>	Psychological evaluation
<input type="checkbox"/>	Last 3 days of the most current Physician’s orders and progress notes at time of review, (if applicable).	<input type="checkbox"/>	Psychological evaluation – include school records with an IQ score before age of 22 if possible.	<input type="checkbox"/>	PT/OT/ST/SS/Physician Notes – only the most recent note (dates 1 week before anticipate admission to NF)
<input type="checkbox"/>	Last 3 days of the most current nurses’ notes, (if applicable).	<input type="checkbox"/>	PT/OT/ST/SS/Physician Notes – only the most recent note (dates 1 week before anticipate admission to NF)	<input type="checkbox"/>	D/C Plans
<input type="checkbox"/>	Current medication record	<input type="checkbox"/>	D/C Plans		
<input type="checkbox"/>	CT/Neurology Consults if applicable				