

4656.0090 DEATH, DISCHARGE, AND CHANGE OF PAYMENT SOURCE INFORMATION.

Every quarter, certified facilities shall provide updated information to the department relating to the deaths, discharges, and changes in payment source when the resident payment goes from private pay to medicaid sponsored that occurred within the facility the previous quarter. Facilities may elect to report payment source changes from private pay to Medicaid sponsored on either a monthly or quarterly basis. This information must be provided on forms developed by the department.

Statutory Authority: *MS s 144.072; 256B.502*

History: *12 SR 239; 18 SR 2584*

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