

CHAPTER 4656
DEPARTMENT OF HEALTH
MEDICAL ASSISTANCE PROGRAM

4656 0020 DEFINITIONS
 4656 0080 AUDITS OF ASSESSMENTS OF
 NURSING HOME RESIDENTS

4656 0090 DEATH, DISCHARGE, AND CHANGE
 OF PAYMENT SOURCE INFORMATION

4656.0020 DEFINITIONS.

[For text of subps 1 to 10, see M.R.]

Subp 11. **Resident plan of care.** "Resident plan of care" for residents of nursing facilities means the comprehensive care plan as set forth in Code of Federal Regulations, title 42, section 483 20, paragraph (d), as amended through October 1, 1992

[For text of subp 12, see M R]

Statutory Authority: *MS s 144 072*

History: *18 SR 2584*

4656.0080 AUDITS OF ASSESSMENTS OF NURSING HOME RESIDENTS.

[For text of subps 1 to 4, see M R.]

Subp 5. **Routine audits procedures.** Facilities will be routinely audited at least once per calendar year in accordance with the following procedures

[For text of items A and B, see M R.]

C If more than 35 percent of the assessments audited under items A and B contain errors that could result in a change of classification, the facility may be subject to an additional audit of up to 100 percent of the assessments. The decision of whether or not to schedule a 100 percent audit shall be made by the program manager of the Quality Assurance and Review Section and based upon a review of the case mix index, the remaining classifications not audited, a determination of the effect of the unaudited classifications on the case mix index, and staff availability.

[For text of subps 6 and 7, see M.R.]

Statutory Authority: *MS s 144 072*

History: *18 SR 2584*

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*

History: *18 SR 2584*