LICENSING AND REGULATORY AFFAIRS
Bureau of Community and Health Systems

MICHIGAN MDS ASSESSMENT MERGE/SPLIT REQUEST FORM

Reason for Merge/Split Request (choose one):

Merge assessments submitted under multiple resident ID numbers (assessments for Resident #1 will be reassigned to Resident #2 and Resident #1 will be deleted).

Split assessments erroneously combined under one resident ID due to resident matching logic (selected assessments for Resident #1 will be reassigned to Resident #2).

RESIDENT #1:				RESIDENT ID#:	
SSN	FIRST NAME	M.I.	LAST NAME	DOB	GENDER

Facility ID	Assessment ID	A0310A	A0310B	A0310C	A0310D	A0310E	A0310F	A0310G	Effective Date

RESIDENT #2:				RESIDENT ID#:	
SSN	FIRST NAME	M.I.	LAST NAME	DOB	GENDER

Facility ID	Assessment ID	A0310A	A0310B	A0310C	A0310D	A0310E	A0310F	A0310G	Effective Date

I hereby request the designated changes to the State Database as described above. I certify that this accurately reflects resident assessment or tracking information for this resident. I further certify that I am authorized to submit this information by this facility on its behalf.

Signature and Title ______________________ Date ______________

Facility Name ______________________ Contact Phone Number ______________ Contact E-Mail (Required) ______________

Send by Certified Mail to: Michigan MDS/OASIS Help Desk, LARA/BCHS/HFLPS/ASD, 611 W Ottawa St, 1st Floor, Lansing, MI 48909 Phone:(888) 324-2647

DO NOT FAX or E-MAIL