

## MDS 3.0 Manual Assessment Correction/Deletion Request

**NOTE:** Assessment item errors, other than those listed below, must be corrected and resubmitted using **Correction Policy** procedures.

**Please Type or Print Legibly**

**All Fields are Required**

☐ **Delete Test Record**      ☐ **Correct A0410 Value**      ☐ **Delete Wrong FAC\_ID**      ☐ **Not CMS Required\*\*\***

### Facility Information

Facility Name:  
(complete name)

ID (FAC\_ID):

### Requestor (Administrator/Owner) Information

Name (full name):

Title:

E-mail Address:

Phone Number:

### Resident Information

First Name:

Last Name:

SSN:

Birth Date:

Gender:

Resident ID:\*

### Record Information

A0310A Value:

A0310B Value:

A0310C Value:

A0310D Value:

A0310F Value:

Target Date:\*\*

Assessment ID:\*

### Submission Information

Submission Date:

Submission ID:\*

### A0410 (Submission Requirement) Values

Submitted (Incorrect) Value:

Correct Value:

\* RES\_INT\_ID, ASMT\_ID, and SUBMISSION ID are found on the Final Validation Report

\*\* Target Date is:

MDS Item **A2300** (Assessment Reference Date) for an assessment record

MDS Item **A2000** (Discharge Date) for a discharge record

MDS Item **A1600** (Entry Date) for a reentry record

\*\*\* Record is not for OBRA and not for Medicare Part A PPS

**Signature** - Administrator or Owner (Please circle one)

\_\_\_\_\_ Date

Submit **completed** and **signed** form to your State Agency via **Certified Mail** through the US Postal Service. Your State Agency will approve, sign, and forward your request to the QTSO Help Desk.

**Signature** - State Agency Authorizer

\_\_\_\_\_ Date

The request must be sent **Certified Mail** through the US Postal Service.

**All requests require State Agency authorization.**

**Forms forwarded to the QTSO Help Desk without a State Agency signature will be rejected.**

**QTSO Help Desk - Internal Use:**
