**Section 140.513 Notification of Admissions and Changes in Resident Status**

a) Long term care providers shall submit all changes in resident status, including, but not limited to, death, discharge, requests for enhanced care rates, changes in patient credit, and third party liability (TPL), to the Department through the Medical Electronic Data Interchange (MEDI) system or through an Electronic Data Interchange (EDI) Service Vendor (see Section 140.55), formerly known as Recipient Eligibility Verification (REV) system, after the change occurs, within the following timeframes:

1) Death of a resident – 15 calendar days.

2) Discharge of a resident – 15 calendar days.

3) Changes in patient credit – 45 calendar days.

4) Third party liability – 45 calendar days.

5) Request for enhanced care rate – 45 calendar days from the effective date of the enhanced rate.

b) Admission data shall be submitted as follows:

1) For submission of admission data prior to September 1, 2014, admission data shall be submitted within 15 business days after the receipt by the long term care provider of the information contained in the HFS 2536 Interagency Certification of Screening Results. Admission data shall be submitted through MEDI, REV or EDI, or the admission documents may be submitted directly to the Department of Human Services using required admission forms.

2) For submission of admission data on or after September 1, 2014, admission data, including all screening information, must be submitted through MEDI, REV or EDI within the same time frame as in subsection (b)(1). Admission documents submitted directly to the Department of Human Services shall not be accepted. Long term care providers

shall not be required to submit admission documents directly to the Department of Human Services as a condition of compliance with this Section.

3) Effective for resident admissions on or after January 1, 2018, long term care providers shall have 45 calendar days to submit resident admission data to the Department by completing a long term care admission transaction. Confirmation numbers assigned to accepted long term care admission transactions shall be retained by a long term care provider to verify timely submittal. Day one of the 45 calendar day period commences on either: the date the long term care provider receives the required pre-admission screening results (HFS form 2536 (Interagency Certification of Screening Results) or HFS form 3864 (Screening Verification)) from the screening agent, or the admission date entered by the provider, whichever is later. Long term care providers shall complete a long term care admission transaction by submitting admission data through MEDI or through an EDI Service Vendor. If required, supporting documentation for the completed long term care admission transaction that cannot be submitted through MEDI or an EDI Service Vendor shall be submitted to the Department of Human Services caseworkers that processed the resident's application.

4) Effective for resident admissions on or after January 1, 2022, in accordance with PA 102-123, long term care providers shall have 120 calendar days to submit resident admission data to the Department by completing a long term care admission transaction. Confirmation numbers assigned to accepted long term care admission transactions shall be retained by a long term care provider to verify timely submittal. Day one of the 120 calendar day period commences on either: the date the long term care provider receives the required pre-admission screening results (HFS form 2536 (Interagency Certification of Screening Results) or HFS form 3864 (Screening Verification)) from the screening agent, or the admission date entered by the provider, whichever is later. Long term care providers shall complete a long term care admission transaction by submitting admission data through MEDI or through an EDI Service Vendor. If required, supporting documentation for the completed long term care admission transaction that cannot be submitted through MEDI or an EDI Service Vendor shall be submitted to the Department of Human Services caseworkers that processed the resident's application.

5) Any data or hard copy document provided to a long term care provider by an external entity or created by a long term care provider, for purposes of documenting a resident's long term care admission, shall be maintained, electronically or in hard copy, in the resident's file. This information will be used to verify receipt by the long term care provider of information contained in the required pre-admission screening results.

c) Reported admissions and changes in resident status shall be used for the purposes of determining Medicaid reimbursement. Income verification for any patient credit change shall continue to be submitted to the Department of Human Services caseworker. All admissions and changes in resident status are subject to Department review.

d) Long term care providers are responsible for training employees to comply with the deadlines outlined in this Section and maintaining proof of this training in accordance with Section 140.590. Failure to comply with the requirements outlined in this Section may result in denial or delay of payment or termination or suspension of the long term care provider's participation in the Medical Assistance Program.

(Source: Amended at 46 Ill. Reg. 5725, effective March 25, 2022)