

MDS 3.0 Assessment Move Request

Please Type or Print Legibly

Use this form to move assessments from one facility to another.

Select only **ONE** of the three move options noted below.

For **options 2 and 3** complete the information directly under the selected option.

For **options 2 and 3** only those assessments within and inclusive of the **dates** noted will be moved.

1. Move **All** assessments from incorrect facility to correct facility

All assessments will be moved

2. Move assessments by **Submission Date:**

Date from:

Date through:

3. Move assessments by **Target Date:**

Date from:

Date through:

Incorrect Facility Information

Facility Name:

Facility ID:

State:

Facility Closed Date (if applicable):

Correct Facility Information

Facility Name:

Facility ID:

State:

Requestor (Administrator/Owner) Information

Name (full name):

Title:

Phone Number:

E-mail Address:

Assessment Information

Reason for Assessment Move:
(Provide detailed description)

Approx. Number of Assessments
to Move to Correct/New Facility:

The State Agency will complete, sign and **fax**
this request to the QIES Help Desk at:

888-477-7871

Signature - State Agency Authorizer

Date

Phone Number:

E-mail Address:

Florida Facility submits completed and signed form to State

Agency:

AHCA: Florida QIES Help Desk, MS9A

2727 Mahan Drive

Tallahassee, FL 32308

Must be sent Certified Mail through the US Postal Service.