Colorado Department of Health Care Policy and Financing

Nursing Facility Medicaid Client Discharges

Facility Name	Provider Number	Date	Name of Person Submitting Report

INSTRUCTIONS:

- Notify Ascend Management Innovations, the statewide utilization review contractor, of all discharges, including deaths, by either sending an AP-5615 form containing discharge only or by completing this form at least monthly and sending it (ATTENTION – PAR COORDINATOR) to the mailing address or fax number below: 227 French Landing Drive, Suite 250, Nashville, TN 37228. Fax: (877) 431-9568
- Also notify your eligibility site by sending an AP-5615 within five business days and the single entry point (SEP) agency by sending the discharge AP-5615 or this form.
- Do not include clients discharged to the hospital unless you are certain the person will not return to your facility.
- Do include deaths.
- Complete all fields below. Examples of Reason for Discharge: Death, Hospital, Home, Other NF (include name), Private Pay and Other (Specify)

Resident Name (Last, First)	State ID Number	Social Security Number	Date of Discharge	Reason for Discharge

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