CHAPTER 2: LTCH CARE DATA SET REQUIREMENTS

This chapter presents the responsibilities of long-term care hospitals (LTCHs) regarding completing, submitting, reproducing, and maintaining patient assessments using the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS). It describes the different types of assessments LTCHs are expected to complete and provides general instructions for how each assessment should be completed.

The Centers for Medicare & Medicaid Services (CMS) recognizes that, in addition to items included in the LCDS, a complete and ongoing patient assessment guided by clinical standards is essential for all LTCH patients. Therefore, completion of the LCDS does not replace the assessment of each patient for the delivery of services in LTCHs. Further, completion of the LCDS should never supersede or substitute sound clinical judgment. Similarly, completion of the LCDS should not supersede applicable Federal, State, and local statutes and regulations.

2.1 Responsibilities of Long-Term Care Hospitals for Completing Assessments

The LCDS is applicable to all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program. These hospitals are certified as acute-care hospitals that treat patients requiring extended hospital-level care, typically following initial treatment at a general acute-care hospital. If a hospital is classified as an LTCH, for purposes of Medicare payments (as denoted by the last four digits of its six-digit CMS Certification Number [CCN] in the range of 2000–2299), it is subject to the requirements of the LTCH Quality Reporting Program (QRP). It is not applicable to patients receiving services in LTCH units that are not designated as LTCHs under the Medicare program. Data collection using the LCDS is applicable regardless of patient's age, diagnosis, length of stay, or payment/payer source. Data collected must be submitted in the time frame, manner, and form established by CMS for the LTCH QRP.

The applicable LCDS Version 5.1 (Admission, Planned Discharge, Unplanned Discharge, Expired) must be completed for eligible patients who have been *admitted or discharged on or after* 12:00 a.m. on October 1, 2024. For eligible patients who have been *admitted prior to* 12:00 a.m. on October 1, 2024 and have been discharged (or who die) on or after 12:00 a.m. on October 1, 2024, LCDS Version 5.0 Admission Assessment should be completed and the applicable LCDS Version 5.1 Planned Discharge, Unplanned Discharge, or Expired Assessment should be completed.

General Guidance for Completing the LCDS

- Complete LCDS items accurately and fully, and adhere to skip patterns.
- Understand what information and data each item requires, and complete the item based only on what is being requested.

- The LCDS includes Admission, Planned Discharge, Unplanned Discharge, and Expired Assessments. These data sets are completed for individual LTCH patients who are admitted to, discharged from, or die in the LTCH.
- The LCDS should follow the submission sequence as outlined under Section 2.5, Expected Order of LCDS Records. The LCDS may also be completed and submitted at the same time when situations arise that require this—for example, for a patient who is admitted and discharged on the same day.
- Appropriate staff members should complete the section(s) of the LCDS they are qualified to complete, per facility, State, and Federal policy and requirements.
- Understand the assessment period for each item. Report what is true on the day of the assessment unless a different assessment period has been indicated in the item or related guidance. If the patient's ability or status varies on the day of the assessment, report the patient's "usual status" or what is true greater than 50 percent of the assessment time frame during the 3-day assessment period, *unless* the item specifies differently.
- Minimize the use of "not applicable" and "unknown" responses, if possible.
- Base responses to items on the LCDS on assessment of the patient's current condition and other assessment data collected during the assessment period. When directed, assessments may be required within a specified time frame within the assessment period. For example, the skin assessment on a newly admitted patient should take place per facility policies and procedures (e.g., upon admission).
- Data collected to complete each item on the LCDS should include information from direct patient assessments, observations, interviews, and other relevant strategies within the assessment period time frame.
- When an LCDS item refers to "assistance," this means assistance from another person unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.
- LTCHs are required to submit admission and discharge assessments on all patients admitted to their hospital, regardless of length of stay. CMS is aware that there are circumstances in which LTCHs may not be able to complete every item on the LCDS assessment. In these cases, refer to the applicable sections of this manual and code the item set accordingly. For example, if you are unable to assess the patient on a particular item and therefore unable to enter a response on the LCDS, code the item with the default response of a dash (-). CMS expects dash use to be a rare occurrence. The -3900 edit (warning) is in place as a helpful reminder to staff completing the assessment that the item is required and not completing the item may result in a 2 percent reduction to the LTCH's applicable fiscal year Annual Payment Update (APU).
- See Chapter 4 for more information regarding how to correct errors in an LCDS after it has been submitted to CMS.

Applicable Patients

- Applicable assessments using the Admission, Planned Discharge, Unplanned Discharge, and Expired LCDS must be completed for any patient who is admitted to a facility certified as a hospital and designated as an LTCH under the Medicare program. This includes Medicare-participating LTCHs located within acute-care (or other) hospitals or skilled nursing facilities, as well as free-standing LTCHs.
- Applicable assessments using the Admission, Planned Discharge, Unplanned Discharge, and Expired LCDS must be completed for **all patients regardless of payment/payer source, age, or diagnosis (i.e., including pediatric patients and patients with psychiatric diagnoses).**
- **Hospice Patients:** If an LTCH patient transfers to hospice care, the patient is "discharged" from the LTCH, and the hospice benefit program pays for the care provided (even "respite" care provided by the LTCH). The LTCH is required to complete the LCDS Planned Discharge Assessment for LTCH patients who are discharged from the LTCH. When a patient within the LTCH begins receiving benefits through the hospice benefit program, the LTCH hospital must comply with the Medicare participation requirements for the hospice benefit program.

Patient Admissions and Discharges

- Complete the LCDS when admitting a patient from another LTCH:
  - When admitting a patient from another Medicare-participating LTCH (regardless of whether it is a transfer within the same chain [from an LTCH owned by the same parent company]), a new LCDS Admission Assessment must be completed.
- Complete the LCDS when transferring a patient to another hospital or facility:
  - The transferring LTCH must complete an LCDS Discharge Assessment if the patient does not return to the LTCH within 3 calendar days (day of transfer plus 2 calendar days). The completion of and the type of discharge assessment will depend on whether the transfer is planned or unplanned. *Planned discharge* and *unplanned discharge* are defined in Chapter 3, Section A.
    - If that same patient returns to the LTCH after 3 calendar days, a new Admission Assessment must be completed for that patient.
  - If the patient is returning to the admitting LTCH after a stay at another hospital or facility lasting less than 3 calendar days, then an LCDS Admission Assessment should **not** be completed. This is true regardless of the number of interrupted stays, provided each stay is less than 3 calendar days.

Changes in Payment Status or Ownership

- **Newly Designated LTCHs** must admit patients and operate in compliance with Medicare program requirements.
- **Newly Certified Beds** should not have Medicare or Medicaid patients until the LTCH has been notified that the bed has been certified.

- **Change in Ownership (CHOW)**
  - New owner assumes the Medicare provider agreement and provider number, and assets and liabilities of the previous owner.
    - Assessments using LCDS should be completed as usual, with the LTCH using the existing provider number.
  - New owner does not assume the assets and liabilities of the previous owner.
    - In this case, the beds are no longer Medicare-certified as LTCH beds, and there are no links to the previous provider, such as sanctions, deficiencies, patient assessments, debts, and provider number. CMS must review the status of the facility to determine whether it qualifies as an LTCH. As a result, this facility will no longer be subject to the requirements of the LTCH QRP until the date CMS certifies it as an LTCH. If the LTCH is notified that it qualifies as an LTCH (CCN notification letter date) it would then be required to report quality data. New LTCHs are required to begin reporting quality data under the LTCH QRP no later than the first day of the calendar quarter subsequent to 30 days after the date on its CCN notification letter.
    - Please note that CMS has a requirement that an evaluation be done by CMS related to the CHOW, which will determine whether the new owner actually purchased an LTCH (i.e., a hospital that meets the statutory requirement for an average length of stay for Medicare beneficiaries of >25 days). If the LTCH does not meet that standard for 5 of the immediate 6 months prior to the CHOW (the end of the Consolidated Review Program occurs at the sale), the LTCH will revert to inpatient prospective payment system (IPPS) status until the new owner submits new data for at least 5 of the next 6 months (after the sale) to indicate that LTCH status should be restored. Should the LTCH lose its status for this approximately 6-month period (or permanently) the LTCH QRP would no longer apply, but rather the Hospital Inpatient QRP will apply.
    - The previous owner completes an LCDS Planned Discharge Assessment for all patients, thus code A0250 (Reason for Assessment) = 10 (Planned Discharge) and A0270 (Discharge Date) = date of ownership change.

2.2 Maintenance of Electronic LCDS Records

- We recommend that a hospital maintain the original LCDS as part of the medical record, along with any corrected versions of the LCDS Assessment Record to track what was modified.
- LTCHs sign and date the accuracy attestation and Assessment Completion Verification electronically, provided the LTCH follows current facility policy and State regulations related to security and type of electronic signatures.
- We recommend LTCHs retain a copy of the LCDS, including items Z0400 and Z0500, in accordance with applicable State and local statutes and regulations as well as facility policies on how patient records are managed. Note that although the signature page of the LCDS is not transmitted to the Internet Quality Improvement and Evaluation System (iQIES), we recommend that it be retained for potential future validation purposes.
- Maintenance of the LCDS electronically does not require the entire clinical record to be maintained electronically, nor does it require the use of electronic signatures.
- All State licensure and State practice regulations continue to apply to Medicare-certified hospitals designated as an LTCH. Where State law is more restrictive than Federal requirements, the provider must apply the State law requirements.
- LTCHs must ensure that proper security measures are implemented via facility policy to ensure the privacy and integrity of the LCDS, regardless of the format in which the records are maintained.

2.3 Definitions

It is important to understand the concepts and definitions associated with the LCDS when completing the requirements for the LTCH patient assessments. Key definitions are introduced in this section and found throughout this manual.

Admission Date: the date a person enters the LTCH and is admitted as a patient. A day begins at 12:00 a.m. and ends at 11:59 p.m. Regardless of whether admission occurs at 12:00 a.m. or 11:59 p.m., this date is considered the first day of admission.

Assessment Period: a specified period of time over which a specific aspect of patient assessment, or the patient's condition or status, is captured by the LCDS assessment. The assessment period ends on the assessment reference date (ARD).

Assessment Reference Date (ARD): the end point of the assessment period for the LCDS assessment record. The ARD must include the entire day, from 12:00 a.m. to 11:59 p.m. The LTCH is required to record the ARD (A0210) on each LCDS. LTCHs can set their own ARD, as long as it is set no later than the first 3 calendar days (date of admission [A0220] plus 2 days) at the time of admission for the LCDS Admission Assessment, and no later than the date of discharge or date of death (A0270) for the LCDS Planned or Unplanned Discharge Assessment or Expired Assessment.

For example, if a patient was admitted on Friday, September 19, the ARD for the LCDS Admission Assessment could be no later than Sunday, September 21. *All pertinent information, beginning at the time the patient was admitted, through the ARD or through 11:59 p.m. on September 21, whichever is sooner, should be considered when completing the LCDS Admission Assessment.* Information collected after the ARD, but before the Completion Date of the LCDS, should not be included in the LCDS.

Assessment Submission: refers to electronic submission of the LCDS data to iQIES. The data are required to be in formats that conform to standard record layouts and data dictionaries, and pass standardized edits as defined by CMS. Chapter 4 of this manual and the LCDS Data Submission Specifications on the CMS LTCH Quality Reporting Technical Information Web site (https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html) provide detailed information.

Assessment Time Frame: when assessments must be conducted. The assessment time frame is *not* the same for all assessment types and is illustrated in Table 2-1 and Table 2-2. Date and time refer to the Admission, Planned Discharge, Unplanned Discharge, or Expired date and time.

Completion Date: the date all required information has been collected and recorded for a particular assessment and staff have signed and dated that the assessment is complete. This date should represent the date the completion of the assessment record has been verified by the individual authorized to do so. This individual signs and dates item Z0500. The Completion Date (date in Z0500B) can be **on** or **after** the ARD but should be no later than the ARD (A0210) + 5 calendar days. The Completion Date ***cannot*** be a date that is earlier than the ARD. If a Completion Date is entered for a date prior to the ARD, the record will be rejected.

Discharge Assessment: an assessment required on patient discharge. Discharge Assessments include LCDS Planned or Unplanned Discharge Assessments (item A0250 = 10 or 11, respectively). Refer to Section 2.4 for additional information on situations requiring these assessments.

Discharge Date: the date a patient leaves the LTCH. A day begins at 12:00 a.m. and ends at 11:59 p.m. Regardless of whether discharge occurs at 12:00 a.m. or 11:59 p.m., this date is considered the actual Date of Discharge on the LCDS Planned or Unplanned Discharge Assessments or the Date of Death (A0270) on the LCDS Expired Assessment. If a discharge is delayed, the Discharge Date is the day the patient leaves the LTCH.

Expired Assessment: the assessment that is completed when a patient dies in the LTCH or dies during an interrupted stay of fewer than 3 calendar days at another hospital/facility.

Item Set: the LCDS items that are included on a particular assessment type. The item set for a particular assessment is determined by the reason for assessment item (A0250).

- **Admission:** the set of items on the LCDS Admission Assessment.
- **Planned Discharge:** the set of items on the LCDS Planned Discharge Assessment.
- **Unplanned Discharge:** the set of items on the LCDS Unplanned Discharge Assessment.
- **Expired:** the set of items on the LCDS Expired Assessment.

The item set is available in Appendix C.

Program Interruption: refers to an interruption in a patient's care given by an LTCH because of the transfer of that patient to another hospital/facility per agreement for medical services (e.g., when the patient requires a higher level of care and is transferred to an acute-care hospital). Such interruption must not exceed 3 calendar days, whereby day 1 begins on the day of transfer, regardless of hour of transfer. For such an interruption, the LTCH should not complete and submit an LCDS Discharge Assessment (Planned or Unplanned).

Submission Date: refers to the date on which the completed LCDS Admission, Planned Discharge, Unplanned Discharge, or Expired Assessment is submitted to iQIES. The Submission Date should be **on** or **after** the ARD, and no later than the Completion Date (Z0500B) + 7 calendar days. The Submission Date **cannot** be a date that is earlier than the Completion Date. If a Submission Date is entered for a date prior to the ARD or the Completion Date, the record will be rejected.

Table 2-1
Time Frame for LCDS Admission Assessment
(Date and time refer to the date and time of the admission)

Assessment Type	LCDS Code	ARD (A0210) No Later Than	Completion Date (Z0500B) No Later Than	Submission Date No Later Than
Admission	A0250 = 01	3rd calendar day of the patient's admission. Admission date (A0220) + 2 calendar days.	8th calendar day of the patient's admission. ARD (A0210) + 5 calendar days.	15th calendar day of the patient's admission. Completion Date + 7 calendar days.
Example	A0250 = 01 **Admission Date is Friday, 10/31/2023**	Sunday, 11/02/2023	Friday, 11/07/2023	Friday, 11/14/2023

Table 2-2
Time Frame for Planned Discharge, Unplanned Discharge, and Expired LCDS Assessments (Date refers to the discharge or expired date and time)

Assessment Type	LCDS Code	ARD (A0210) No Later Than	Completion Date (Z0500B) No Later Than	Submission Date No Later Than
Planned Discharge	A0250 = 10	Date of Discharge (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
Unplanned Discharge	A0250 = 11	Date of Discharge (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
Expired	A0250 = 12	Date of Death (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
Example	A0250 = 10, 11, or 12 **Discharge Date is Monday, 12/22/2023**	Monday, 12/22/2023	Saturday, 12/27/2023	Saturday, 01/03/2024

2.4 Assessments for the LCDS

Admission Assessment

- An LCDS Admission Assessment using the LCDS is completed for each new patient admitted to the LTCH.
- If a patient is returning to the LTCH after more than 3 calendar days (day of transfer plus 2 calendar days) at another hospital or facility, then an LCDS Discharge Assessment related to the transfer should be completed, and a new LCDS Admission Assessment should be completed.
- If a patient is returning to the LTCH after a stay at another hospital or facility lasting less than 3 calendar days, then an LCDS Discharge Assessment related to the transfer should **not** be completed and a new LCDS Admission Assessment should **not** be completed.
- Timing of LCDS Admission Assessment:
  - Because a day begins at 12:00 a.m. and ends at 11:59 p.m., the actual date of admission, regardless of whether admission occurs at 12:00 a.m. or 11:59 p.m., is considered the Admission Date (A0220).
  - ARD (A0210) must be no later than Admission Date (A0220) + 2 calendar days.
  - LCDS Admission Assessment should be completed no later than ARD (A0210) + 5 calendar days (i.e., no later than Admission Date + 7 calendar days), but also may occur on, but not before, the ARD. The Completion Date is recorded in item Z0500B.
  - The Submission Date should be no later than Completion Date (Z0500B) + 7 calendar days (i.e., no later than Admission Date + 14 calendar days), but also may occur on, but not before, the ARD.
- The LCDS Admission Assessment has a maximum of a 3-day assessment period in which the patient's assessment must be conducted to obtain information for the LCDS Admission Assessment items.

Discharge Assessment

- An LCDS Discharge Assessment must be completed when the patient is discharged from the LTCH (regardless of whether the discharge is planned or unplanned).
- An LCDS Unplanned Discharge Assessment must be completed if a patient has an unplanned transfer to another hospital/facility and **does not** return to the LTCH within 3 calendar days. *Unplanned discharge* is defined below and in Chapter 3, Section A.
- An LCDS Planned Discharge Assessment must be completed when the patient is discharged home or to the community or transfers to hospice care, because these constitute a discharge from the LTCH.
- Time frame for LCDS Discharge Assessment:
  - The ARD (A0210) must be equal to the patient's Date of Discharge (A0270).

- The LCDS Discharge Assessment must be completed no later than ARD + 5 calendar days (i.e., no later than Discharge Date [A0270] + 5 calendar days), and may also occur on, but not before, the ARD. The Completion Date is recorded in item Z0500B.
- The LCDS Discharge Assessment must be submitted no later than Completion Date (Z0500B) + 7 calendar days (i.e., no later than Discharge Date [A0270] + 12 calendar days), and also may occur on, but not before, the ARD.
- The ARD for the LCDS Planned and Unplanned Discharge Assessments begins 2 days prior to the date of discharge, with the actual date of discharge being the end of the assessment period. However, some items have an "assessment period" back to the LCDS Admission Assessment.

- For **unplanned discharges**, the LTCH should complete an LCDS Unplanned Discharge Assessment to the best of its ability.
  - The LTCH may be in the process of completing or may have already completed some items of the assessment and should record those responses.
  - If you are unable to assess the patient on a particular item and therefore unable to enter a response on the LCDS, code the item with the default response of a dash (-), when allowed. CMS expects dash use to be a rare occurrence. The -3900 edit (warning) is in place as a helpful reminder to staff completing the assessment that the item is required and not completing the item may result in a 2 percent reduction to the LTCH's Annual Payment Update (APU).
- An unplanned discharge includes, for example:
  - An unplanned transfer of the patient to another hospital or facility that results in the patient's absence from the LTCH for longer than 3 calendar days (including the day of transfer) or the patient's discharge from the LTCH; or
  - Transfer of the patient to an emergency department of another hospital to either stabilize a condition or determine if an acute-care admission is required based on emergency department evaluation, which results in the patient's absence from the LTCH for longer than 3 days; or
  - Patient unexpectedly leaves the LTCH against medical advice; or
  - Patient unexpectedly decides to go home or to another hospital or facility (e.g., patient prefers to complete treatment in an alternate setting).
- Opening and closing of the medical record has no effect on these requirements.

Expired Assessment

- An LCDS Expired Assessment must be completed when the patient dies in the LTCH.
- If the patient dies during the admission assessment period, both an LCDS Admission Assessment and an LCDS Expired Assessment must be completed.
- If a patient expires after being transferred to another facility and the LTCH is not notified of the patient's death, the most recent assessment that was completed by the LTCH for that patient is considered the final required assessment. If the LTCH learns of that

patient's death outside of the LTCH within 3 calendar days of the transfer, it may, but is not required to, submit an LCDS Expired Assessment.

- The patient's date of death should be recorded in the Date of Discharge item A0270.
- Timing of LCDS Expired Assessment:
  - The ARD (A0210) must be equal to the patient's date of death.
  - The LCDS Expired Assessment must be completed no later than ARD (A0210) + 5 calendar days (i.e., no later than patient's date of death as documented in Discharge Date [A0270] + 5 calendar days).
  - The LCDS Expired Assessment must be submitted no later than Completion Date (Z0500B) + 7 calendar days (i.e., no later than patient's date of death as documented in Discharge Date [A0270] + 12 calendar days).
- May not be combined with any other type of assessment.

2.5 Expected Order of LCDS Records

An LCDS is submitted for an LTCH patient upon admission, discharge, or death. It is anticipated that the events would begin with an Admission Assessment (A0250 = 01), followed by either a Planned Discharge Assessment (A0250 = 10), Unplanned Discharge Assessment (A0250 = 11), or an Expired Assessment (A0250 = 12).

iQIES will issue a warning when a record is submitted out of sequence. Examples include submission of an LCDS Admission Assessment record where the prior record submitted was also an LCDS Admission Assessment record, or when any record is submitted on a patient after an LCDS Expired Assessment record has been submitted.

The target date, rather than the submission date, is used to determine the order of records. The target date is the Admission Date (A0220) for LCDS Admission Assessments and the Discharge Date (A0270) for LCDS Discharge or Expired Assessments.

Although LTCHs need to ensure that they have a system in place to ensure all required assessments are submitted appropriately, should the LTCH find it has not submitted a required assessment, it should submit the missing assessment as soon as the error is identified.