CHAPTER 2: LTCH CARE DATA SET REQUIREMENTS

This chapter presents the responsibilities of Long-Term Care Hospitals (LTCHs) with regard to completing, submitting, reproducing, and maintaining patient assessments using the LTCH CARE Data Set. It describes the different types of assessments LTCHs are expected to complete, and general instructions for how they should be completed.

CMS recognizes that, in addition to items included in the LTCH CARE Data Set, a complete and ongoing patient assessment guided by clinical standards is essential for all patients in the LTCHs. Therefore, completion of the LTCH CARE Data Set does not replace assessment of each patient for the delivery of services in the LTCHs. Further, completion of the LTCH CARE Data Set should never supersede sound clinical judgment or applicable Federal, state and local statutes and regulations.

2.1 Responsibilities of Long-Term Care Hospitals for Completing Assessments

The LTCH CARE Data Set is applicable to all patients receiving inpatient services in a facility certified as a hospital and designated as an LTCH under the Medicare program. 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 LTCH CARE Data Set is applicable regardless of patient's age, diagnosis, length of stay, or payment/payor source. Data collected must be submitted in the timeframe, manner, and form established by CMS for the LTCHQR Program.

All applicable LTCH CARE Data Set Assessments must only be completed for eligible patients who have been admitted on or after 12:00 AM on October 1, 2012; this includes discharge or expired assessment records.

General Guidance for Completing the LTCH CARE Data Set Assessment Record:

- Appropriate staff members should complete the section(s) of the LTCH CARE Data Set they are qualified to complete, per facility, State and Federal policy and requirements. Each person who completes part or all of the LTCH CARE Data Set assessment record should provide a signature in Section Z: Assessment Administration in accordance with the instructions provided in Chapter 3.
- 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.
- Responses to items on the LTCH CARE Data Set should be based on assessment of the patient's current condition and other assessment data collected during the look back

period. When directed, assessments may be required within a specified period of time within the look back 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 LTCH CARE Data Set Assessment record should include information from direct patient assessments, observations, interviews, and other relevant strategies within the assessment period timeframe
- When an LTCH CARE Data Set 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.
- Complete LTCH CARE Data Set items accurately and fully, and adhere to skip patterns. See Chapter 4 for more information regarding correcting errors in a completed LTCH CARE Data Set.
- Understand what information and data each item requires, and complete the item based only on what is being requested.
- The LTCH CARE Data Item Sets include the Admission Assessment, Unplanned Discharge Assessment, Planned Discharge Assessment, and Expired Assessment. These data sets are completed for individual LTCH patients who are admitted to, discharged from or expire in the LTCH, and are considered part of the patient's medical record.
- The LTCH CARE Data Sets should follow the submission sequence as outlined. Assessments may also be completed and submitted at the same time when situations arise that require this; for example, a patient is admitted and discharged on the same day.
- If a patient is discharged to an acute care facility on day two (2) of their LTCH stay, and does not return by the end of the ARD for the Admission Assessment, the LTCH may submit the Admission Assessment, if they have not already done so, as well as complete and submit the Unplanned Discharge Assessment.

Applicable Patients:

- Applicable assessments using the Admission, Planned Discharge, Unplanned Discharge, and Expired LTCH CARE Data Set 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, Unplanned Discharge, Planned Discharge, and Expired LTCH CARE Data Set must be completed for **all patients regardless of payment/payer source, age or diagnosis (i.e. includes pediatric patients or patients with psychiatric diagnoses)**.
- **Hospice Patients**: If an LTCH patient "goes on hospice", 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 Planned Discharge Assessment for LTCH patients who are "discharged" from the LTCH. When a patient within the LTCH starts receiving benefits through the Hospice benefit program, the LTCH hospital must comply with the Medicare participation requirements for the Hospice benefit program.

- In the event that a patient is discharged from the LTCH or dies before an Admission Assessment is completed (i.e., before the Assessment Reference Date) and staff members do not have access to all information required to complete some of the LTCH CARE Data Set items, the "not assessed/no information" coding convention should be used ("-") (See Chapter 3 and Chapter 4 of this manual for more information). An appropriate Discharge Assessment or an Expired Assessment must also be completed.

Patient Admissions and Discharges

- Completing the LTCH CARE Data Set when admitting a patient from another LTCH:
  - When admitting a patient from another Medicare-participating LTCH (regardless of whether or not it is a transfer within the same chain), a new LTCH CARE Data Set Admission Assessment record must be completed.
- Completing the LTCH CARE Data Set when transferring a patient to another hospital/facility:
  - The transferring LTCH must complete an LTCH CARE Data Set Discharge Assessment if the patient does not return to the LTCH within 3 calendar days following the date of transfer. If that same patient returns to the LTCH after 3 calendar days, a new Admission Assessment must be completed for that patient.
  - The admitting LTCH must complete an LTCH CARE Data Set Admission Assessment record for each new patient admitted to the admitting LTCH. If the patient is returning to the admitting LTCH after a stay at another hospital/facility lasting less than 3 calendar days, then an 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.
    - The assessments should be completed as usual, with the LTCH using the existing provider number until a new one becomes available.
  - New owner **does not assume the assets and liabilities** of the previous owner.
    - In these cases the beds are no longer Medicare-certified, and there are no links to the previous provider, such as sanctions, deficiencies, patient assessments, debts, provider number, etc.
      - The previous owner completes a Planned Discharge Assessment for all patients, thus code A0250 (Reason for Assessment) = 11 and A0270 (Discharge Date) = date of ownership change.

2.2 Maintenance of Electronic LTCH CARE Data Set Records

- It is suggested that a hospital maintain the original LTCH CARE Data Set Assessment Record electronically, along with any corrected versions of the LTCH CARE Data Set Assessment Record, in the medical record to track what was modified, according to LTCH policy.
- LTCHs are able to 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.
- LTCHs should retain a copy of the LTCH CARE Data Set(s), including items Z0400 and Z0500, in accordance with facility and state policies on how medical records are managed. Note the while the signature page of the LTCH CARE Data Set is not transmitted to QIES ASAP, it should be retained within the patient's medical record.
- Maintenance of the LTCH CARE Date Set assessment record 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 and/or Medicaid certified hospitals designated as an LTCH. Where state law is more restrictive than federal requirements, the provider needs to 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 record, regardless of records form.

2.3 Definitions

In order to understand the requirements for conducting assessments of patients in LTCHs, it is first important to understand some of the concepts and definitions associated with LTCH CARE Data Set assessments. Concepts and definitions for assessments are only introduced in this section.

Admission Date: is 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 1st day of admission.

Assessment Reference Date (ARD): is the end point of the assessment period for the LTCH CARE Data Set Assessment records. The ARD must include the entire day, from 12:00am to 11:59pm. The LTCH is required to record the ARD (A0210) on each LTCH CARE Data Set assessment record. The ARD should be 2 calendar days after the Admission date (A0220) on an Admission Assessment; but must be the same date as the Discharge date (A0270) on a Discharge Assessment, and the Date of Death (A0270) on an Expired assessment.

For example, if a patient was admitted on Friday, June 20th, the ARD for the Admission Assessment is Sunday, June 22nd. All pertinent information, beginning at 12:00 am on June 20th, through 11:59pm on June 22nd, should be considered when completing the LTCH CARE Data Set Admission Assessment.

Interrupted Stay/Transfer: A 3 day period of time (day one begins on day of transfer, regardless of hour of transfer) whereby the patient is transferred to another facility per contractual agreement for care services, such as when the patient requires a higher level of care, and transfer to the acute care hospital.

Assessment Scheduling: is the process of determining the ARD as well as calculating the last possible day for completion of the required LTCH CARE Data Set Assessment, as well as the appropriate day of submission of the LTCH CARE Data Set Assessment to the Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.

Assessment Submission: refers to electronic submission of the LTCH CARE Data Set Assessment data to the QIES ASAP System. The data is required to be in formats that conform to standard record layouts and data dictionaries, and pass standardized edits as defined by CMS and the State. Chapter 4 of this manual and the LTCH CARE Data Submission Specifications on the CMS LTCH Technical Web page (http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html) provide detailed information.

Completion Date: is the date all required information has been collected and recorded for a particular assessment and staff has 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 date in Z0500B should be not later than the Assessment Reference Date (A0210) + 5 calendar days.

Submission Date: is the date on which the completed Admission, Discharge, or Expired Assessment record is submitted to the QIES ASAP system. The Submission Date can be no later than the Completion Date (Z0500B) + 7 calendar days.

Assessment Timing: refers to when assessments must be conducted. Assessment timing is *not* the same for all assessment types and is illustrated in **Table 2-1** and **Table 2-2** below. Date and Time refer to the Admission, Discharge, or Expired date and time.

Table 2-1. Assessment timing for **Admission** LTCH CARE Data Set. Date and time refer to the date and time of the admission.

Assessment Type	LTCH Data Set 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 (Z0500B) + 7 calendar days.
Example: Admission Date	LTCH Data Set Code	ARD (A0210)	Completion Date (Z0500B)	Submission Date
Wednesday, 10/31/2012	A0250=01	Friday, 11/02/2012	Wednesday, 11/07/2012	Wednesday, 11/14/2012

Table 2-2. Assessment timing for **Planned Discharge, Unplanned Discharge,** and **Expired** LTCH CARE Data Sets. Date and time refer to the discharge or expired date and time.

Assessment Type	LTCH Data Set 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 (Z0500B) + 7 calendar days
Unplanned Discharge	A0250=11	Date of Discharge (A0270)	ARD (A0210) + 5 calendar days	Completion Date (Z0500B) + 7 calendar days
Expired	A0250=12	Date of Death (A0270)	ARD (A0210) + 5 calendar days	Completion Date (Z0500B) + 7 calendar days
Example: Discharge Date/Date of Death	LTCH Data Set Code	ARD (A0210)	Completion Date (Z0500B)	Submission Date
Saturday, 12/22/2012	A0250 = 10, 11 or 12)	Saturday, 12/22/2012	Thursday, 12/27/2012	Thursday, 01/03/2013

Admission and Discharge Reporting: refers to LTCH CARE Data Set Assessments that include a select number of items from the LTCH CARE Data Set used to gather important quality data for LTCH patients at transition points, such as when they enter or leave a LTCH. Admission/Discharge reporting includes Admission, Discharge, and Expired Assessments.

Discharge Date: is 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 Planned or Unplanned Discharge Assessment or the Date of Death (A0270) on the Expired Assessment.

Discharge Assessment: refers to an assessment required on patient discharge. Discharge Assessments include Planned or Unplanned Discharge Assessments (Item A0250 = 10 or 11, respectively). These assessments include clinical items for quality monitoring as well as discharge tracking information.

Any of the following situations warrant a Discharge Assessment, regardless of hospital policies regarding opening and closing medical records:

- patient is discharged from the LTCH to a private residence;
- patient is admitted to a hospital or other care setting for longer than 3 calendar days (regardless of whether the LTCH discharges or formally closes the record);
- patient leaves against medical advice (AMA) or is discharged against medical advice (AMA)

Expired Assessment: refers to the assessment that is completed when a patient dies in the LTCH, or dies during an interrupted stay at another hospital/facility[1] of less than 3 calendar days.

Item Set: refers to the LTCH CARE Data Set items that are active on a particular assessment type. The item set for a particular LTCH CARE Data Set record is determined by the reason for assessment item (A0250).

- **Admission Assessment Item Set.** This is the set of items active on the LTCH CARE Data Set Admission Assessment.
- **Planned Discharge Assessment Item Set.** This is the set of items active on the LTCH CARE Data Set Planned Discharge Assessment.
- **Unplanned Discharge Assessment Item Set.** This is the set of items active on the LTCH CARE Data Set Unplanned Discharge Assessment.
- **Expired Assessment Item Set.** This is the set of items active on the LTCH CARE Data Set Expired Assessment.

Printed layouts for the item sets are available in **Appendix C**.

Assessment (Look Back) Period: is a specified period of time over which a specific aspect of patient assessment, or their condition or status, is captured by the LTCH CARE Data Set assessment. The assessment period ends on the ARD.

[1] When referring to interrupted stays throughout this manual, "another hospital/facility" refers to the following types of provider settings: (1) inpatient acute care hospital, (2) Inpatient Rehabilitation Facility (IRF), and (3) Skilled Nursing Facility (SNF)/swing bed.

2.4 Assessments for the LTCH CARE Data Set

Admission Assessments

- An Admission Assessment is completed for each new patient admitted to the LTCH.
- If a patient is returning to the LTCH after *more than 3 calendar days* at another hospital/facility or any setting, then a Discharge Assessment related to the transfer of the patient to another institution should have been filed and a new Admission Assessment must be completed.
- If a patient is returning to the LTCH after a stay at another hospital/facility lasting *less than 3 calendar days*, then a Discharge Assessment related to the transfer of the patient to another institution should not have been filed and a new Admission Assessment should **not** be completed.
- Timing of Admission Assessment
  - Since 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 am or 11:59 pm, is considered the Admission Date (A0220).
  - ARD (A0210) must be set no later than Admission Date (A0220) + 2 calendar days
  - LTCH CARE Data Set Admission Assessment record must be completed no later than ARD (A0210) + 5 calendar days (i.e. no later than Admission Date + 7 calendar days). The Completion Date is recorded in Item Z0500B.
  - The Submission Date must be no later than Completion Date (Z0500B) + 7 calendar days (i.e., no later than Admission Date + 14 calendar days)
- The LTCH CARE Data Set Admission Assessment has a 3 day "assessment period" in which the patient's assessment can be obtained for the items required during that assessment period.

Discharge Assessments

- Discharge Assessments may be for either a planned or unplanned discharge.
- A Discharge Assessment must be completed when the patient is discharged from the LTCH, whether the discharge is planned or unplanned (see definition of Discharge).
- Must be completed if a patient is transferred to another hospital/facility and **does not** return to the LTCH within 3 calendar days.
- Timing of Discharge Assessment
  - The ARD (A0210) must be equal to the patient's Date of Discharge (A0270).
  - The Discharge Assessment must be completed no later than ARD + 5 calendar days (i.e. no later than Discharge Date [A0270] + 5 calendar days). The Completion Date is recorded in Item Z0500B.
  - The 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).
- For **unplanned discharges**, the LTCH should complete an unplanned Discharge Assessment to the best of its ability. The use of the dash, "-", is appropriate when the

staff are unable to determine the response to an item, including the interview items. In some cases, the LTCH may be in the process of completing or may have already completed some items of the assessment, and should record those responses. An unplanned discharge includes, for example:

- Transfer of the patient to an emergency department of another hospital in order to either stabilize a condition or determine if an acute-care admission is required based on emergency department evaluation; or
- Planned transfer of the patient *that results in the patient's discharge* from the LTCH; or.
- Patient unexpectedly leaving the LTCH against medical advice; or
- Patient unexpectedly deciding to go home or to another hospital/facility (e.g., due to the patient deciding to complete treatment in an alternate setting).

- Opening and closing of the medical record has no effect on these requirements.

Expired Assessment

- An Expired Assessment must be completed when the patient dies in the LTCH or when a patient expires during a temporary (planned or unplanned) transfer to receive medical care at another hospital/facility and this is known to the LTCH.
- The patient's date of death should be recorded in the Date of Discharge Item A0270.
- Timing of Expired Assessment
  - The ARD (A0210) must be equal to the patient's date of death.
  - The 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 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).
- Consists of demographic and administrative items.
- May not be combined with any other type of assessment.
- If a patient expires, both an Admission Assessment and an Expired Assessment are required, even if the patient expires during the assessment period.
- 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 LTCH learns of that patient's death within 3 days of the transfer, they may, but are not required to, submit an Expired Assessment.
- If the patient did not return to the LTCH by day 3 of the transfer, the LTCH should have completed a Planned or Unplanned Discharge Assessment.

2.5 Expected Order of LTCH CARE Data Set Records

An LTCH CARE Data Set 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).

The QIES ASAP system will issue a warning when a record is submitted out of sequence. Examples include submission of an Admission Assessment where the prior record submitted was also an Admission Assessment, or when any record is submitted on a patient after an Expired Assessment 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 Admission Assessments and the Discharge Date (A0270) for Discharge or Expired Assessments.

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