

## CHAPTER 2: LTCH CARE DATA SET REQUIREMENTS

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

The Centers for Medicare & Medicaid Services (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 or substitute sound clinical judgment. Similarly, completion of the LTCH CARE Data Set should not supersede applicable Federal, State, and local statutes and regulations.

### 2.1 Responsibilities of Long-Term Care Hospitals for Completing Assessments

The LTCH CARE Data Set Version, 2.01, 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 (LTCHQR) 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/payer source*. Data collected must be submitted in the time frame, manner, and form established by CMS for the LTCHQR Program.

All applicable Version 2.01 LTCH CARE Data Sets (Admission, Planned Discharge, Unplanned Discharge, and Expired) must be completed for eligible patients who have been *admitted on or after 12:00 AM on July 1, 2014*. For eligible patients who have been *admitted prior to 12:00 AM on July 1, 2014*, all applicable Version 1.01 LTCH CARE Data Sets (Admission, Planned Discharge, Unplanned Discharge, and Expired) must be completed. For instructions on completion of LTCH CARE Data Set Version 1.01, please refer to LTCH Quality Reporting Program Manual Version 1.1 available for download at <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/>.

### General Guidance for Completing the LTCH CARE Data Set

- 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 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 assessment period. When directed, assessments may be required within a specified period of time 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 LTCH CARE Data Set should include information from direct patient assessments, observations, interviews, and other relevant strategies within the assessment period time frame.
- 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 how to correct errors in an LTCH CARE Data Set after it has been submitted to CMS.
- Understand what information and data each item requires, and complete the item based only on what is being requested.
- The LTCH CARE Data Sets include Admission, Unplanned Discharge, Planned Discharge, and Expired Assessments. These data sets are completed for individual LTCH patients who are admitted to, discharged from, or die 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 under Section 2.5, Expected Order of LTCH CARE Data Set Records. LTCH CARE Data Sets 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.
- If a patient is transferred to a short-stay acute-care facility during the 3-day Admission assessment period, the LTCH must complete and submit the LTCH CARE Data Set Admission Assessment.
  - If this patient returns to the LTCH within 3 calendar days (day of transfer plus 2 calendar days), the LTCH should not complete and submit the LTCH CARE Data Set Unplanned Discharge Assessment for the date of transfer.
  - If this patient does *not* return to the LTCH within 3 calendar days (day of transfer plus 2 calendar days), the LTCH must complete and submit the LTCH CARE Data Set Unplanned Discharge Assessment. Discharge date will be the date of transfer.

## Applicable Patients

- Applicable assessments using the Admission, Planned Discharge, Unplanned Discharge, and Expired LTCH CARE Data Sets 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 Sets must be completed for **all patients regardless of payment/payer source, age, or diagnosis (i.e., includes pediatric patients, includes patients with psychiatric diagnosis)**.
- **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 LTCH CARE Data Set 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 the LTCH CARE Data Set Admission Assessment is completed (i.e., before the Assessment Reference Date), and LTCH 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 (“-” or the item is to be left blank) (see **Chapter 3** and **Chapter 4** of this manual for more information; also refer to the LTCH Technical Submission Specifications Version 1.01.0). An appropriate LTCH CARE Data Set Discharge or Expired Assessment must also be completed. If staff members do have access to all information required to complete the LTCH CARE Data Set, the LTCH CARE Data Set should be completed. In both cases, the ARD for the LTCH CARE Data Set Admission Assessment would be the Discharge Date (or the Expired Date).

## Patient Admissions and Discharges

- Complete the LTCH CARE Data Set 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), a new LTCH CARE Data Set Admission Assessment must be completed.
- Complete 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 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 LTCH CARE Data Set 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 using LTCH CARE Data Set 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, provider number. CMS must review the status of the facility to determine whether or not it qualifies as an LTCH. As a result, this facility will no longer be subject to the requirements of the LTCHQR Program until the date CMS certifies it as an LTCH.
  - 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 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 LTCHQR Program would no longer apply but rather the IPPS Hospital Quality Reporting Program will apply.
  - The previous owner completes an LTCH CARE Data Set 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

- We recommend that a hospital maintain the original LTCH CARE Data Set as part of the medical record, along with any corrected versions of the LTCH CARE Data Set Assessment Record to track what was modified.

- 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.
- We recommend LTCHs retain a copy of the LTCH CARE Data Set(s), 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 LTCH CARE Data Set is not transmitted to Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System, we recommend that it should be retained for potential future validation purposes.
- Maintenance of the LTCH CARE Data Set 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 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 LTCH CARE Data Set, regardless of records form.

## 2.3 Definitions

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:** 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 Reference Date (ARD):** the end point of the assessment period for the LTCH CARE Data Set assessments. 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 LTCH CARE Data Set. LTCHs have the ability to 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 LTCH CARE Data Set Admission Assessment, and no later than the date of discharge or date of death (A0270) for the LTCH CARE Data Set Planned or Unplanned Discharge Assessment or Expired Assessment.

For example, if a patient was admitted on Friday, September 19, the ARD for the LTCH CARE Data Set 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 LTCH CARE Data Set Admission Assessment.* Information collected after the ARD, but before the Completion Date of the LTCH CARE Data Set, should not be included in the LTCH CARE Data Set.

**Program Interruption:** This term 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 contractual agreement for services (e.g., when the patient requires a higher level of care and is transferred to an acute-care hospital). Such an interruption must not exceed 3 calendar days, whereby day one begins on the day of transfer, regardless of hour of transfer. For such an interruption, the LTCH should not complete and submit an LTCH CARE Data Set Discharge record (planned or unplanned).

**Assessment Submission:** electronic submission of the LTCH CARE Data Set data to the QIES ASAP System. 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 LTCH CARE Data Submission Specifications on the CMS LTCH Technical Information Web page (<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCHTechnicalInformation.html>) provide detailed information.

**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 **not before** the ARD; and should be no later than the Assessment Reference Date (A0210) + 5 calendar days. Completion date can be **equal** to the ARD, or no greater than 5 days later; however, it **cannot** be a date that is earlier than the ARD. In the event that a Completion date is entered for a date prior to the ARD, the record will be rejected. This is a CMS recommended timeline. Please refer to Chapter 4 for quarterly submission deadlines.

**Submission Date:** the date on which the completed LTCH CARE Data Set Admission, Discharge, or Expired Assessment is submitted to the QIES ASAP system. The Submission Date should be **on** or **after** the ARD but **not before** the ARD, and no later than the Completion Date (Z0500B) + 7 calendar days. The Submission Date can be on or after the Completion Date. **The Submission Date can be equal** to the Completion Date, or no greater than 7 days later; however, it **cannot** be a date that is earlier than the Completion Date. In the event that a Submission Date is entered for a date prior to the ARD, or the Completion Date, the record will be rejected. This is a CMS recommended timeline. Please refer to Chapter 4 for quarterly submission deadlines.

**Assessment Timing:** 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
<b>Admission</b>	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.
<b>Example: Admission Date is Friday, 10/31/2014</b>	A0250=01	Sunday, 11/02/2014	Friday, 11/07/2014	Friday, 11/14/2014

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
<b>Planned Discharge</b>	A0250=10	Date of Discharge (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
<b>Unplanned Discharge</b>	A0250=11	Date of Discharge (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
<b>Expired</b>	A0250=12	Date of Death (A0270)	ARD (A0210) + 5 calendar days	Completion Date + 7 calendar days
<b>Example: Discharge Date is Monday, 12/22/2014</b>	A0250 = 10, 11, or 12	Monday, 12/22/2014	Saturday, 12/27/2014	Saturday, 01/03/2015

**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 LTCH CARE Data Set Planned or Unplanned Discharge Assessments or the Date of Death (A0270) on the LTCH CARE Data Set Expired Assessment. If a discharge is delayed, the Discharge Date is the day the patient actually leaves the LTCH.

**Discharge Assessment:** an assessment required on patient discharge. Discharge Assessments include LTCH CARE Data Set 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. Refer to Section 2.4 for additional information on situations requiring these assessments.

**Expired Assessment:** the assessment that is completed when a patient dies in the LTCH, or dies during an interrupted stay at another hospital/facility<sup>1</sup> of fewer than 3 calendar days.

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

- **Admission Assessment Item Set:** the set of items active on the LTCH CARE Data Set Admission Assessment.
- **Planned Discharge Assessment Item Set:** the set of items active on the LTCH CARE Data Set Planned Discharge Assessment.
- **Unplanned Discharge Assessment Item Set:** the set of items active on the LTCH CARE Data Set Unplanned Discharge Assessment.
- **Expired Assessment Item Set:** 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 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 LTCH CARE Data Set. The assessment period ends on the ARD.

## 2.4 Assessments for the LTCH CARE Data Set Version 2.01

### Admission Assessments

- An LTCH CARE Data Set Admission Assessment using the LTCH CARE Data Set Version 2.01 is completed for each new patient admitted to the LTCH on or after July 1, 2014, at 12:00 a.m.
- If a patient is returning to the LTCH after *more than 3 calendar days* at another hospital/facility or any setting, then an LTCH CARE Data Set Discharge Assessment related to the transfer of the patient to another institution should have been completed and a new LTCH CARE Data Set 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 an LTCH CARE Data Set Discharge Assessment related to the transfer of the patient to another institution should **not** have been filed and a new LTCH CARE Data Set Admission Assessment should **not** be completed.

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<sup>1</sup> When referring to interrupted stay 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.



- Timing of LTCH CARE Data Set 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.
  - LTCH CARE Data Set 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 LTCH CARE Data Set 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 LTCH CARE Data Set Admission Assessment items.

## Discharge Assessments

- An LTCH CARE Data Set Discharge Assessment must be completed when the patient is discharged from the LTCH (regardless of whether the discharge is planned or unplanned).
- An LTCH CARE Data Set Unplanned Discharge Assessment must be completed if a patient is transferred to another hospital/facility and **does not** return to the LTCH within 3 calendar days.
- An LTCH CARE Data Set Planned Discharge Assessment must be completed when the patient “goes on hospice,” because this constitutes a “discharge” from the LTCH.
- Timing of LTCH CARE Data Set Discharge Assessment
  - The ARD (A0210) must be equal to the patient’s Date of Discharge (A0270).
  - The LTCH CARE Data Set 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 LTCH CARE Data Set 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 LTCH CARE Data Set 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 (e.g., M0800) have an “assessment period” back to the LTCH CARE Data Set Admission Assessment.

- For **unplanned discharges**, the LTCH should complete a LTCH CARE Data Set 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:
  - A planned transfer of the patient to be admitted to another hospital/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 in order to either stabilize a condition or determine whether an acute-care admission is required based on emergency department evaluation that results in a transfer lasting greater than 3 days; 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 LTCH CARE Data Set Expired Assessment must be completed when the patient dies in the LTCH.
- The patient’s date of death should be recorded in the Date of Discharge Item A0270.
- Timing of LTCH CARE Data Set Expired Assessment
  - The ARD (A0210) must be equal to the patient’s date of death.
  - The LTCH CARE Data Set 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 LTCH CARE Data Set 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 dies, both an LTCH CARE Data Set Admission Assessment and an LTCH CARE Data Set Expired Assessment are required, even if the patient dies 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 outside of the LTCH within 3 calendar days of the transfer, it may, but is not required to, submit an LTCH CARE Data Set Expired Assessment.

- If the patient did not return to the LTCH by day 3 of the transfer, it is no longer considered an “interrupted stay,” but rather a “greater than 3-day interrupted stay,” and the LTCH should complete an LTCH CARE Data Set Planned or Unplanned Discharge Assessment as appropriate.

## 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 LTCH CARE Data Set Admission Assessment record where the prior record submitted was also an LTCH CARE Data Set Admission Assessment record, or when any record is submitted on a patient after an LTCH CARE Data Set 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 LTCH CARE Data Set Admission Assessments and the Discharge Date (A0270) for LTCH CARE Data Set 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.