

## SECTION Z: ASSESSMENT ADMINISTRATION

Intent: The items in this section provide the signatures of individuals completing the Long-Term Care Hospital (LTCH) Continuity Assessment Record and Evaluation (CARE) Data Set and the signature of the individual verifying completion of the LTCH CARE Data Set assessment for a patient record.

### Z0400. Signatures of Persons Completing the Assessment

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<p>I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that submitting false information may subject my organization to a 2% reduction in the Fiscal Year payment determination. I also certify that I am authorized to submit this information by this facility on its behalf.</p>			
Signature	Title	Sections	Date Section Completed
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			

#### Item Rationale

- Each person completing a section or portion of a section of the LTCH CARE Data Set is required to sign their name under Z0400. This signature certifies that the information the individual has provided is accurate and that he or she is authorized to collect it.
- This signature-block section (Z0400) is provided for use by the LTCH, and it is suggested that it be retained at the LTCH in accordance with facility policies and procedures related to patient assessment information.
- The information in this section allows facility staff to verify the signatures of individuals responsible for patient assessment and data collection in their facility.

- Incomplete and inaccurate data assessments do not accurately represent the patient’s assessment status.
- The importance of accurately completing and submitting the LTCH CARE Data Set cannot be overemphasized. Data collected using the LTCH CARE Data Set are the basis for the following:
  - annual payment update (APU) determination; and
  - quality measures for public reporting.

### Coding Instructions

- Instruct all staff members who complete any part of the LTCH CARE Data Set to enter their signature, title, section, or portion(s) of a section(s) they completed, and the date completed. Each person who assessed the patient and collected the data will need to sign under Z0400 of the LTCH CARE Data Set.
  - Please refer to *Section 2.2 of Chapter 2* of this manual for information on using electronic signatures.
- The person verifying assessment completion should not sign in Z0400 and should sign in Z0500.
- If a staff member cannot sign and date Z0400 on the same day that he or she completed a section or portion of a section of the LTCH CARE Data Set, that staff member should enter the original date of completion when Z0400 is signed.
- Read the Attestation Statement carefully. You are certifying that the information you entered on the LTCH CARE Data Set, to the best of your knowledge, reflects the most accurate patient status.

### Coding Tips and Special Populations

- Two or more staff members can complete items within the same section of the LTCH CARE Data Set. When filling in the information for Z0400, any staff member who has completed a portion of a section should identify which item(s) he or she completed within that section.

### Z0500. Signature of Person Verifying Assessment Completion

Z0500. Signature of Person Verifying Assessment Completion																					
<p>A. Signature:</p>	<p>B. LTCH CARE Data Set Completion Date:</p> <div style="text-align: center; margin-top: 10px;"> <table style="margin: 0 auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="font-size: 10px; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="font-size: 10px; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">Month</td> <td></td> <td></td> <td style="text-align: center; font-size: 8px;">Day</td> <td></td> <td></td> <td style="text-align: center; font-size: 8px;">Year</td> <td></td> <td></td> <td></td> </tr> </table> </div>			-			-					Month			Day			Year			
		-			-																
Month			Day			Year															

### Item Rationale

- It is the responsibility of the LTCH to ensure the completeness of the LTCH CARE Data Set. Incomplete data sets may result in a 2% reduction of the LTCH’s annual fiscal year payment update.

- Requiring the signature of the person verifying assessment completion ensures timely completion of the assessment.
- Z0500 is used to evaluate timely submission.
- This item is used to verify completion of the assessments. It is suggested that it be retained at the facility in accordance with facility policies and procedures related to patient assessment information.
- The information in this section allows facility staff to verify the individual responsible for ensuring that patient data collection is complete.
- Incomplete and inaccurate data assessments do not accurately represent the patient's assessment status.

## Steps for Assessment

1. Verify that all items on the assessment are complete.
2. Verify that item **Z0400. Signature of Persons Completing the Assessment** contains attestation for all LTCH CARE Data Set sections.

## Coding Instructions

- If, for some reason, the person verifying assessment completion is unable to sign the LTCH CARE Data Set on the date it is completed, he or she should use the actual date that it is signed.
- For Z0500B, use the actual date that the LTCH CARE Data Set was completed, reviewed, and signed as complete by an individual authorized to do so. This date will generally be later than the date(s) in Z0400, which documents when portions of the assessment information were completed by staff. Note that for Inactivation Requests, Z0500B should be the date that the Inactivation Request was completed.

## Coding Tips

- The signature in Z0500A only certifies that all sections are complete. Persons completing Z0500 are not certifying the accuracy of portions of the assessment that were completed by other LTCH staff members.

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