

## SECTION Z: ASSESSMENT ADMINISTRATION

**Intent:** The items in this section provide the signatures of individuals that have gathered information from a patient's medical record and used it to complete any section of the IRF-PAI.

### Z0400. Signatures of Persons Completing the Assessment

Item Z0400A. Signature of Persons Completing the Assessment			
<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 ensuring that patients receive appropriate and quality care, and 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 I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information.</p>			
Signature	Title	Date Information is Provided	Time
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			

#### Item Rationale

- The signature page is the last page of the IRF-PAI document. Providers are required to complete the signature page in order to stay in compliance with the IRF-PAI requirement. While the signature page will not be transmitted to CMS, it is a required document for providers to include in each patient's medical record, to ensure they are compliant with the hospital Conditions of Participation located in the Code of Federal Regulations (CFR) at 482.24(c)(1).

#### Coding Instructions

- Any staff member that has gathered information from a patient's medical record and used it to complete any section of the IRF-PAI is responsible for signing the signature page.

- Additionally, each time a staff member completes and/or updates information on the IRF-PAI, they are required to sign the signature page. For example, if a staff member completes an item on the IRF-PAI on day 4 of the patient's stay and then again on day 14, the staff member should sign the signature page twice, once with the date of day 4 and again with the date of day 14.
- The title column should be completed with the professional title of the staff person that is completing IRF-PAI information. Lastly, the date column should be completed with the date on which the information was added to and/or updated on the IRF-PAI.

**NOTE:** This section does not need to be completed by every person that contributes to the patient's medical record. Only the person/people that are completing the IRF-PAI, using information compiled from the patient's medical record, are required to sign the signature page.

**NOTE:** IRFs may use electronic signatures for the IRF-PAI when permitted to do so by State and local law and when authorized by the IRF's policy. IRFs must have written policies in place that meet any and all State and Federal privacy and security requirements to ensure proper security measures to protect the use of an electronic signatures by anyone other than the person to whom the electronic signature belongs.