

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change
2	2.2	2-1	While states must use all Federally-required MDS 3.0 items, they have some flexibility in adding optional Section S items. As such, each State must have CMS approval of the State's Comprehensive and Quarterly assessments.
2	2.3	2-3	— Given the nature of a short-term or respite resident, staff members may not have access to all information required to complete some MDS items prior to the resident's discharge. In that case, the "not assessed/no information" coding convention should be used ("-") (See eChapter 3 for more information).
2	2.3	2-3	<ul style="list-style-type: none"> <li>• <b>Swing bed facility residents:</b> Swing beds of non-critical access hospitals that provide Part A skilled nursing facility-level services were phased into the SNF PPS on July 1, 2002 (referred to as swing beds in this manual). Swing bed providers must assess the clinical condition of beneficiaries by completing the MDS assessment for each Medicare resident receiving Part A SNF level of care in order to be reimbursed under the SNF PPS. <del>In addition, effective October 1, 2010, CMS collects</del> <del>will begin to collect</del> MDS data for quality monitoring purposes of swing bed facilities <b>effective October 1, 2010</b>. Therefore, swing bed providers must also complete the Entry record, Discharge assessments, and Death in Facility record. Requirements for the Medicare-required PPS assessments, Entry record, Discharge assessments and Death in Facility record outlined in this manual also apply to swing bed facilities, including but not limited to, completion date, encoding requirements, submission time frame, and RN signature. There is no longer a separate swing bed MDS assessment manual.</li> </ul>
2	2.4	2-6	— In cases where the resident returns to the facility after a long break in care (i.e., 15 months or longer), staff may want to review the older record <del>to</del> <b>and</b> familiarize themselves with the resident history and care needs. However, the decision on retaining the prior stay record in the active clinical record is a matter of facility policy and is not a CMS requirement.
2	2.5	2-8	<b>Assessment Reference Date (ARD)</b> refers to the last day of the observation (or "look back") period that the assessment covers for the resident. Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the ARD must also cover this time period. The facility is required to set the ARD on the MDS Item Set or in the facility software within the <del>appropriate</del> <b>required</b> timeframe of the assessment type being completed. This concept of setting the ARD is used for all assessment types (OBRA and Medicare-required PPS) and varies by assessment type and facility determination.

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change
2	2.5	2-13	<b>Reentry</b> refers to the situation when a resident was previously in this nursing home <b>and</b> had an OBRA <b>A</b> admission assessment completed <b>and</b> was discharged return anticipated <b>and</b> returned within 30 days of discharge. Upon the resident's return to the facility, the facility is required to complete an Entry tracking record. In determining if the resident returned to facility within 30 days, the day of discharge from the facility is not counted in the 30 days. For example, a resident who is discharged return anticipated on December 1 would need to return to the facility by December 31 to meet the "within 30 day" requirement.
2	2.5	2-14	<b>Respite</b> refers to short-term, temporary care provided to a resident to allow family members to take a break from the daily routine of care giving. The nursing home is required to complete an Entry tracking record and a Discharge assessment for all respite residents. If the respite stay is 14 days or longer, the facility must have completed an OBRA <del>admission</del> <b>Admission</b> .
2	2.6	2-17	<ul style="list-style-type: none"> <li>• If a resident goes to the hospital <b>prior</b> to completion of the OBRA <b>A</b>admission assessment, when the resident returns, the nursing home must consider the resident as a new admission. The nursing home may not complete a Significant Change in Status Assessment until after an OBRA Admission assessment has been completed.</li> <li>• If a resident had an OBRA <b>A</b>admission assessment completed and then goes to the hospital (discharge return anticipated and returns within 30 days) and returns during an assessment period and most of the assessment was completed prior to the hospitalization, then the nursing home may wish to continue with the original assessment, provided the resident does not meet the criteria for a SCSA. In this case, the ARD remains the same and the assessment must be completed by the completion dates required of the assessment type based on the timeframe in which the assessment was started. Otherwise, the assessment should be reinitiated with a new ARD and completed within 14 days after re-entry from the hospital. The portion of the resident's assessment that was previously completed should be stored on the resident's record with a notation that the assessment was reinitiated because the resident was hospitalized.</li> </ul>
2	2.6	2-24	<ul style="list-style-type: none"> <li>• Well-established, predictable cyclical patterns of clinical signs and symptoms associated with previously diagnosed conditions (e.g., depressive symptoms in a resident previously diagnosed with bipolar disease would not precipitate a <b>S</b>significant <b>C</b>ehange <b>A</b>assessment).</li> </ul>

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change
2	2.7	2-38	The RAI process, which includes the Federally-mandated MDS, is the basis for an accurate assessment of nursing home residents. The MDS information and the CAA process provide the foundation upon which the care plan is formulated. There are 20 problem-oriented CAAs, each of which includes MDS-based “trigger” conditions that signal the need for additional assessment and review of the triggered care area. Detailed information regarding each care area and the CAA process, including definitions and triggers, appear in Chapter 4 of this manual. Chapter 4 also contains detailed information on care planning development utilizing the RAI and CAA process.
2	2.8	2-39	<b>Assessment Window</b>  Each of the Medicare-required scheduled assessments has defined days within which the Assessment Reference Date (ARD) must be set. The facility is required to set the ARD on the MDS form itself or in the facility software within the appropriate timeframe of the assessment type being completed. For example, the ARD for the Medicare-required 5-day scheduled assessment must be set on days 1 through 58. Timeliness of the PPS assessment is defined by selecting an ARD within the prescribed ARD window. See Scheduled Medicare PPS Assessments chart below for the allowed ARDs for each of the Medicare-required assessments and other assessment information.
2	2.8	2-40	^Applicable Standard Medicare Payment Days may vary when assessment types are combined. For example, when a provider combines an unscheduled assessment, such as a Significant Change in Status Assessment (SCSA), with a scheduled assessment, such as a 30-day Medicare-required assessment, the new resource utilization group (RUG) would take effect on the ARD of the assessment. If the ARD of this assessment was day 28, the new RUG would take effect on day 28 of the stay. The exception would be if the ARD fell within the grace days. In that case, the new RUG would be effective on the first day of the regular payment period. For example, if the ARD of an unscheduled assessment combined with the 60-day assessment, was day 62, the new RUG would take effect on day 61
2	2.8	2-41	2. <del>Significant Correction to Prior Comprehensive Assessment:</del> <b>Assessment:</b> Complete because a significant error was made in the prior comprehensive assessment (see section 2.6).
2	2.9	2-45	<ul style="list-style-type: none"> <li>If a resident goes from Medicare Advantage to Medicare Part A, the Medicare PPS schedule must start over with a 5 -day PPS assessment as the resident is now beginning a Medicare Part A stay.</li> </ul>
2	2.9	2-47	— For example if the 5-day assessment is <del>performed on</del> <b>performed on</b> Day 8 and an SOT is performed in that window, the ARD for the SOT would be Day 8 as well.

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change
2	2.9	2-49	<ul style="list-style-type: none"> <li>Mrs. A. who was in RVL did not receive therapy on Saturday and Sunday because the facility did not provide weekend services and she missed therapy on Monday because of a doctor's appointment, but resumed therapy Tuesday. The IDT determined that her RUG-IV therapy classification level did not change as she had not had any significant clinical changes during the lapsed therapy days. An EOT-R was completed and Mrs. A was placed into ES3 for the three days she did not receive therapy. On Tuesday, Mrs. A. <del>was placed</del> <b>was placed</b> back into RVL, which was the same therapy RUG group she was in prior to the discontinuation of therapy. A new therapy evaluation was not required.</li> </ul>
2	2.9	2-49	<p><del>NOTE: When an EOT-R is completed, the Therapy start date (O0400A5, O0400B5, and O0400C5) on the next PPS assessment is the date of the Resumption of therapy on the EOT-R (O0450B). If therapy is ongoing, the Therapy end date (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.</del></p> <p><b>NOTE: When an EOT-R is completed, the Therapy Start Date (O0400A5, O0400B5, and O0400C5) on the next PPS assessment is the same as the Therapy Start Date on the EOT-R. If therapy is ongoing, the Therapy End Date (O0400A6, O0400B6, and O0400C6) would be filled out with dashes.</b></p>
2	2.9	2-52	<ul style="list-style-type: none"> <li>Is similar to the OBRA Significant Change in Status Assessment with the exceptions of the CAA process and the timing related to the OBRA <b>A</b> admission assessment. See Section 2.6 of this chapter.</li> </ul>
2	2.11	2-57	<ul style="list-style-type: none"> <li>When the OBRA and Medicare assessment time frames coincide, one assessment may be used to satisfy both requirements. PPS and OBRA assessments may be combined when the ARD windows overlap allowing for a common assessment reference date. When combining the OBRA and Medicare assessments, the most stringent requirements for ARD, item set, and CAA completion requirements must be met. For example, the skilled nursing facility staff must be very careful in selecting the ARD for an OBRA Admission assessment combined with a 14-day Medicare assessment. For the OBRA <b>A</b> admission standard, the ARD must be set between days 1 and 14 counting the date of admission as day 1. For Medicare, the ARD must be set for days 13 or 14, but the regulation allows grace days up to day 18. However, when combining a 14-day Medicare assessment with the Admission assessment, the use of grace days for the PPS assessment would result in a late OBRA Admission assessment. To assure</li> </ul>

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change
			the assessment meets both standards, an ARD of day 13 or 14 would have to be chosen in this situation. In addition, the completion standards must be met. While a PPS assessment can be completed within 14 days after the ARD when it is not combined with an OBRA assessment, the CAA completion date for the OBRA Admission assessment (Item V0200B2) must be day 14 or earlier. With the combined OBRA Admission/Medicare 14-day assessment, completion by day 14 would be required. Finally, when combining a Medicare assessment with an OBRA assessment, the SNF staff must ensure that all required items are completed. For example, when combining the Medicare-required 30-day assessment with a Significant Change in Status Assessment, the provider would need to complete a comprehensive item set, including CAAs.
2	2.12	2-61	<ul style="list-style-type: none"> <li>• ARD (Item A2300) must be set for the day of discharge (Item A2000) <b>and</b> the date of discharge <b>must</b> falls within the allowed window of the Medicare scheduled assessment as described earlier in Section 2.9.</li> </ul>
2	2.12	2-62	<ul style="list-style-type: none"> <li>• ARD (Item A2300) must be set for the day of discharge (Item A2000) <b>and</b> the date of discharge must fall within 5-7 days after the start of therapy (Item O0400A5 or O0400B5 or O0400C5, whichever is the earliest date). The ARD must <b>be</b> set by no more than two days after the date of discharge. (See Section 2.8 for further clarification.)</li> </ul>
2	2.12	2-64	<ul style="list-style-type: none"> <li>• ARD (Item A2300) must be set for the day of discharge (Item A2000) <b>and</b> the date of discharge <b>must</b> falls within 1-3 days after the last day therapy was furnished (Item O0400A6 or O0400B6 or O0400C6, whichever is the latest). The ARD must <b>be</b> set by no more than two days after the date of discharge. (See Section 2.8 for further clarification).</li> </ul>
2	2.12	2-67	<ul style="list-style-type: none"> <li>• ARD (Item A2300) must be set for the day of discharge (Item A2000) and the date of discharge <b>must</b> falls within 5-7 days after the start of therapy (Item O0400A5 or O0400B5 or O0400C5, whichever is earliest) and 1-3 days after the last day therapy was furnished (Item O0400A6 or O0400B6 or O0400C6). The ARD must <b>be</b> set by no more than two days after the date of discharge. (See Section 2.8 for further clarification).</li> </ul>
2	2.12	2-69	<ul style="list-style-type: none"> <li>• ARD (Item A2300) must be set for the day of discharge (Item A2000) <b>and</b> be on the last day of a COT 7-day observation period. The ARD must <b>be</b> set by no more than two days after</li> </ul>

**Track Changes  
from Chapter 2 V1.09  
to Chapter 2 V1.10**

Chapter	Section	Page	Change															
			the date of discharge. (See Section 2.8 for further clarification.)															
2	2.13	2-74	<p><b><i>Missed PPS Assessment</i></b></p> <p>If the SNF fails to set the ARD of a scheduled PPS assessment prior to the end of the last day of the ARD window, including grace days, and the resident was already discharged from Medicare Part A when this error is discovered, the provider cannot complete an assessment for SNF PPS purposes and the days cannot be billed to Part A. An existing OBRA assessment (except a stand-alone discharge assessment) in the QIES ASAP system may be used to bill for some Part A days when specific circumstances are met. See Chapter 6, Section 6.8 for greater detail.</p>															
2	2.14	2-76	<table><tr><th>Next Record</th><th>Entry</th><th>OBRA Admission</th></tr><tr><td>Entry</td><td>no</td><td>no</td></tr><tr><td>OBRA Admission</td><td></td><td>no</td></tr><tr><td>OBRA Annual</td><td></td><td>no</td></tr><tr><td colspan="3">OBRA Quarterly, sign. change, sign correction</td></tr></table>	Next Record	Entry	OBRA Admission	Entry	no	no	OBRA Admission		no	OBRA Annual		no	OBRA Quarterly, sign. change, sign correction		
Next Record	Entry	OBRA Admission																
Entry	no	no																
OBRA Admission		no																
OBRA Annual		no																
OBRA Quarterly, sign. change, sign correction																		
2	2.15	2-78	<p>Consider examples of the use of this table. If Items A0310A = 01, A0310B = 99, A0310C= 0 and Item A0310F = 99 (a standalone admission assessment), then these values are matched in row 21 and the item set is an OBRA comprehensive assessment (NC). The same row would be selected if Item A0310F is changed to 10 (admission assessment combined with a return not anticipated discharge assessment). The item set is again an OBRA comprehensive assessment (NC). If Items A0310A = 99, A0310B = 99, A0310C= 0 and Item A0310F = 12 (a death in facility tracking record), then these values are matched in the last row and the item set is a tracking record (NT). Finally, if Items A0310A = 99, A0310B = 99, A0310C= 0 and A0310F = 99, then no row matches these entries, and the record is invalid and would be rejected.</p>															