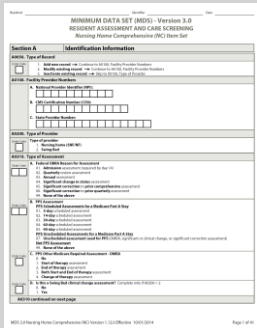


## MDS 3.0 Scheduling for OBRA and PPS

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## Session Objectives

Upon completion of the program, the participant will:

- Define the assessment reference date (ARD) and look back period,
- List the assessments required for Omnibus Budget Reconciliation Act (OBRA) and Prospective Payment System (PPS) purposes,
- Describe the scheduling rules for OBRA-required and PPS assessments, and
- Outline the requirements for Discharge assessments.

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## RAI User's Manual

- The information in this program refers to publicly available information as of the date of the presentation.
- For the most accurate and up-to-date information regarding the Resident Assessment Instrument (RAI), including the Minimum Data Set, Version 3.0 (MDS 3.0), please refer to the CMS *RAI User's Manual* Web page at the following link:  
<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQuality/Inits/MDS30RAIManual.html>

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## Key Definitions



## Assessment Reference Date (ARD)

- The ARD is the last day of the observation (or "look back") period.
- It begins at 12:00 a.m. and ends at 11:59 p.m.
- The facility is required to set the ARD on the MDS Item Set or in the facility software within the required timeframe of the assessment type being completed.

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## Observation (Look Back) Period

- The observation or look back period is the time period over which the resident's condition or status is captured by the MDS assessment.
- The look back ends at 11:59 on the ARD.
- Unless otherwise stated, the look back period is seven days.
- Only those occurrences during the look back period will be captured on the MDS.

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## Admission

Admission occurs when the resident has:

- Never been admitted to this facility before, OR
- Been in this facility previously and was discharged return not anticipated, OR
- Been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

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## Reentry

Reentry refers to when the resident:

- Was previously in this facility,
- Was discharged return anticipated, and
- Returned within 30 days of discharge.

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## Entry

- An entry describes either an admission or a reentry.
- Completion of an Entry Tracking record is required with each entry.

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## Discharge

- Discharge is the date a resident leaves the facility.
- There are two types of discharges – return anticipated and return not anticipated.

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## Leave of Absence (LOA)

- Temporary home visit of at least one night
- Therapeutic leave of at least one night
- Hospital observation stay less than 24 hours and the hospital does not admit the patient

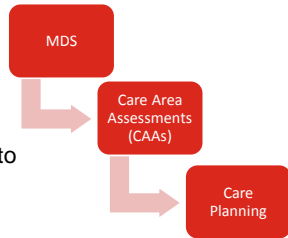
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OBRA-Required  
Tracking Records  
and Assessments

## Comprehensive OBRA-Required Assessments

- Admission
- Annual
- Significant Change in Status Assessment (SCSA)
- Significant Correction to Prior Comprehensive Assessment (SCPA)



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## Admission Assessment

Required when:

- This is the resident's first time in this facility, or
- The resident has been admitted to this facility and was discharged return not anticipated, or
- The resident has been admitted to this facility and was discharged return anticipated and did not return within 30 days of discharge.

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## Admission Assessment

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
14th calendar day of the resident's admission (admission date + 13 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days

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## Annual Assessment

- Must be completed on an annual basis (at least every 366 days) unless a SCSA or a SCPA has been completed since the most recent comprehensive assessment was completed

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## Annual Assessment

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
ARD of previous OBRA comprehensive assessment + 366 calendar days AND ARD of previous OBRA Quarterly assessment + 92 calendar days	ARD + 14 calendar days	ARD + 14 calendar days	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days

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## Significant Change in Status Assessment (SCSA)

- A "significant change" is a decline or improvement in a resident's status that:
  - Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" (for declines only),
  - Impacts more than one area of the resident's health status, and
  - Requires interdisciplinary review and/or revision of the care plan.
- When a resident's status changes and it is not clear whether the resident meets the SCSA guidelines, the nursing home may take up to 14 days to determine whether the criteria are met.

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## Significant Change in Status Assessment (SCSA)

- Decline in two or more of the following:
  - Resident's decision-making changes
  - Presence of a resident mood item not previously reported by the resident or staff and/or an increase in the symptom frequency (PHQ-9©)
  - Increase in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom increases
  - Any decline in an ADL physical functioning area where a resident is newly coded as Extensive assistance, Total dependence, or Activity did not occur since last assessment

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## Significant Change in Status Assessment (SCSA)

- Decline in two or more of the following (continued):
  - Resident's incontinence pattern changes or there was placement of an indwelling catheter
  - Emergence of unplanned weight loss (5% change in 30 days or 10% change in 180 days)
  - Emergence of a new pressure ulcer at Stage 2 or higher or worsening in pressure ulcer status
  - Resident begins to use trunk restraint or a chair that prevents rising when it was not used before
  - Overall deterioration of resident's condition

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## Significant Change in Status Assessment (SCSA)

- Improvement in two or more of the following:
  - Any improvement in an ADL physical functioning area where a resident is newly coded as Independent, Supervision, or Limited assistance since last assessment
  - Decrease in the number of areas where behavioral symptoms are coded as being present and/or the frequency of a symptom decreases
  - Resident's decision making changes for the better
  - Resident's incontinence pattern changes for the better
  - Overall improvement of resident's condition

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## When a Change Does Not Require the Team Complete a SCSA

- Discrete and easily reversible cause(s) are evident
- Short-term acute illness
- Well-established cyclical pattern
- Continued progress under the current course of care
- Condition has stabilized but the resident is expected to be discharged in the immediate future

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## SCSA in Terminally Ill Residents

- A SCSA is required to be performed when a terminally ill resident enrolls in a hospice program and remains a resident at the nursing home (ARD within 14 days from the effective date of the hospice election).
- Completing an Admission assessment followed by a SCSA is not required if the resident elects hospice prior to the ARD of the Admission assessment.
- SCSA is required to be performed when a resident is receiving hospice services and then decides to discontinue those services (ARD within 14 days of the event signaling the end of hospice services).

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## SCSA in Terminally Ill Residents

- When determining if an SCSA is required for a terminally ill resident, determine whether or not the decline is an expected, well-defined part of the disease course and is consequently being addressed as part of the overall plan of care for the individual.
  - If so, no SCSA would be needed.
  - If not, an SCSA is required.

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## Significant Change in Status Assessment (SCSA)

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days

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## Your Turn – A Scheduling Scenario

- Mrs. T required minimal assistance with ADLs. She fractured her hip and upon return to the facility requires extensive assistance with all ADLs. Rehab has started and staff is hopeful she will return to her prior level of function in 4-6 weeks.
- Should a Significant Change in Status Assessment (SCSA) be conducted?
  - A. Yes
  - B. No

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## Significant Correction to Prior Assessment

- A "significant error" is an error in an assessment where:
  - The resident's overall clinical status is not accurately represented (i.e., miscoded) on the erroneous assessment, and
  - The error has not been corrected via submission of a more recent assessment.
- A significant error differs from a significant change because it reflects incorrect coding of the MDS and not an actual significant change in the resident's health status.

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## Significant Correction to Prior Comprehensive Assessment (SCPA)

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days

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## Non-Comprehensive Assessments and Entry and Discharge Reporting

### OBRA-Required Non-Comprehensive Assessments

- Quarterly Assessment
- Significant Correction to Prior Quarterly Assessment
- Discharge Assessment – Return not Anticipated
- Discharge Assessment – Return Anticipated

### Tracking Records

- Entry Tracking Record
- Death in Facility Tracking Record

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## Quarterly

- Must be completed at least every 92 days following the previous OBRA assessment of any type
- Tracks a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored

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## Quarterly

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days

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## Significant Correction to Prior Quarterly Assessment (SCQA)

- Must be completed when the IDT determines that a resident's prior Quarterly assessment contains a significant error
- Can be performed at any time after the completion of a Quarterly assessment
- The ARD and completion dates depend on the date the determination was made that there is a significant error

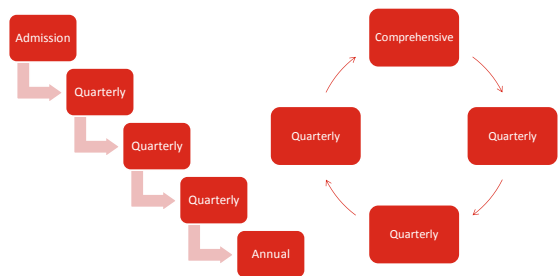
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## Significant Correction to Prior Quarterly Assessment (SCQA)

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	N/A	N/A	MDS Completion Date + 14 calendar days

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## OBRA Cycle of Assessments



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## Your Turn – A Scheduling Scenario

- Mrs. J. had an Annual assessment completed in January and a Significant Change in Status Assessment (SCSA) in April. When is her next Annual assessment due?
  - ARD of the Annual assessment (in January) + 366 calendar days and ARD of previous OBRA Quarterly assessment + 92 calendar days
  - ARD of the SCSA (in April) + 366 calendar days and ARD of previous OBRA Quarterly assessment + 92 calendar days

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## Discharge Assessments

- Discharge assessments are required when a resident:
- Is discharged from the facility to a private residence (as opposed to going on an LOA),
  - Is admitted to a hospital or other care setting (regardless of whether the nursing home discharges or formally closes the record),
  - Has a hospital observation stay greater than 24 hours, regardless of whether the hospital admits the resident, or
  - Is transferred from a Medicare- and/or Medicaid-certified bed to a noncertified bed.

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### Discharge Assessment–Return Not Anticipated

- Must be completed when the resident is discharged from the facility and the resident is not expected to return to the facility within 30 days.
- If the resident returns, the Entry tracking record will be coded A1700=1, Admission.

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### Discharge Assessment–Return Anticipated

- Must be completed when the resident is discharged from the facility and the resident is expected to return to the facility within 30 days (e.g., for a hospital stay).
- Upon return (within 30 days), the facility must submit an Entry Tracking record, determine if an SCSA is required, and (if no SCSA is required) continue to the OBRA schedule.
- If a SCSA is not indicated and an OBRA assessment was due while the resident was in the hospital, the facility has 13 days after reentry to complete the assessment.

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### Discharge Assessment

Assessment Reference Date (ARD) (Item A2300) No Later Than	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than
The ARD (Item A2300) for a Discharge assessment is always equal the Discharge date (Item A2000)	Discharge date + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days

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### Your Turn: An Assessment Scenario

- Mr. K. was transferred from a Medicare-certified bed to a noncertified bed on December 12, 2013 and plans to remain long term in the facility. How should the Discharge assessment be coded in A0310F (Entry/discharge reporting)?
  10. Discharge assessment – return not anticipated
  11. Discharge assessment – return anticipated
  99. None of the above as no Discharge assessment is needed

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### Entry Tracking Record

- Must be completed every time a resident is admitted or readmitted.
- Must be completed by the Entry Date + 7 calendar days.
- Must be transmitted no later than the 14th calendar day after the entry date (A1600 + 14 calendar days).
- May not be combined with an assessment as it is a stand-alone tracking record.

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### Entry Tracking = Admission

- Entry tracking record is coded an Admission when a resident:
  - Is admitted for the first time to this facility, or
  - Is readmitted after a discharge return not anticipated, or
  - Is readmitted after a discharge return anticipated when return was not within 30 days of discharge

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## Entry Tracking = Reentry

- Entry tracking record is coded a Reentry when a resident was discharged return anticipated (from this facility) and returned within 30 days of discharge
- 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

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## Death in Facility Tracking Record

- Must be completed when the resident dies in the facility or when on LOA.
- Must be completed within 7 days after the resident's death, which is recorded in item A2000, Discharge Date (A2000 + 7 calendar days).
- Must be submitted within 14 days after the resident's death, which is recorded in item A2000, Discharge Date (A2000 + 14 calendar days).
- May not be combined with any type of assessment as it is a standalone record.

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## CAA and Care Plan Completion for Comprehensive Assessments

- The CAA(s) completion date (Item V0200B2) must be either later than or the same date as the MDS completion date (Item Z0500B).
- For an admission, a final CAA(s) review and associated documentation are required no later than the 14th calendar day of admission (admission date plus 13 calendar days).
- The care plan completion date (Item V0200C2) must be either later than or the same date as the CAA completion date (Item V0200B2), but no later than 7 calendar days after the CAA completion date.
- The MDS completion date (Item Z0500B) must be earlier than or the same date as the care plan completion date.

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## Care Plan Completion for Non-Comprehensive Assessments

- CAAs are not required for non-comprehensive assessments.
- Nursing home teams should evaluate the care plan after each non-comprehensive assessment.
- The care plan should always reflect the current status of the resident.

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## Medicare-Required Prospective Payment System (PPS) Assessments

## Assessment Window

- Each of the Medicare-required scheduled assessments has defined days within which the ARD must be set.
- The facility is required to set the ARD within the appropriate timeframe of the assessment type being completed.
- When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), facilities must set the ARD for the assessment for a day within the allowable ARD window for that assessment type, but may do so no more than two days after the window has passed.
- The first day of Medicare Part A coverage for the current stay is considered day 1 for PPS assessment scheduling purposes.

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## Grace Days

- Grace days allow for flexibility in scheduling PPS assessments (e.g., to more fully capture therapy provided or if there are operational reasons that the assessments may be delayed).
- Grace days are not applied to unscheduled Medicare PPS Assessments.

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## PPS Scheduled Assessments

Assessment Type	ARD Range	Grace Days	Total ARD Window	Payment Days
5-Day	1-5	6-8	1-8	1-14
14-Day	13-14	15-18	13-18	15-30
30-Day	27-29	30-33	27-33	31-60
60-Day	57-59	60-63	57-63	61-90
90-Day	87-89	90-93	87-93	91-100

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## Unscheduled PPS Assessments

- Significant Change in Status Assessment
- Significant Correction to Prior Comprehensive Assessment
- Start of Therapy Other Medicare Required Assessment (SOT-OMRA)
- End of Therapy Other Medicare Required Assessment (EOT-OMRA)
- Change of Therapy Other Medicare Required Assessment (COT-OMRA)

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## Unscheduled PPS Assessments

- A Medicare unscheduled assessment in a scheduled assessment window cannot be followed by the scheduled assessment later in that window.
- The two assessments must be combined with an ARD appropriate to the unscheduled assessment.

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## Start of Therapy (SOT) OMRA

ARD Window	Modifies Payment On
<ul style="list-style-type: none"> <li>• 5-7 days after the start of therapy</li> <li>• The day of the first therapy evaluation is day 1.</li> </ul>	The date of the first therapy evaluation
<ul style="list-style-type: none"> <li>• An optional assessment completed only to classify a resident into a RUG-IV Rehab Plus Extensive Services or Rehab group.</li> <li>• Must be completed (Item Z0500B) within 14 days after the ARD (ARD + 14 days).</li> <li>• Must be submitted within 14 days after completion (Item Z0500B) (completion + 14 days).</li> </ul>	

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## End of Therapy (EOT) OMRA

ARD Window	Modifies Payment On
<ul style="list-style-type: none"> <li>• 1-3 days after all therapy services are discontinued</li> <li>• The first non-therapy day is day 1.</li> </ul>	The day after the latest therapy end date.
<ul style="list-style-type: none"> <li>• Required when the resident was in a RUG-IV Rehab Plus Extensive or Rehab group and continues to need Part A SNF-level services after the planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days.</li> <li>• Must be completed (Item Z0500B) within 14 days after the ARD (ARD + 14 days).</li> <li>• Must be submitted within 14 days after completion (Item Z0500B) (completion + 14 days).</li> </ul>	

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### No EOT OMRA is Required When:

- A resident is discharged from the SNF on or prior to the third consecutive day of missed therapy services
- The last day of the Medicare Part A benefit, that is the date used to code A2400C on the MDS, is prior to the third consecutive day of missed therapy services
- The date used to code A2400C is equal to the date used to code A2000, that is cases where the discharge from Medicare Part A is the same day as the discharge from the facility, and this date is on or prior to the third consecutive day of missed therapy services

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### EOT OMRA: Three Options When Therapy Will Resume

- Complete only the EOT OMRA and wait until the next scheduled PPS assessment.
- Complete the EOT OMRA. If therapy resumes more than five consecutive calendar days since the last day of therapy or therapy will not resume at the same level, complete an SOT OMRA upon resumption.
- In cases where therapy resumes no more than 5 consecutive calendar days after the last day of therapy provided and the therapy services have resumed at the same RUG-IV classification level and with the same therapy plan of care that had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed.

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### End of Therapy OMRA with Resumption (EOT-R)

- 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.

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### Change of Therapy (COT) OMRA

ARD Window	Modifies Payment On
• Day 7 of the COT observation period	Starting on Day 1 of that COT observation period
<ul style="list-style-type: none"> <li>▪ Required when the resident was receiving sufficient therapy to qualify for a therapy category and when the intensity of therapy (as indicated by the total reimbursable therapy minutes and other therapy qualifiers) changes to such a degree that it would no longer reflect the RUG-IV classification and payment assigned for the resident based on the most recent assessment used for Medicare payment.</li> <li>▪ Must be completed (Item Z0500B) within 14 days after the ARD (ARD + 14 days).</li> <li>▪ Must be submitted within 14 days after completion (Item Z0500B) (completion + 14 days).</li> </ul>	

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### Setting the ARD on the COT

- ARD is set for Day 7 of a COT observation period.
- The COT observation periods are successive 7-day windows with the first observation period beginning on the day following the ARD set for the most recent scheduled or unscheduled PPS assessment, except for an EOT-R assessment.
- In cases where the last PPS assessment was an EOT-R, the end of the first COT observation period is Day 7 after the Resumption of Therapy date (O0450B) on the EOT- R, rather than the ARD.

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### COT OMRA

- If Day 7 of the COT observation period falls within the ARD window of a scheduled PPS assessment, the SNF may choose to complete the scheduled assessment alone by setting the ARD of the scheduled PPS assessment for an allowable day that is on or prior to Day 7 of the COT observation period.
- In cases where a resident is discharged from the SNF on or prior to Day 7 of the COT observation period, then no COT OMRA is required.
- The COT ARD may not precede the ARD of the first scheduled or unscheduled PPS assessment of the Medicare stay used to establish the patient's initial RUG-IV therapy classification in a Medicare Part A SNF stay.

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## COT OMRA

- The COT OMRA may be completed when a resident is not currently classified into a RUG-IV therapy group, but only if both of the following conditions are met:
  1. Resident has been classified into a RUG-IV therapy group on a prior assessment during the resident's current Medicare Part A stay, and
  2. No discontinuation of therapy services (planned or unplanned discontinuation of all rehabilitation therapies for three or more consecutive days) occurred between Day 1 of the COT observation period for the COT OMRA that classified the resident into his/her current non-therapy RUG-IV group and the ARD of the COT OMRA that reclassified the resident into a RUG-IV therapy group.

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## SCSA or SCPA

- When a SCSA/SCPA is not combined with a PPS assessment (A0310A = 04 and A0310B = 99), the RUG-IV classification and associated payment rate begin on the ARD.
- When the SCSA/SCPA is completed with a scheduled PPS assessment and grace days are not used, the RUG-IV classification begins on the ARD.
- When the SCSA/SCPA is completed with a scheduled PPS assessment and the ARD is set within the grace days, the RUG-IV classification begins on the first day of the payment period of the scheduled Medicare-required assessment standard payment period.

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## Coding Tips

- When coding a standalone COT, EOT, or SOT, the interview items may be coded using the responses provided by the resident on a previous assessment only if the date of the interview responses from the previous assessment (as documented in item Z0400) were obtained no more than 14 days prior to the date of completion for the interview items on the unscheduled assessment (as documented in item Z0400) for which those responses will be used.

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## Coding Tips

- When coding a standalone COT, EOT, and SOT, facilities must set the ARD for the assessment for a day within the allowable ARD window for that assessment type, but may only do so no more than two days after the window has passed.
- In limited circumstances, it may not be practicable to conduct the resident interviews on or prior to the ARD for a standalone unscheduled PPS assessment. In such cases where the resident interviews are to be completed and the assessment is a standalone unscheduled assessment, providers may conduct the resident interview portions of that assessment up to two calendar days after the ARD (Item A2300).

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## Combining Medicare Scheduled and Unscheduled Assessments

- Two Medicare-required scheduled assessments may never be combined.
- Medicare-required scheduled assessments and a Medicare unscheduled assessments may be combined or that two Medicare unscheduled assessments may be combined.
- If an unscheduled PPS assessment is required in the assessment window (including grace days) of a scheduled PPS assessment that has not yet been performed, then facilities must combine the scheduled and unscheduled assessments by setting the ARD of the scheduled assessment for the same day that the unscheduled assessment is required.

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## Combining Medicare Assessments and OBRA Assessments

- 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.

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## Questions and Answers



- And a final reminder....
- Use the Manual often. It's available on the CMS **RAI User's Manual** web page at the following link:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>



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