

**Track Changes  
from Chapter 2 V1.10  
to Chapter 2 V1.11**

Chapter	Section	Page	Change
2	2.3	2-5	— More information on emergency preparedness can be found at: <a href="http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html">http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/index.html</a>
2	2.6	2-15	<p style="text-align: center;"><b>CAA Completion Date (Item V0200B2) No Later Than</b></p> <p>14th calendar day of the resident's admission (admission date + 13 calendar days) Same as MDS Completion Date</p> <p>ARD + 14 calendar days Same as MDS Completion Date</p> <p>14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days) Same as MDS Completion Date</p> <p>14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days) Same as MDS Completion Date</p>
2	2.6	2-18	<ul style="list-style-type: none"> <li>If a significant change in status is identified in the process of completing any OBRA assessment except Admission and SCSAs, code and complete the assessment as a comprehensive SCSA instead.</li> </ul>
2	2.6	2-36	<ul style="list-style-type: none"> <li>For a Discharge assessment, the ARD (Item A2300) is not set prospectively as with other assessments. The ARD (Item A2300) for a Discharge assessment is always equal the Discharge date (Item A2000) and may be coded on the assessment any time during the Discharge assessment completion period (i.e., discharge date (A2000) + 14 calendar days). Discharge date (Item A2000) must be the ARD (Item A2300) of the Discharge assessment.</li> </ul>
2	2.9	2-48	<ul style="list-style-type: none"> <li><del>In cases where a resident is classified into a Rehabilitation or Rehabilitation plus Extensive Services RUG category and experiences a planned or unplanned discontinuation of therapy services for three or more consecutive calendar days and the resident is discharged from the facility on the third day of missed therapy services, then no EOT OMRA is required. If the facility chooses to complete an EOT OMRA in this situation, it may be combined with the discharge assessment.</del></li> <li>In cases where 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, then no EOT OMRA is required. If the date listed in A2400C is on or after the third consecutive day of missed therapy services, then an EOT OMRA would be required.</li> <li>In cases where 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</li> </ul>

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			facility, and this date is on or prior to the third consecutive day of missed therapy services, then no EOT OMRA is required. Facilities may choose to combine the EOT OMRA with the discharge assessment under the rules outlined for such combinations in Chapter 2 of the MDS RAI manual.
2	2.9	2-50	<p><b><i>Change of Therapy (COT) OMRA</i></b></p> <p>Required when the resident was receiving <del>any amount of skilled therapy services</del> a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category and when the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) delivered, and other therapy qualifiers such as number of therapy days and disciplines providing therapy) changes to such a degree that it would no longer reflect the RUG-IV classification and payment assigned for a given SNF resident based on the most recent assessment used for Medicare payment.</p>
2	2.9	2-51	<ul style="list-style-type: none"> <li>When the most recent assessment used for PPS, excluding an End of Therapy OMRA, has a sufficient level of rehabilitation therapy to qualify for an Ultra High, Very High, High, Medium, or Low Rehabilitation category (even if the final classification index maximizes to a group below Rehabilitation), then a change in the provision of therapy services is evaluated in successive 7-day Change of Therapy observation periods until a new assessment used for PPS occurs.</li> </ul>
2	2.9	2-52	Page length change.
2	2.9	2-52	<ul style="list-style-type: none"> <li>Note: In limited circumstances, it may not be practicable to conduct the resident interview portions of the MDS (Sections C, D, F, J) on or prior to the ARD for a standalone unscheduled PPS assessment. In such cases where the resident interviews (and not the staff assessment) 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).</li> </ul>
2	-	2-55 thru 2-60	Page length change.
2	2.13	2-69	<p><b><i><del>Change of Therapy OMRA and Significant Correction to Prior Comprehensive Assessment</del></i></b></p> <p><b><i>Change of Therapy OMRA and Significant Correction to</i></b></p>

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			<b><i>Prior Comprehensive Assessment</i></b>
2	2.13	2-72	<p>Moreover, a SNF may use a date outside the SNF Part A Medicare Benefit (i.e., 100 days) as the ARD for an unscheduled PPS assessment, but only in the case where the ARD for the unscheduled assessment falls on a day that is not counted among the beneficiary's 100 days due to a leave of absence (LOA), as defined above, and the resident returns to the facility from the LOA on Medicare Part A. For example, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for payment, regardless if a LOA occurs at any point during the COT observation period. If the ARD for a resident's 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 14, returning on November 15, Day 7 of the COT observation period would remain November 14 for purposes of coding the COT OMRA.</p> <p>Finally, there may be cases in which a SNF plans to combine a scheduled and unscheduled assessment on a given day, but then that day becomes an LOA day for the resident. In such cases, while that day may still be used as the ARD of the unscheduled assessment, this day cannot be used as the ARD of the scheduled assessment. For example if the ARD for a resident's 5-day assessment were set for May 10 and the resident went to the emergency room at 1:00pm on May 17, returning on May 18, a facility could not complete a combined 14-day/COT OMRA with an ARD set for May 17. Rather, while the COT OMRA could still have an ARD of May 17, the 14-day assessment would need to have an ARD that falls on one of the resident's Medicare A benefit days.</p>
2	-	2-73 & 2-74	Page length change.
2	2.13	2-75	<b><i>Errors on an + Medicare PPS Assessment</i></b>