

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
2	2.3	2-5	—The only situation in which it would not make clinical sense to redo an assessment is when a “transfer” has occurred only on paper (i.e., the name and provider number of a facility has changed, but the resident remains in the same physical setting under the care of the same staff).
2	2.4	2-6	<ul style="list-style-type: none"> After the 15-month period, RAI information may be thinned from the clinical record and stored in the medical records department, provided that it is easily retrievable if requested by clinical staff, State agency surveyors, CMS, or others as authorized by law. The exception is that demographic information (Items A0500-A1600) from the most recent admission assessment must be maintained in the active clinical record until the resident is discharged return not anticipated.
2	2.5	2-8	<p>Assessment Reference Date (ARD) refers to the last day of the observation (or “look back”) period that the assessment covers for the resident. In other words, it is the last day of the period of time that the MDS assessment covers for that particular assessment for that particular resident. In completing sections of the MDS that require observations of a resident over specified time periods such as 7 and 14 days, the the ARD is the common endpoint of these these observation periods. 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 form itself or in the facility software within the appropriate 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.</p> <p>Most of the MDS 3.0 items have a 7 day look back period. If a resident has an ARD of July 1, 2011 then all pertinent information starting at 12 AM on June 25th and ending on July 1st at 11:59PM should be included for MDS 3.0 coding.</p>
2	2.5	2-8 & 2-9	<p>Assessment Timing refers to when and how often assessments must be conducted, based upon the resident’s length of stay and the length of time between ARDs. The table in Section 2.6 describes the assessment timing schedule for OBRA-required assessments, while</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			information on the Medicare-required PPS assessment timing schedule is provided in Section 2.8.
2	2.5	2-9	<ul style="list-style-type: none"> The table in Section 2.6 describes the assessment timing schedule for OBRA required assessments, while information on the Medicare-required PPS assessment timing schedule is provided in Section 2.8.
2	2.5	2-10	<p>Entry and Discharge reporting MDS assessments and tracking records that include a select number of items from the MDS used to track residents and gather important quality data at transition points, such as when they enter or leave a nursing home. Entry/Discharge reporting includes Entry tracking record, Discharge assessments assessment return not anticipated, Discharge assessment return anticipated, and Death in Facility tracking record.</p>
2	2.5	2-11	<p>— OMRA (NO) Item Set. This is the set of items active on a standalone end of therapy OMRA and a change of therapy OMRA assessment. The code used is “NO” since this was the only type of OMRA when the code was initially assigned.</p>
2	2.5	2-11	<p>— OMRA (SO) Item Set. This is the set of items active on a standalone end of therapy OMRA and change of therapy OMRA assessment.</p>
2	2.5	2-12	<p>Leave of Absence (LOA), which does not require completion of either a discharge assessment or an entry tracking record, occurs when a resident has a:</p> <ul style="list-style-type: none"> • Temporary home visit of at least one night; or • Therapeutic leave of at least one night; or • Hospital observation stay less than 24 hours and the hospital does not admit the patient. <p>Providers should refer to Chapter 6 and their State LOA policy for further information, if applicable.</p> <p>Upon return, providers should make appropriate documentation in the medical record regarding any changes in the resident.</p> <p>Leave of Absence (LOA), which does not require completion of either a discharge assessment or an entry tracking record, occurs when a resident has a:</p> <ul style="list-style-type: none"> • Temporary overnight home visit or therapeutic

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>leave; or</p> <ul style="list-style-type: none"> • Temporary overnight therapeutic leave; or • Hospital observation stay less than 24 hours and the hospital does not admit the resident.
2	2.5	2-13	<ul style="list-style-type: none"> • Change of Therapy (COT) OMRA
2	2.5	2-13	<p>Observation (Look Back) Period is the time period over which the resident's condition or status is captured by the MDS assessment. When the resident is first admitted to the nursing home, the RN assessment coordinator and the IDT will agree on this period for the Admission assessment by setting set the ARD. For subsequent assessments, the observation period for a particular assessment for a particular resident will be chosen based upon the regulatory requirements concerning timing and the ARDs of previous assessments. Most MDS items themselves require an observation period, such as 7 or 14 days, depending on the item. Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the observation period must also cover this time period. When completing the MDS, only those occurrences during the look back period will be captured. In other words, if it did not occur during the look back period, it is not coded on the MDS.</p>
2	2.5	2-13	<p>OBRA-required forms tracking records and assessments are federally mandated, and therefore, must be performed for all residents of Medicare and/or Medicaid certified nursing homes. These assessments are coded on the MDS 3.0 in Items A0310A (Federal OBRA Reason for Assessment) and A0310F (Entry/discharge reporting) – they include:</p> <p>Tracking forms records</p> <ul style="list-style-type: none"> • Entry • Death in facility <p>Assessments</p> <ul style="list-style-type: none"> • Entry record • Admission (comprehensive) • Quarterly • Annual (comprehensive) • SCSA (comprehensive)

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<ul style="list-style-type: none"> • SCPA (comprehensive) • SCQA • Discharge (return not anticipated or return anticipated) • Discharge reporting • Discharge assessments <ul style="list-style-type: none"> — return not anticipated — return anticipated – Death in facility record
2	2.6	2-14	<p>The MDS has been constructed to identify the OBRA reasons for assessment and the SNF PPS reasons for assessment in Items A0310A and A0310B, respectively. The Entry and Discharge reporting reasons for assessment are identified in Item A0310F. If the assessment is being used for OBRA requirements, the OBRA reason for assessment must be coded in Items A0310A and A0310F (Discharge Assessment). Medicare reasons for assessment are described later in this chapter (Section 2.9) while the OBRA reasons for assessment are described below.</p>
2	2.6	2-15 & 2-16	<p>Moved two rows of table to end of table: Entry tracking record Death in facility tracking record</p>
2	2.6	2-23	<ul style="list-style-type: none"> • Other conditions may not be permanent but would have such an impact on the resident's overall status for more than two weeks that they would require a comprehensive assessment and care plan revision. For example, a hip fracture may be viewed as a transient condition but it would generally have a major impact on the resident's functional status in more than one area (e.g., ambulation, toileting, elimination patterns, activity patterns). • Changes in the resident's condition that would affect the resident's functional capacity and day-to-day routine should be investigated in a holistic manner through the RAI reassessment. Therefore, concepts associated with significant change are "major" or "appears to be permanent," but a change does not necessarily need to be both major and permanent.
2	2.6	2-23 & 2-24	<i>Examples (SCSA):</i>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>1. Mr. T no longer responds to verbal requests to alter his screaming behavior. It now occurs daily and has neither lessened on its own nor responded to treatment. He is also starting to resist his daily care, pushing staff away from him as they attempt to assist with his ADLs. This is a significant change, and a SCSA is required, since there has been deterioration in the behavioral symptoms to the point where it is occurring daily and new approaches are needed to alter the behavior. Mr. T's behavioral symptoms could have many causes, and a SCSA will provide an opportunity for staff to consider illness, medication reactions, environmental stress, and other possible sources of Mr. T's disruptive behavior.</p> <p>2. 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.</p> <p>3. Mrs. G has been in the nursing home for 5 weeks following an 8-week acute hospitalization. On admission she was very frail, had trouble thinking, was confused, and had many behavioral complications. The course of treatment led to steady improvement and she is now stable. She is no longer confused or exhibiting inappropriate behaviors. The resident, her family, and staff agree that she has made remarkable progress. A SCSA is required at this time. The resident is not the person she was at admission - her initial problems have resolved and she will be remaining in the facility. A SCSA will permit the interdisciplinary team to review her needs and plan a new course of care for the future.</p>
2	2.6	2-25	<p><i>Examples (SCSA):</i></p> <p>1. Mr. M has been in this nursing home for two and one-half years. He has been a favorite of staff and other residents, and his daughter has been an active volunteer on the unit. Mr. M is now in the end stage of his course of chronic dementia - diagnosed as probable Alzheimer's. He experiences recurrent pneumonias and swallowing difficulties, his prognosis is guarded, and family members are fully aware of his status. He is on a</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>special dementia unit, staff has detailed palliative care protocols for all such end stage residents, and there has been active involvement of his daughter in the care planning process. As changes have occurred, staff has responded in a timely, appropriate manner. In this case, Mr. M's care is of a high quality, and as his physical state has declined, there is no need for staff to complete a new MDS assessment for this bed-boundbedfast bound, highly dependent terminal resident.</p>
2	2.6	2-29	<p><i>Assessment Management Requirements and Tips for Non-Comprehensive Assessments:</i></p> <ul style="list-style-type: none"> • The ARD is considered the last day of the observation/look back period, but considered, therefore it is day 1 for purposes of counting back to determine the beginning of observation/look back periods. For example, if the ARD is set for March 14, then the beginning of the observation period for MDS items requiring a 7-day observation period would be March 8 (ARD + 6 previous calendar days), while the beginning of the observation period for MDS items requiring a 14-day observation period would be March 1 (ARD + 13 previous calendar days). •—If a resident goes to the hospital (discharge-return anticipated and returns within 30 days) and returns during the 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 time frame 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. <p>For example:</p> <ul style="list-style-type: none"> — Resident A has a quarterly assessment with an ARD of March 20th. The facility staff finished most of the

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>assessment. The resident is discharged (return anticipated) to the hospital on March 23rd and returns on March 25th. Review of the information from the discharging hospital reveals that there is not any significant change in status for the resident. Therefore, the facility staff continue with the assessment that was not fully completed before discharge and complete the assessment by April 3rd (which is day 14 after the ARD).</p> <ul style="list-style-type: none"> – Resident B also has a quarterly assessment with an ARD of March 20th. She goes to the hospital on March 20th and returns March 30th. While there is no significant change the facility decides to start new assessment and sets the ARD for April 2nd and completes the assessment.
2	2.6	2-32	<p>Entry Tracking Forms Records and Discharge Reporting Assessments (A0310F)</p> <p>Other OBRA-required tracking records and assessments consist of the Entry tracking record, the Discharge assessments, and the Death in Facility tracking record. These include the completion of a select number of MDS items in order to track residents when they enter or leave a facility – they do not include completion of the CAA process and care planning. The Discharge assessments include items for quality monitoring. Entry and discharge reporting is required for Swing Bed residents and respite residents.</p>
2	2.6	2-32	<p>OBRA-required Entry Tracking Records and Discharge reporting records/a Assessments include the following types; which are numbered according to their MDS 3.0 entry/discharge reporting code (Item A0310F):</p>
2	2.6	2-32 & 2-33	<p>Assessment Management Requirements and Tips for Entry Records:</p> <ul style="list-style-type: none"> • The Entry Tracking record is the first item set completed for all residents. • Must be completed every time a resident is admitted (admission) or readmitted (reentry) into a nursing home (or swing bed facility). • Must be completed for a respite resident every time the

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>resident enters the facility.</p> <ul style="list-style-type: none"> • Must be completed within 7 days after the admission/reentry. • Must be submitted no later than the 14th calendar day after the entry (entry date (A1600) + 14 calendar days). • Required in addition to the initial Admission assessment or other OBRA or PPS assessments that might be required. • Contains administrative and demographic information. • Is a stand-alone tracking document. • May not be combined with an assessment.
2	2.6	2-32	1.— Admission (Item A1700=1)
2	2.6	2-33	2.— Reentry (Item A1700=2)
2	2.6	2-33 & 2-34	<p>Assessment Management Requirements and Tips for Entry Records:</p> <ul style="list-style-type: none"> • The Entry Tracking record is the first item set completed for all residents. • Must be completed every time a resident is admitted (admission) or readmitted (reentry) into a nursing home (or swing bed facility). • Must be completed for a respite resident every time the resident enters the facility. • Must be completed within 7 days after the admission/reentry. • Must be submitted no later than the 14th calendar day after the entry (entry date (A1600) + 14 calendar days). • Required in addition to the initial Admission assessment or other OBRA or PPS assessments that might be required. • Contains administrative and demographic information. • Is a stand-alone tracking record. • May not be combined with an assessment.
2	2.6	2-34	<p>10-08. Death in facility tracking record (A0310F=12)</p> <ul style="list-style-type: none"> • 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

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>Date (A2000 + 7 calendar days).</p> <ul style="list-style-type: none"> Must be submitted within 14 days after the resident's death, which is recorded in item A2000, Discharge Date (A2000 + 14 calendar days). Consists of demographic and administrative items. May not be combined with any type of assessment. <p><i>Example (Death in Facility):</i></p> <p>1. Mr. W. was admitted to the nursing home for hospice care due to a terminal illness on September 9, 2011. He passed away on November 13, 2011. Code the November 13, 2011 Death in Facility Tracking Record as follows:</p> <p style="margin-left: 40px;">A0310F = 12 A2000 = 11-13-2011 A2100 = 08</p>
2	2.6	2-34	<p>The following chart details the sequencing and coding of Entry Tracking records and Discharge assessments.</p> <p>Death in facility tracking record—completed to report the death of a resident while in the facility.</p>
2	2.6	2-34	<p>Discharge Reporting Assessments (A0310F)</p> <p>There are two categories of discharge reporting:</p> <p>1. Discharge assessments consist of discharge return anticipated and discharge return not anticipated. These are OBRA required assessments.</p> <p>2. Death in facility tracking record—completed to report the death of a resident while in the facility.</p> <p>09. Assessment Management Requirements and Tips for Discharge Assessments:</p> <ul style="list-style-type: none"> Must be completed when the resident is discharged from the facility (see definition of discharge). <p>0809. Discharge assessment—return not anticipated (A0310F=10)</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
2	2.6	2-35	1009. Discharge assessment–return anticipated (A0310F=11)
2	2.6	2-36	Assessment Management Requirements and Tips for Discharge Assessments: <ul style="list-style-type: none"> Must be completed when the resident is discharged from the facility (see definition of Discharge on page 2-10).
2	2.6	2-36	10. Death in facility tracking record (A0310F=12) <ul style="list-style-type: none"> Must be completed when the resident dies in the facility or when on LOA (discharge assessment should not have been completed). Must be completed within 7 days after the resident's death, which is the discharge date, Item A2000 (A2000 + 7 calendar days). Must be submitted within 14 days after the resident's death, which is the discharge date, A2000 (A2000 + 14 calendar days). Consists of demographic and administrative items. May not be combined with any type of assessment. <p><i>Example (Death in Facility):</i></p> <p>2. Mr. W. was admitted to the nursing home for hospice care due to a terminal illness on September 9, 2011. He passed away on November 13, 2011. Code the November 13, 2011 Death in Facility Tracking Record as follows:</p> <p style="text-align: center;">A0310F = 12 A2000 = 11-13-2011 A2100 = 08</p> <p>The following chart details the sequencing and coding of Entry Tracking records and Discharge assessments.</p>
2	2.6	2-36	The following chart details the sequencing and coding of Tracking records and Discharge assessments.
2	2.7	2-39	Care Plan Completion <ul style="list-style-type: none"> It is important to note that for an Admission assessment, the resident enters the nursing home with a set of physician-based treatment orders. Nursing home staff should review these orders and begin to assess the

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change												
			<p>resident and to identify potential care issues/problems. In many cases, interventions will already have been implemented to address priority issues prior to completion of the final care plan. At this time, many of the resident's problems in the 20 care areas will have been identified, causes will have been considered, and a preliminary care plan initiated. However, a final CAA review and associated documentation are still required no later than day 14 of the admission counting the admission date as day 1 (admission date plus 13 calendar days).</p>												
2	2.8	2-39	<p>Assessment Window</p> <p>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 5. 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.</p>												
2	2.8	2-40	<table><tr><th>Assessment Reference Date</th><th>Assessment Reference Date Grace Days+</th></tr><tr><td>Days 1-5</td><td>6-8</td></tr><tr><td>Days 11-14</td><td>15-18</td></tr><tr><td>Days 21-29</td><td>30-33</td></tr><tr><td>Days 57-59</td><td>60-63</td></tr><tr><td>Days 87-89</td><td>90-93</td></tr></table> <p>^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 block period. For example, if the ARD of an unscheduled assessment combined with the 60-day assessment was day</p>	Assessment Reference Date	Assessment Reference Date Grace Days+	Days 1-5	6-8	Days 11-14	15-18	Days 21-29	30-33	Days 57-59	60-63	Days 87-89	90-93
Assessment Reference Date	Assessment Reference Date Grace Days+														
Days 1-5	6-8														
Days 11-14	15-18														
Days 21-29	30-33														
Days 57-59	60-63														
Days 87-89	90-93														

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			62, the new RUG would take effect on day 61.
2	2.8	2-41	<p>Unscheduled Medicare PPS Assessments</p> <p>There are situations when a SNF provider must complete an assessment outside of the standard scheduled Medicare-required assessments. These assessments are known as unscheduled assessments. AWhen indicated, a provider must complete an unscheduled assessment when any of the following unscheduled assessments:</p> <ol style="list-style-type: none"> The beneficiary meets the criteria for a Significant Change in Status Assessment (see Section 2.6) (for swing bed providers this unscheduled assessment is called the <i>Swing Bed Clinical Change assessment</i>); Assessment: CompletedComplete when the SNF interdisciplinary team has determined that a resident meets the significant change guidelines for either improvement or decline (see section 2.6). A Significant Correction to Prior Comprehensive assessment must be completed Assessment : CompletedComplete because a significant error was made in the prior comprehensive assessment (see Sectionsection 2.6). The<i>Start of Therapy Other Medicare Required Assessment (SOT-OMRA)</i>: CompletedComplete to classify a resident into a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group. This is an optional assessment (see section 2.9). 34. The<i>End of Therapy Other Medicare Required Assessment (EOT- OMRA)</i>: CompletedComplete in two circumstances: (a) When the beneficiary who was receiving rehabilitation services (occupational therapy [OT], and/or physical therapy [PT], and/or speech-language pathology services [SLP]), was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group, all therapies have been discontinued and the beneficiary continues to receive skilled services; this is an End of Therapy Other Medicare required Assessment (OMRA) (see Section 2.9); ended and the beneficiary continues to receive skilled services. (b) When the beneficiary who was receiving rehabilitation services (occupational therapy [OT], and/or physical therapy [PT], and/or speech-

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>language pathology services [SLP]), was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group and missed and did not receive any therapy services for three or more consecutive calendar days of therapy. The EOT would be completed to classify the beneficiary into a non-therapy RUG group for beginning on the time period that rehabilitation services weren't day after the last day of therapy provided.</p> <p>For RUG-IV, a SNF provider may complete an assessment that indicates rehabilitation services (OT and/or PT and/or SLP) have started. This is known as the Start of Therapy OMRA. This assessment is completely optional (see Section 2.9).</p> <p>5. <i>A Change of Therapy Other Medicare Required Assessment (COT-OMRA):</i> Completed Complete when the intensity of therapy, which includes the total reimbursable therapy minutes (RTM), and other therapy qualifiers such as number of therapy days and disciplines providing therapy, changes to such a degree that the beneficiary falls would classify into a different RUG-IV classification and payment group category than the RUG-IV category for which the resident is currently being billed for the 7 days day COT observation period following the ARD of the most recent assessment used for Medicare payment (see section 2.9). The requirement to complete a change of therapy is reevaluated with additional 7-day COT observation periods ending on the 14th, 21st, and 28th days after the most recent Medicare payment assessment ARD and a COT OMRA is to be completed if the RUG-IV category changes. If a new assessment used for Medicare payment has occurred, the COT observation period will restart beginning on the day following the ARD of the most recent assessment used for Medicare payment.</p> <p>A Medicare unscheduled assessment replaces a scheduled assessment when the ARD of the unscheduled assessment is in the window (including grace days) of the Medicare-required scheduled assessment and any Medicare unscheduled assessment may be combined with a scheduled assessment when the ARD of the unscheduled assessment is</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

Chapter	Section	Page	Change
			<p>in the window (including grace days) of the Medicare-required scheduled assessment. 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. If a scheduled assessment has not already been performed. When the Medicare Medicare completed and an unscheduled assessment does not replace a Medicare-required scheduled scheduled falls in that assessment, it window, the unscheduled assessment may modify modify supersede the scheduled assessment and the payment rate for some of of may be modified until the days within the standard Medicare Medicare next unscheduled or scheduled assessment payment period. See Chapter 6 (Section 6.4) for complete details.</p>
2	2.6	2-42	<p>Tracking Records Entry and Discharge Assessments Reporting</p> <p>Entry and discharge reporting Tracking records and discharge assessments reporting are required on all residents in the SNF and swing bed facilities. These MDS assessments and tracking records include a select number of items on the MDS used to track residents and gather important quality data at transition points, such as when they enter or leave a nursing home. Entry/Discharge reporting MDSs include Entry tracking record, Discharge assessment return not anticipated, Discharge assessment return anticipated, and Death in Facility tracking record. Tracking records and standalone Discharge assessments do not impact payment.</p>
2	2.8	2-42	<p>The following chart summarizes the Medicare-required scheduled and unscheduled assessments, and entry and tracking records, and discharge assessments reporting:</p> <p>Medicare Scheduled and Unscheduled MDS Assessment, and Entry Tracking Records, and Discharge Assessment Reporting Schedule for SNFs and Swing Bed Facilities</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

2	2.8	2-42, 2-43 & 2-44	See below for changes.
---	-----	-------------------------	------------------------

30-day A0310B = 03	Days 27-29	30-33	Days 27- 34 3	Sets payment rate for days 31-60
--------------------	------------	-------	--------------------------------	--

End of Therapy OMRA A0310B = 01-07 and A0310C = 2 or 3	<ul style="list-style-type: none"> 1-3 days after all therapy (PT, OT, SLP) services are discontinued and resident continues to require skilled care. The first non-therapy day counts as day 1. 	N/A	N/A	Modifies payment rate starting on the day after the latest therapy end date	<ul style="list-style-type: none"> Not required if the resident has been determined to no longer meet Medicare skilled level of care. Establishes a new non-therapy RUG Classification. Not Only required if not in a for patients who are classified into Rehabilitation Plus Extensive Services or Rehabilitation RUG on most recent PPS assessment. For circumstances when an End of Therapy with Resumption option would be used, See Section 2.9.
Change of Therapy OMRA (A0310B = 22)01-07 And A0310C = 4	<ul style="list-style-type: none"> Day 7 of the COT observation period 	N/A	N/A	Modifies payment rate Modifies payment rate starting on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other scheduled or unscheduled PPS assessment	<ul style="list-style-type: none"> Required only if the intensity of therapy during the 7-day look back period would change the RUG category classification of the most recent PPS Assessment Establishes a new RUG classification

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

2	2.9	2-45	<p>02. Medicare-required 14-Day Scheduled Assessment</p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on days 1113 through 14 of the Part A SNF covered stay. • ARD may be extended up to day 1918 if using the designated grace days.
2	2.9	2-45	<p>03. Medicare-required 30-Day Scheduled Assessment</p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on days 2427 through 29 of the Part A SNF covered stay. • ARD may be extended up to day 3433 if using the designated grace days.
2	2.9	2-46	<p>04. Medicare-required 60-Day Scheduled Assessment</p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on days 5057 through 59 of the Part A SNF covered stay. • ARD may be extended up to day 6463 if using the designated grace days.
2	2.9	2-46	<p>05. Medicare-required 90-Day Scheduled Assessment</p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set on days 8087 through 89 of the Part A SNF covered stay. • ARD may be extended up to day 9493 if using the designated grace days.
2	2.9	2-47	<ul style="list-style-type: none"> • May be combined with scheduled PPS assessments. • An SOT OMRA is not necessary if rehabilitation services start within the ARD window (including grace days) of the 5-day assessment, since the therapy rate will be paid starting Day 1 of the SNF stay. • The ARD may not replace or precede the ARD of first scheduled PPS assessment of the Medicare stay (5-day or readmission/return assessment). <ul style="list-style-type: none"> – For example if the 5-day assessment is performed on Day 8 and an SOT is performed in that window, the ARD for the SOT would be Day 8 as well. • Must be completed (Item Z0500B) within 14 days after the ARD (completion completion ARD + 14 days).

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

2	2.9	2-47 & 2-48	<p><i>End of Therapy (EOT) OMRA</i></p> <ul style="list-style-type: none"> • Required when the resident was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation 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. • ARD (Item A2300) must be set on day 1, 2, or 3 after all rehabilitation therapies have been discontinued for any reason (Item O0400A6 or O0400B6 or O0400C6, whichever is the latest). The last day on which therapy treatment was furnished is considered day 0 when determining the ARD for the End of Therapy OMRA. Day 1 is the first day after the last therapy treatment was provided. Day 1 would correspond to the first day on which therapy services would normally be provided after the last day therapy was provided, whether therapy was scheduled or not scheduled for that day. For example: <ul style="list-style-type: none"> — When a SNF provides rehabilitation therapies Monday – Friday and the resident’s last day of therapy was If the resident was discharged from all therapy services on Tuesday, day 1 is Wednesday. — If the resident’s last day of therapy was residents was discharged from all therapy services on Friday at the same SNF, day, Day 1 would be Monday Saturday. — If a SNF provides the resident received therapy 6 days a week (Friday, was not scheduled for example, OT is provided the resident received therapy on Saturday or Sunday – Friday, PT is provided and refused therapy for Monday, – Friday, and SLP is provided Tuesday – Friday). Day 1 would be Saturday. Sunday, regardless of the type of therapy the resident received. — Early assessment penalty does not apply if ARD is set on a day that therapy services would not normally be provided provided Saturday. • May not replace a be combined with any scheduled PPS assessment. In such cases, the item set for the scheduled assessment should be used. • The ARD for the End of Therapy OMRA may not precede the ARD of the first scheduled PPS assessment of the Medicare stay (5-day or readmission/return
---	-----	----------------	--

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>assessment).</p> <p>— For example: if the 5-day assessment is completed on day 8 and an EOT is completed in that window, the ARD for the EOT should be Day 8 as well.</p>
2	2.9	2-48	<ul style="list-style-type: none"> • Must be completed (Item Z0500B) within 14 days after the ARD (completion completion ARD + 14 days).
2	2.9	2-48 through 2-50	<ul style="list-style-type: none"> • If the EOT OMRA is performed because three or more consecutive days of therapy were missed, and it is determined that therapy will resume, there are three options for completion: <ol style="list-style-type: none"> 1. Complete only the EOT OMRA and keep the resident in a non-Rehabilitation RUG category until the next scheduled PPS assessment is completed. For example: <ul style="list-style-type: none"> • Mr. K. was discharged from all therapy services on Day 22 of his SNF stay. The EOT OMRA was performed on Day 24 of his SNF stay and classified into HD1. Payment continued at HD1 until the 30- day assessment was completed. At that point, therapy resumed (with a new therapy evaluation) and the resident was classified into RVB. 2. In cases where therapy resumes after an EOT OMRA is performed and more than 5 consecutive calendar days have passed since the last day of therapy provided, or therapy services will not resume at the same RUG-IV therapy classification level that had been in effect prior to the EOT OMRA, an SOT OMRA is required to classify the resident back into a RUG-IV therapy group and a new therapy evaluation is required as well. For example: <ul style="list-style-type: none"> • Mr. G. who had been classified into RVX did not receive therapy on Saturday and Sunday. He also missed therapy on Monday because his family came to visit, on Tuesday he missed therapy due to a doctor's appointment and refused therapy on Wednesday. An EOT OMRA was performed on Monday classifying him into the ES2 non-therapy RUG. He missed 5 consecutive calendar days of therapy. A new therapy evaluation was completed and he resumed therapy services on Thursday. An SOT

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>OMRA was then completed and Mr. G. was placed back into the RVX therapy RUG category.</p> <ul style="list-style-type: none"> Mrs. B., who had been classified into RHC did not receive therapy on Monday, Tuesday, and Wednesday because of an infection, and it was determined that she would be able to start therapy again on Thursday. An EOT OMRA was completed to pay for the three days she did not have therapy with a non-therapy RUG classification of HC2. It was determined that Mrs. B. would not be able to resume therapy at the same RUG-IV therapy classification, and an SOT OMRA was completed to place her into the RMB RUG-IV therapy category. A new therapy evaluation was required. <p>3. In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is 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 that had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed. For Example:</p> <ul style="list-style-type: none"> 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. , was placed 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. <p>NOTE: If the EOT OMRA has not been accepted in the QIES ASAP when therapy resumes, code the EOT-R items (O0450A and O0450B) on the assessment and submit the record. If the EOT</p>
--	--	--	---

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>OMRA without the EOT-R items has been accepted into the QIES ASAP system, then submit a modification request for that EOT OMRA with the only changes being the completion of the EOT-R items and check X0900E to indicate that the reason for modification is the addition of the Resumption of Therapy date.</p> <p>NOTE: When an EOT-R is completed, the Therapy start date (O0400A5, O0400B5, and O0400C5) on the <u>next</u> 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.</p> <p><i>Change of Therapy (COT) OMRA</i></p> <ul style="list-style-type: none"> • Required when the resident was receiving any amount of skilled therapy services 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. • 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 (see below). For example: <ul style="list-style-type: none"> — If the ARD for a patient's 30-day assessment is set for day 30, and there are no intervening assessments, then the COT observation period ends on Day 37. — If the ARD for the patient's most recent COT (whether the COT was completed or not) was day Day 37, the next COT observation period would end on Day 44. • 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. The resumption of therapy
--	--	--	---

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>date is counted as day 1 when determining Day 7 of the COT observation period. For example:</p> <p>— If the ARD for an EOT-R is set for day 35 and the resumption date is the equivalent of day 37, then the COT observation period ends on day 43.</p> <ul style="list-style-type: none"> • An evaluation of the necessity for a COT OMRA (that is, an evaluation of the therapy intensity, as described above) must be completed after the COT observation period is over. • The COT would be completed if the patient's therapy intensity, as described above, has changed to classify the resident into a higher or lower RUG category. For example: <ul style="list-style-type: none"> — If a facility sets the ARD for its 14-day assessment to day 14, Day 1 for purposes of the COT period would be Day 15 of the SNF stay, and the facility would be required to review the therapy services provided to the patient for the week consisting of Day 15 through 21. The ARD for the COT OMRA would then be set for Day 21, if the facility were to determine that, for example, the total RTM has changed such that the resident's RUG classification would change from that found on the 14-day assessment (assuming no intervening assessments). If the total RTM would not result in a RUG classification change, and all other therapy category qualifiers have remained consistent with the patient's current RUG classification, then the COT OMRA would not be completed. • 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 PPS Assessment only by setting the ARD of the scheduled PPS assessment for an allowable day that is prior to Day 7 of the COT observation period. This effectively resets the COT observation period to the 7 days following that scheduled PPS Assessment ARD. • 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 current RUG-IV therapy classification. • Must be completed (Item Z0500B) within 14 days after the ARD (ARD + 14 days)
--	--	--	---

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<ul style="list-style-type: none"> Establishes a new RUG-IV category. Payment begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other PPS assessment. Must be submitted electronically and accepted into the QIES ASAP system within 14 days after completion (Item Z0500B) (completion + 14 days).
2	2.9	2-50	Required when the resident was classified in a RUG-IV Rehabilitation Plus Extensive Services or Rehabilitation group
2	2.9	2-50	<p><i>Significant Change in Status Assessment (SCSA)</i></p> <ul style="list-style-type: none"> When a SCSA for a SNF PPS resident is not combined with a PPS assessment (A0310A = 04 and A0310B = 070799), the RUG-IV classification and associated payment rate begin on the ARD. For example, a SCSA is completed with an ARD of day 20 then the RUG-IV classification begins on day 20.
2	2.9	2-51	<p><i>Swing Bed Clinical Change Assessment</i></p> <ul style="list-style-type: none"> Is a required assessment for swing bed providers. Staff areis responsible for determining whether a change (either an improvement or decline) in a patient's condition constitutes a "clinical change" in the patient's status.
2	2.10	2-51 & 2-52	<p>When combining assessments, the more stringent requirements must be met. For example, when a nursing home Start of Therapy OMRA is combined with a 14-Day Medicare-required Assessment, the PPS item set must be used. The PPS item set contains all the required items for the 14-Day Medicare-required assessment, whereas the Start of Therapy OMRA item set consists of fewer items, thus the provider would need to complete the PPS item set. The ARD window (including grace days) for the 14-day assessment is days 11-1913-18, therefore, the ARD must be set prior to no later than day 1918 to ensure that all required time frames are met. For a swing bed provider, the swing bed PPS item set would need to be completed.</p> <p>If an unscheduled PPS assessment (OMRA, SCSA, SCPA, or Swing Bed CCA) 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</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>scheduled and unscheduled assessments by setting the ARD of the scheduled assessment for the same day that the unscheduled assessment is required. In such cases, facilities should provide the proper response to the A0310 items to indicate which assessments are being combined, as completion of the combined assessment will be taken to fulfill the requirements for both the scheduled and unscheduled assessments. A scheduled PPS assessment cannot occur after an unscheduled assessment in the assessment window—the scheduled assessment must be combined with the unscheduled assessment using the appropriate ARD for the unscheduled assessment. The purpose of this policy is to minimize the number of assessments required for SNF PPS payment purposes and to ensure that the assessments used for payment provide the most accurate picture of the resident’s clinical condition and service needs. More details about combining PPS assessments are provided in Chapter 2 of this manual and in Chapter 6, Section 30.3 of the Medicare Claims Processing Manual (CMS Pub. 100-04) available on the CMS web site. Listed below are some of the possible assessment combinations allowed. A provider may choose to combine more than two assessment types when all requirements are met. When entered directly into the software the coding of Item A0310 will provide the item set that the facility is required to complete. For SNFs that use a paper format to collect MDS data, the provider must ensure that the item set selected meets the requirements of all assessments coded in Item A0310 (see Section 2.15).</p>
2	2.10	2-52	<p><i>PPS Scheduled Assessment and Start of Therapy OMRA</i></p> <ul style="list-style-type: none"> • An SOT OMRA is not necessary if rehabilitation services start within the ARD window (including grace days) of the 5-day assessment, since the therapy rate will be paid starting Day 1 of the SNF stay. • If the ARD for the SOT OMRA falls within the ARD (including grace days) of a PPS scheduled assessment that has not been performed yet, the assessments MUST be combined.
2	2.10	2-52	<ul style="list-style-type: none"> • Code the Item A0310 of the MDS 3.0 as follows: A0310A = 99 A0310B = 01, 02, 03, 04, 05, or 06 as appropriate

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>A0310C = 1 A0310D = 0 (Swing Beds only)</p>
2	2.10	2-53	<ul style="list-style-type: none"> • If the ARD for the EOT OMRA falls within the ARD (including grace days) of a PPS scheduled assessment that has not been performed yet, the assessments MUST be combined. • Must complete the PPS item set. • Code the Item A0310 of the MDS 3.0 as follows: A0310A = 99 A0310B = 01, 02, 03, 04, 05, or 06 as appropriate A0310C = 2 A0310D = 0 (Swing Beds only)
2	2.10	2-53 & 2-54	<p><i>PPS Scheduled Assessment and Start and End of Therapy OMRA</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set within the window for the Medicare-required scheduled assessment and 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, whichever is latest). If all three ARD requirements are not met, the assessments may not be combined. • If the ARD for the EOT and SOT OMRA falls within the ARD (including grace days) of a PPS scheduled assessment that has not been performed yet, the assessments MUST be combined. • Must complete the PPS item set. • Code the Item A0310 of the MDS 3.0 as follows: A0310A = 99 A0310B = 01, 02, 03, 04, 05, or 06 as appropriate A0310C = 3 A0310D = 0 (Swing Beds only) <p><i>PPS Scheduled Assessment and Change of Therapy OMRA</i></p> <ul style="list-style-type: none"> • If Day 7 of the COT observation period falls within the ARD window (including grace days) of a scheduled PPS Assessment, and the ARD of the scheduled PPS assessment has not been set for a day that is prior to Day 7 of the COT observation period, and a COT OMRA is deemed necessary upon completion of the

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>change of therapy evaluation, then the SNF must combine the COT OMRA and the scheduled assessment.</p> <ul style="list-style-type: none"> • Must complete the scheduled PPS assessment item set. • Since the scheduled assessment is combined with the COT OMRA, the combined assessment will set payment at the new RUG-IV level beginning on Day 1 of the COT observation period and that payment will continue through the remainder of the current standard payment period and the next payment period appropriate to the given scheduled assessment, assuming no intervening assessments. For example: <ul style="list-style-type: none"> — Based on her 14-day assessment, Mrs. T is currently classified into group RVB. Based on the ARD set for the 14-day assessment, a change of therapy evaluation for Mrs. T is necessary on Day 28. The change of therapy evaluation reveals that the therapy services Mrs. T received during that COT observation period were only sufficient to qualify Mrs. T for RHB. Therefore, a COT OMRA is required. Since the facility has not yet completed a 30-day assessment for Mrs. T, the facility must combine the 30-day assessment with the required COT OMRA. The combined assessment confirms Mrs. T's appropriate classification into RHB. The payment for the revised RUG classification will begin on Day 22 and, assuming no intervening assessments, will continue until Day 60.
2	2.10	2-54	<p><i>PPS Scheduled Assessment and Swing Bed Clinical Change Assessment</i></p> <ul style="list-style-type: none"> • ARD (Item A2300) must be set within the window for the Medicare-required scheduled assessment and within 14 days after the interdisciplinary team (IDT) determination that a change in the patient's condition constitutes a clinical change and the assessment must be completed (Item Z0500B) within 14 days after the IDT determines that a change in the patient's condition constitutes a clinical change. If all requirements are not met, the assessments may not be combined. • If the ARD for the Swing Bed Clinical Change Assessment falls within the ARD (including grace days) of a PPS scheduled assessment that has not been completed yet, the assessments MUST be combined.

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<ul style="list-style-type: none"> • Must complete the Swing Bed PPS item set. • Code the Item A0310 of the MDS 3.0 as follows: A0310A = 99 (only value allowed for Swing Beds) A0310B = 01, 02, 03, 04, 05, or 06, as appropriate A0310C = 0 A0310D = 1
2	2.10	2-54	<i>Swing Bed Clinical Change Assessment and Start of Therapy OMRA</i> A0310A = 99 A0310B = 07 A0310C = 1 A0310D = 1
2	2.10	2-55	<i>Swing Bed Clinical Change Assessment and End of Therapy OMRA</i> A0310A = 99 A0310B = 07 A0310C = 2 A0310D = 1
2	2.10	2-55	<i>Swing Bed Clinical Change Assessment and Start and End of Therapy OMRA</i> A0310A = 99 A0310B = 07 A0310C = 3 A0310D = 1
2	2.11	2-56	<p>The following tables provide the item set for each type of assessment or tracking record. When two or more assessments are combined then the appropriate item set contains all items required for all that would be necessary if each of those the combined assessments were being completed individually.</p>
2	2.11	2-56	<div> Other Required Assessments/Tracking Item Sets for Skilled Nursing Facilities <ul style="list-style-type: none"> • Entry Tracking Record • Discharge assessments • Death in Facility Tracking Record • Start of Therapy OMRA • Start of Therapy OMRA and Discharge • Change of Therapy OMRA • OMRA • OMRA and Discharge </div> <p>N/A</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

2	2.11	2-57	<p>Other Required Assessments/Tracking Item Sets for Swing Bed Providers</p> <ul style="list-style-type: none"> • Entry Record • Discharge assessments • Death in Facility record • Start of Therapy OMRA • Start of Therapy OMRA and Discharge • Change of Therapy OMRA • OMRA • OMRA and Discharge <p>N/A</p>
2	2.12	2-66 through 2-68	<p><i>Change of Therapy OMRA and OBRA Admission Assessment</i></p> <ul style="list-style-type: none"> • Comprehensive item set. • ARD (Item A2300) must be set on day 14 or earlier after admission and be on the last day of a COT 7-day observation period. Must be completed (Item Z0500B) by day 14 after admission (admission date plus 13 calendar days). • Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that 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), in the COT observation window differed from the therapy intensity on the last PPS assessment to such an extent that the RUG IV category would change). • Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other unscheduled PPS assessment. • See Section 2.7 for requirements for CAA process and care plan completion. <p><i>Change of Therapy OMRA and OBRA Quarterly Assessment</i></p> <ul style="list-style-type: none"> • Quarterly item set as required by the State. • ARD (Item A2300) must meet the requirements for an

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>OBRA Quarterly assessment as described in Section 2.6 and be on the last day of a COT 7-day observation period.</p> <ul style="list-style-type: none"> Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) and other therapy qualifiers such as number of therapy days and disciplines providing therapy), in the COT observation window differed from the therapy intensity on the last PPS assessment to such an extent that the RUG IV category would change). Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other unscheduled PPS assessment. See Section 2.6 for OBRA Quarterly assessment completion requirements. <p><i>Change of Therapy OMRA and Annual Assessment</i></p> <ul style="list-style-type: none"> Comprehensive item set. ARD (Item A2300) must meet the requirements for an OBRA Annual assessment as described in Section 2.6 and be on the last day of a COT 7-day observation period. Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) and other therapy qualifiers such as the number of therapy days and disciplines providing therapy), in the COT observation window differed from the therapy intensity on the last PPS assessment to such an extent that the RUG IV category would change). Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or
--	--	--	--

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>other unscheduled PPS assessment</p> <ul style="list-style-type: none"> • See Section 2.6 for OBRA Annual assessment completion requirements. • See Section 2.7 for requirements for CAA process and care plan completion. <p><i>Change of Therapy OMRA and Significant Change in Status Assessment</i></p> <ul style="list-style-type: none"> • Comprehensive item set. • ARD (Item A2300) must be set within 14 days after the determination that the criteria are met for a Significant Change in Status assessment and be on the last day of a COT 7-day observation period. • Must be completed (Item Z0500B) within 14 days after the ARD and within 14 days after the determination that the criteria are met for a Significant Change in Status assessment. • Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) delivered and other therapy qualifiers such as the number of therapy days and disciplines providing therapy), in the COT observation window differed from the therapy intensity on the last PPS assessment to such an extent that the RUG IV category would change). • Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other unscheduled PPS assessment. • See Section 2.7 for requirements for CAA process and care plan completion. <p><i>Change of Therapy OMRA and Significant Correction to Prior Comprehensive Assessment</i></p> <ul style="list-style-type: none"> • Comprehensive item set. • ARD (Item A2300) must be set within 14 days after the determination that an uncorrected error in the prior comprehensive assessment has occurred and be on the
--	--	--	--

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>last day of a COT 7-day observation period.</p> <ul style="list-style-type: none"> • Must be completed (Item Z0500B) within 14 days after the ARD and within 14 days after the determination that the criteria are met for a Significant Correction assessment. • Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) and other therapy qualifiers such as the number of therapy days and disciplines providing therapy), in the COT observation window differed from the therapy intensity on the last PPS assessment to such an extent that the RUG IV category would change). • Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other unscheduled PPS assessment. • See Section 2.7 for requirements for CAA process and care plan completion. <p><i>Change of Therapy OMRA and Significant Correction to Prior Quarterly Assessment</i></p> <ul style="list-style-type: none"> • See COT OMRA and OBRA Quarterly Assessment. <p><i>Change of Therapy OMRA and Discharge Assessment</i></p> <ul style="list-style-type: none"> • EOT OMRA and Discharge item set. • ARD (Item A2300) must be set on day of discharge (Item A2000) and be on the last day of a COT 7-day observation period. • Completed when the patient received skilled therapy services and a change of therapy evaluation determines that a COT OMRA is necessary, based on a determination that the intensity of therapy (as indicated by the total reimbursable therapy minutes (RTM) and other therapy qualifiers such as the number of therapy days and disciplines providing therapy), in the COT observation window differed from the therapy intensity
--	--	--	--

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<p>on the last PPS assessment to such an extent that the RUG IV category would change).</p> <ul style="list-style-type: none"> Establishes a new RUG-IV classification and Medicare payment rate (Item Z0150A), which begins on Day 1 of that COT observation period and continues for the remainder of the current payment period, unless the payment is modified by a subsequent COT OMRA or other unscheduled PPS assessment. Must be completed (Item Z0500B) within 14 days after the ARD.
2	2.13	2-69	<p><i>Resident Expires Before or On the Eighth Day of SNF Stay</i></p> <p>If the beneficiary dies in the SNF or while on a leave of absence before or on the eighth day of the covered SNF stay, the provider should prepare a Medicare-required assessment as completely as possible and submit the assessment as required. If there is not a PPS MDS in the QIES ASAP system, the provider must bill the default rate for any Medicare days. The Medicare Short Stay Policy may apply (see Chapter 6, Section 6.4 for greater detail). The provider must also complete a Death in Facility Tracking Record (see Section 2.6 for greater detail).</p>
2	2.13	2-71	<p><i>Early PPS Assessment</i></p> <p>An assessment should be completed according to the Medicare-required assessment schedule. If an assessment is performed earlier than the schedule indicates (the ARD is not in the defined window), the provider will be paid at the default rate for the number of days the assessment was out of compliance. For example, a Medicare-required 14-Day assessment with an ARD of day 10-12 (1 day early) would be paid at the default rate for the first day of the payment period that begins on day 15.</p>
2	2.15	2-74	<p>OMRA (A0310C)</p> <p>0,1,2,3,4</p> <p>0</p> <p>1,2,3,4</p> <p>0,1,2,3,4</p> <p>0</p> <p>0,1,2,3,4</p>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

			<div>0</div> <div>1,2,3,4</div> <div>0,1,2,3,4</div> <div>1</div> <div>1</div> <div>2,3,4</div> <div>2,3,4</div> <div>0</div> <div>0</div>
2	2.15	2-74	<div>Description</div> <div>Comprehensive</div> <div>Comprehensive</div> <div>Comprehensive</div> <div>Comprehensive</div> <div>Comprehensive</div> <div>Quarterly</div> <div>Quarterly</div> <div>Quarterly</div> <div>PPS</div> <div>SOT OMRA Start of Therapy</div> <div>SOT OMRA Start of Therapy and Discharge</div> <div>EOT, EOT-R, or COT OMRA</div> <div>EOT, EOT-R or COT OMRA and Discharge</div> <div>Discharge</div> <div>Tracking</div>
2	2.15	2-75	<div>OMRA (A0310C)</div> <div>0,1,2,3,4</div> <div>0,1,2,3,4</div> <div>1</div> <div>1</div> <div>2,3</div> <div>2,3</div> <div>0</div> <div>0</div>

**Track Changes
from Chapter 2 V1.05
to Chapter 2 V1.07**

2	2.15	2-75	<div> <div>Description</div> <div>PPS</div> <div>PPS</div> <div>SOT OMRA Start of Therapy</div> <div>SOT OMRA Start of Therapy and Discharge</div> <div>EOT , EOT-R or COT OMRA</div> <div>EOT , EOT-R or COT OMRA and Discharge</div> <div>Discharge</div> <div>Tracking</div> </div>
---	------	------	--