

**Track Changes
from Chapter 2 v1.12R
to Chapter 2 v1.13**

Chapter	Section	Page	Change
2	2.3	2-4	<p>— The completion and submission of OBRA and/or PPS assessments are a requirement for Medicare and/or Medicaid long-term care facilities; therefore, However, even though OBRA does not apply until the provider is certified, facilities are required to conduct and complete resident assessments are conducted prior to certification as if the beds were already certified.*</p> <p>— Prior to certification, although the facility is conducting and completing assessments, these assessments are not technically OBRA required, but are required to demonstrate compliance with certification requirements. Since the data on these pre-certification assessments was collected and completed with an ARD/target date prior to the certification date of the facility, CMS does not have the authority to receive this into QIES ASAP. Therefore, these assessments cannot be submitted to the QIES ASAP system.</p> <p>— Then a Assuming a survey is completed where the nursing home has been determined to be in substantial compliance, the facility will be certified effective the last day of the survey and can begin to submit OBRA and PPS required assessments to QIES ASAP.</p>

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2	2.3	2-4	<p>— NOTE: Even in situations where the facility's certification date is delayed due to the need for a resurvey, the facility must continue performing OBRA assessments according to the original schedule.</p> <ul style="list-style-type: none"> ○ For OBRA assessments, the assessment schedule is determined from the resident's actual date of admission. Please note, if a facility completes an Admission assessment prior to the certification date, there is no need to do another Admission assessment. The facility will simply continue with the next expected assessment according to the OBRA schedule, using the actual admission date as Day 1. Since the first assessment submitted will not be an Entry or OBRA Admission assessment, but a Quarterly, Discharge, etc., the facility may receive a sequencing warning message, but should still submit the required assessment. ○ For PPS assessments, please note that Medicare cannot be billed for any care provided prior to the certification date. Therefore, the facility must use the certification date as Day 1 of the covered Part A stay when establishing the Assessment Reference Date (ARD) for the Medicare Part A SNF PPS assessments. <p>— *NOTE: Even in situations where the facility's certification date is delayed due to the need for a resurvey, the facility must continue conducting and completing resident assessments according to the original schedule.</p>
2	2.3	2-5	<ul style="list-style-type: none"> ○ The assessment schedule for existing residents continues, and the facility continues to use the existing provider number. ○ Staff with QIES user IDs continue to use the same QIES user IDs.

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2	2.3	2-5	<ul style="list-style-type: none"> ○ The new owner would complete an Admission assessment and Entry tracking record for all residents, thus code A0310F=01, A1600=date of ownership change, A1700=1 (admission), and A1800=02. ○ Staff who worked for the previous owner cannot use their previous QIES user IDs to submit assessments for the new owner as this is now a new facility. They must register for new user IDs for the new facility.
2	2.3–2.6	2-4–2-14	Page length changed.
2	2.6	2-17	<ul style="list-style-type: none"> ● If a resident goes to the hospital prior to completion of the OBRA Admission assessment, when the resident returns, the nursing home must consider the resident as a new admission. The nursing home may not complete a Significant Change in Status Assessment until after an OBRA Admission assessment has been completed.
2	2.6	2-17–2-18	Page length changed.
2	2.6	2-21	A SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare Hospice or other structured hospice) (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home.
2	2.6	2-24	<p>The following text was moved from <i>Examples (SCSA)</i> to <i>Some Guidelines to Assist in Deciding If a Change Is Significant or Not</i>.</p> <ul style="list-style-type: none"> ● Improvement in two or more of the following: <ul style="list-style-type: none"> – 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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Chapter	Section	Page	Change
2	2.6	2-21– 2-26	Page length changed.
2	2.9	2-46– 2-49	Page length changed due to revised page formatting.
2	2.9	2-52	<ul style="list-style-type: none"> In cases where a resident is discharged <u>from the SNF on or prior to</u> Day 7 of the COT observation period, then no COT OMRA is required. More precisely, in cases where the date coded for Item A2000 is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. If a SNF chooses to complete the COT OMRA in this situation, they may combine the COT OMRA with the Discharge assessment. <p>In cases where the last day of the Medicare Part A benefit (the date used to code A2400C on the MDS) is prior to Day 7 of the COT observation period, then no COT OMRA is required. If the date listed in A2400C is on or after Day 7 of the COT observation period, then a COT OMRA would be required if all other conditions are met.</p> <p>Finally, 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 facility—and this date is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. Facilities may choose to combine the COT OMRA with the Discharge assessment under the rules outlined for such combination in this chapter.</p>
2	2.9	2-52– 2-61	Page length changed due to revised content on 2-52.