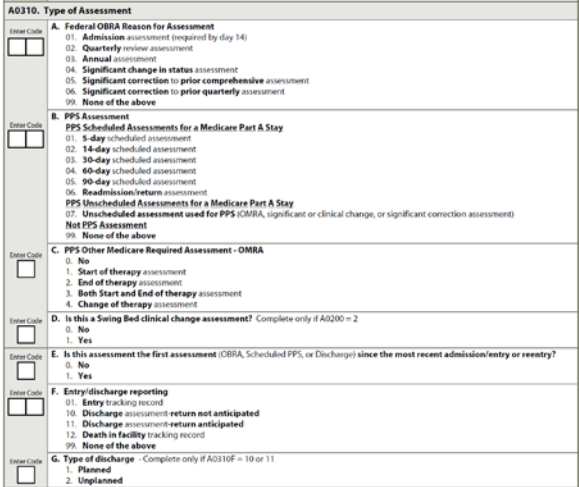
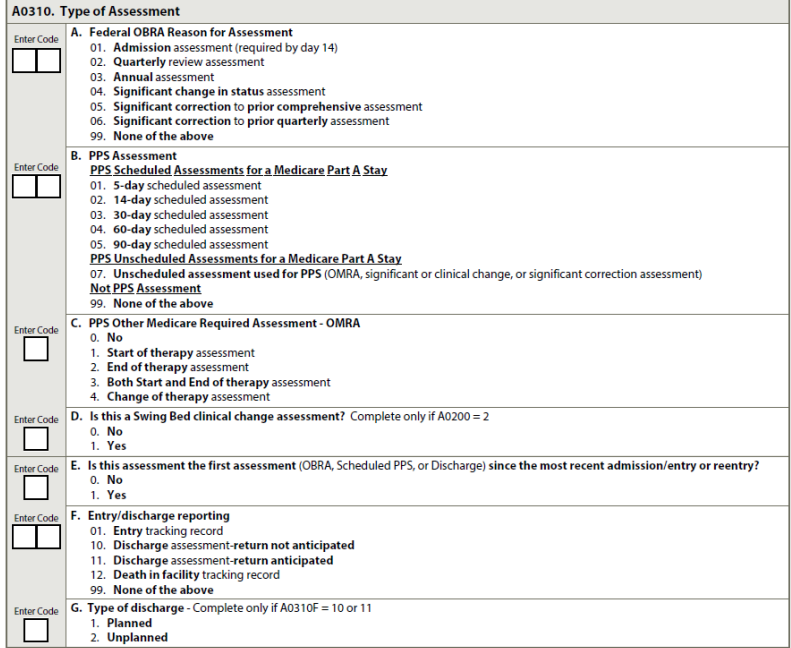


Track Changes
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Chapter	Section	Page	Change
3	A0100	A-3	<p>Item Rationale</p> <ul style="list-style-type: none"> Allows the identification of the nursing home facility submitting the assessment. <p>Coding Instructions</p> <ul style="list-style-type: none"> Nursing homes Facilities must have a National Provider Identifier Number (NPI) and a CMS Certified Number (CCN). Enter the nursing home facility provider numbers:
3	A310	A-4	<p>Replaced screen shot.</p> <p>OLD:</p>  <p>NEW:</p> 

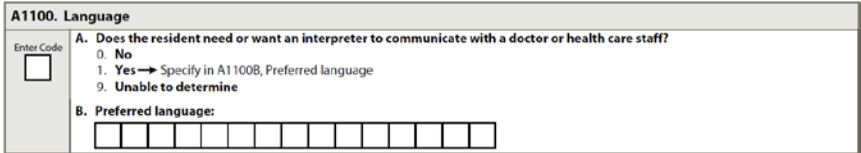
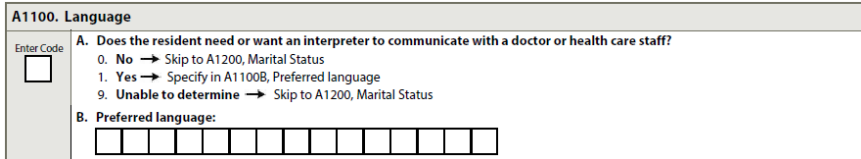
Track Changes
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Chapter	Section	Page	Change
3	A310	A-5	06. Readmission/return assessment
3	A0410	A-7	A0410: Unit Certification or Licensure Designation Submission Requirement
3	A0410	A-7	<p>Replaced screen shot.</p> <p>OLD:</p> <div style="border: 1px solid black; padding: 5px;"> <p>A0410. Submission Requirement</p> <p>Enter Code <input type="checkbox"/></p> <p>1. Neither federal nor state required submission 2. State but not federal required submission (FOR NURSING HOMES ONLY) 3. Federal required submission</p> </div> <p>NEW:</p> <div style="border: 1px solid black; padding: 5px;"> <p>A0410. Unit Certification or Licensure Designation</p> <p>Enter Code <input type="checkbox"/></p> <p>1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3. Unit is Medicare and/or Medicaid certified</p> </div>
3	A0410	A-7	<p>Item Rationale</p> <ul style="list-style-type: none"> In coding this item, the facility must consider Medicare and/or Medicaid status as well as the state's authority to collect MDS records. State regulations may require submission of MDS data to QIES ASAP or directly to the state for residents residing in licensed-only beds. There must be a federal and/or state authority to submit MDS assessment data to the MDS National Repository. Nursing homes and swing-bed facilities must be certain they are submitting MDS assessments to QIES ASAP under the appropriate authority for those residents who are on a Medicare and/or Medicaid certified unit. For those residents who are in licensed-only beds, nursing homes must be certain they are submitting MDS assessments either to QIES ASAP or directly to the state in accordance with state requirements. Payer source is not the determinant by which this item is coded. This item is coded solely according to the authority CMS has to collect MDS data for residents who are on a Medicare and/or Medicaid certified unit and the authority that the state may have to collect MDS data under licensure. Consult Chapter 5, page 5-1 of this Manual for a discussion of what types of records should be submitted to the QIES ASAP system. With this item, the nursing home indicates the submission authority.
3	A0410	A-8	A0410: Unit Certification or Licensure Designation Submission Requirement (cont.)
3	A0410	A-8	<p>1. Ask the nursing home administrator or representative which units in the nursing home are Medicare certified, if any, and which units are Medicaid certified, or dually certified (Medicare/Medicaid) if any.</p>

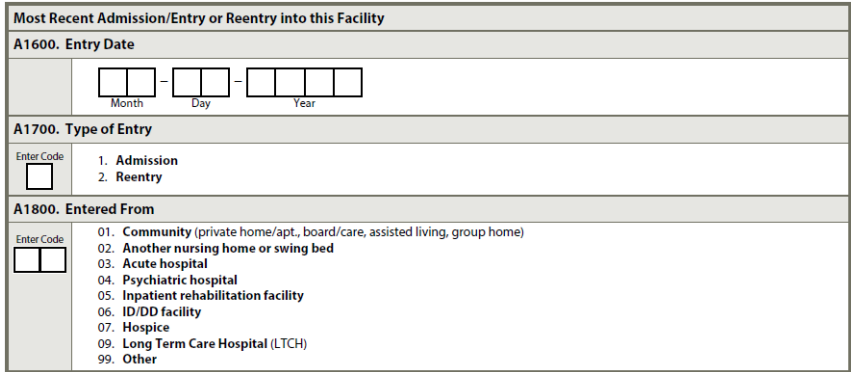
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Chapter	Section	Page	Change
			<p>2. If some or all of the units in the nursing home are neither Medicare nor Medicaid certified, ask the nursing home administrator or representative if there are units that are state licensed and if the state requires MDS submission for residents on that unit.</p> <p>3. Identify all units in the nursing home that are not certified, or licensed by the state, if any.</p> <p>• If some or all of the units in the nursing home are neither Medicare nor Medicaid certified, ask the nursing home administrator or representative whether the State has authority to collect MDS information for residents on units that are neither Medicare nor Medicaid certified.</p> <p>Coding Instructions</p> <ul style="list-style-type: none"> • Code 1, Unit is neither Medicare nor Medicaid certified and MDS data is not federal nor state required by the State submission: if the MDS record is for a resident on a unit that is neither Medicare nor Medicaid certified, and the state does not have authority to collect MDS information for residents on this unit, the facility may not submit MDS records to QIES ASAP. If any the records is are submitted under this certification designation, it they will be rejected by the QIES ASAP system and all information from that record will be purged. • Code 2, Unit is neither Medicare nor Medicaid certified but MDS data is required by the State but not federal required submission: if the nursing home MDS record is for a resident is on a unit that is neither Medicare nor Medicaid certified, but the state has authority; under state licensure or other requirements, to collect MDS information for these residents on such units, the facility should submit the resident's MDS records per the state's requirement to QIES ASAP or directly to the state. Note that this certification designation does not apply to swing-bed facilities. Assessments for swing-bed residents on which A0410 is coded "2" will be rejected by the QIES ASAP system. • Code 3, Unit is Medicare and/or Medicaid certified Federal required submission: if the MDS record is for a resident is on a Medicare and/or Medicaid

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Chapter	Section	Page	Change
			certified unit, regardless of payer source (i.e., even if the resident is private pay or has his/her stay covered under e.g., Medicare Advantage, Medicare HMO, private insurance, etc.), the facility is required to submit. There is CMS authority to collect MDS (OBRA and SNF PPS only) records to QIES ASAP for these residents information for residents on this unit. Consult Chapter 5, page 5-1 of this Manual for a discussion of what types of records should be submitted to the QIES ASAP system.
3	-	A-9	Page number change.
3	-	A-10	For PPS assessments (A0310B = 01, 02, 03, 04, 05, 06 , and 07), either the SSN (A0600A) or either the Medicare number/RRB or Railroad Retirement Board (RRB) number (A0600B) must be present and both (i.e., may not be left blank). Note: A valid SSN should be submitted in A0600A whenever it is available so that resident matching can be performed as accurately as possible.
3	-	A-11	Page number change.
3	-	A-12	Page number change.
3	-	A-13	Page number change.
3	A1100	A-14	Replaced screen shot. OLD:  NEW: 
3	A1100	A-14	Coding Instructions for A1100A <ul style="list-style-type: none"> Code 0, no: if the resident (or family or medical record if resident unable to communicate) indicates that the resident does not want or need an interpreter to communicate with a doctor or health care staff. Skip to A1200, Marital Status. Code 1, yes: if the resident (or family or medical record if resident unable to communicate) indicates that he or she needs or wants an interpreter to communicate with a doctor or health care staff. Specify preferred language. Proceed to 1100B and enter the resident's preferred language. Code 9, unable to determine: if no source can identify whether the resident wants or needs an interpreter. Skip to A1200, Marital Status.
3	-	A-15	Page number change.
3	-	A-16	Page number change.
3	A1700	A-17	<ul style="list-style-type: none"> A resident with MI or ID/DD must have a Resident Review (RR) conducted when there is a significant change in the

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Chapter	Section	Page	Change
			resident's physical or mental condition. Therefore, when a sSignificant eChange in sStatus MDS aAssessment is completed for a resident with MI or ID/DD, the nursing home is required to notify the State mental health authority, intellectual disability or developmental disability authority (depending on which operates in their State) in order to notify them of the resident's change in status. Section 1919(e)(7)(B)(iii) of the Social Security Act requires the notification or referral for a significant change.
3	A1500	A-18	<ul style="list-style-type: none"> Each State Medicaid aAgency might have specific processes and guidelines for referral, and which types of significant changes should be referred. Therefore, facilities should become acquainted with their own State requirements. Please see http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Institutional-Care/Preadmission-Screening-and-Resident-Review-PASRR.htmlhttps://www.cms.gov/PASRR/01-Overview.asp for CMS information on PASRR.
3	A1510	A-19	Steps for Assessment 1. Complete if A0310A = 01, 03, 04 or 05 (aAdmission assessment, aAnnual assessment, sSignificant eChange in sStatus aAssessment, sSignificant eCorrection to pPrior eComprehensive aAssessment).
3	-	A-20	Page number change.
3	-	A-21	Most Recent Admission Entry or Reentry into this Facility 
3	A1600	A-22	A1600: Entry Date (date of this admission/entry or reentry into the facility) OLD:

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Chapter	Section	Page	Change
			<div> <div>A1600. Entry Date (date of this admission/entry or reentry into the facility)</div> <div> <div></div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div> <div>NEW:</div> <div> <div>Most Recent Admission/Entry or Reentry into this Facility</div> <div>A1600. Entry Date</div> <div> <div></div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> <div>Month</div> <div>Day</div> <div>Year</div> </div> </div>
3	A1600	A-22	<div>Item Rationale</div> <ul style="list-style-type: none"> To document the date of admission/entry or reentry into the nursing home facility. <div>Coding Instructions</div> <ul style="list-style-type: none"> Enter the most recent date of admission/entry or reentry to this nursing home facility. Use the format: Month-Day-Year: XX-XX-XXXX. For example, October 12, 2010, would be entered as 10-12-2010.
3	A1600	A-22	<div>DEFINITION</div> <div>ENTRY DATE</div> <p>The initial date of admission to the nursing facility, or the date the resident most recently returned to your nursing facility after being discharged.</p>
3	A1700	A-22	<div>Coding Instructions</div> <ul style="list-style-type: none"> Code 1, admission/entry: when one of the following occurs: <ul style="list-style-type: none"> 1. resident has never been admitted to this facility before; OR 2. resident has been in this facility previously and was discharged prior to completion of the OBRA Admission assessment; OR 2. resident has been in this facility previously and was discharged return not anticipated; OR 3. resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge. Code 2, reentry: when all 3three of the following occurred prior to the this entry; the resident was: <ul style="list-style-type: none"> 1. admitted to this nursing home facility (i.e., OBRA Admission assessment was completed), AND 2. discharged return anticipated, AND

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			<p>3. returned to facility within 30 days of discharge.</p> <p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Both swing bed facilities and nursing homes must apply the above rules when determining whether a patient or resident is an admission/entry or reentry. will always code the resident's entry as an admission, '1', since an OBRA Admission assessment must have been completed to code as a reentry. OBRA Admission assessments are not completed for swing bed residents. In determining if a patient or resident returns to the facility within 30 days, the day of discharge from the facility is not counted in the 30 days. For example, a resident is
3	A1800	A-23	<p>Item Rationale</p> <ul style="list-style-type: none"> Understanding the setting that the individual was in immediately prior to nursing home facility admission/entry or reentry informs care planning and may also inform discharge planning and discussions.
3	A1800	A-24	<i>Enter the 2-digit code that corresponds to the location or program the resident was admitted from for this admission/entry or reentry.</i>
3	A1900	A-25	<p>A1900 Admission Date (Date this episode of care in this facility began)</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>A1900. Admission Date (Date this episode of care in this facility began)</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin-left: 10px; font-size: 8px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div> </div> </div> </div> <p>Item Rationale</p> <ul style="list-style-type: none"> To document the date this episode of care in this facility began. <p>Coding Instructions</p> <ul style="list-style-type: none"> Enter the date this episode of care in this facility began. Use the format: Month-Day-Year: XX-XX-XXXX. For example, October 12, 2010, would be entered as 10-12-2010. The Admission Date may be the same as the Entry Date (A1600) for the entire stay (i.e., if the resident is never discharged).
3	-	A-26	Page length change.
3	A2200	A-27	<p>Item Rationale</p> <p>To identify the ARD of a previous comprehensive (A0310 = 01,</p>

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Chapter	Section	Page	Change
			03, or 04) or Quarterly assessment (A0310A = 05 or 06 02) in which a significant error is discovered.
3	-	A-28	Page length change.
3	-	A-29	Page length change.
3	-	A-30	Page length change.
3	-	A-31	Page number change.
3	-	A-32	Page length change.