

## Submission of MDS 3.0 Assessments

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These guidelines identify the requirements for submission of MDS 3.0 assessments to the North Dakota Department of Human Services for purposes of establishing classifications for a non-Medicare Part A nursing facility resident. These requirements are in addition to filing requirements set forth in the Residents Assessment Instrument (RAI) Manual. Assessments that are completed solely to meet these submission requirements should not be sent to CMS QIES Assessment Submission and Processing System (ASAP).

### Submission

All assessments should be coded with Submission Requirement as a Federal required submission (**A0410 = 3**). This question refers to the facility's certification and does not correspond to whether the assessment is sent to CMS QIES ASAP.

The Entry Date (**A1600**), Therapy Start Dates (**O0400A5**, **O0400B5**, and/or **O0400C5**) and Therapy End Dates (**O0400A6**, **O0400B6**, and/or **O0400C6**) are the only dates used in establishing a resident's classification. The Entry Date (**A1600**) establishes the classification period start dates and the acceptable assessment reference periods. Classifications within a classification period may change only at the start or end of therapies. Start and end of therapy assessments do not affect the regularly scheduled classification period assessment guidelines. The classification start date can only change with a discharge from the facility (**A0310F = 10 or 11**). The Entry Date (**A1600**) when the resident returns to the facility will establish the new classification start date.

The Entry Date (**A1600**) should be the date of the current admission or reentry on all assessments.

### Classifications

A resident's classifications are based on an assessment occurring within 14 days of admission or reentry and assessments occurring every 3 months thereafter. If an assessment is to be used for a classification, the Assessment Reference Date (**A2300**) must occur within a fixed assessment reference period. The acceptable assessment reference period for an initial classification period starts with the Entry Date (**A1600**) and continues through day 14. If multiple assessments are accepted with an Assessment Reference Date occurring prior to the 15<sup>th</sup> day following the Entry Date (**A1600**) then the assessment with an ARD (**A2300**) on or closest to the 14<sup>th</sup> day is used for classification. For all classification periods following the initial classification period, the acceptable

assessment reference period is the start date of the next classification period and the 7 days immediately preceding it. Any date within the assessment reference period can be used for an acceptable ARD (**A2300**) for classification purposes. If multiple assessments are accepted with an ARD (**A2300**) within the 8 day assessment reference period, the assessment with an ARD (**A2300**) on or closest to the classification start date will be used for classification.

Classifications are established every 3 months on the same day of the month as the Entry Date (**A1600**). The classification start does not change based on the ARD (**A2300**); with a change in payer status (i.e. Medicare to private pay), or with a significant change assessment that does not fall within an acceptable assessment reference period.

The classification start date will only change when the calculated start date is a nonsensical date. All future classification periods will be reset to the 1<sup>st</sup> of the month. Examples are:

<u>Calculated Start Date</u>	<u>New Classification Start Date</u>
February 29	March 1
February 30	March 1
April 31	May 1
June 31	July 1
September 31	October 1
November 31	December 1

### Notices

Multiple notices may be generated in the initial classification period following admission depending on the number of assessments that have been submitted. Multiple notices may also be generated during an assessment reference period depending on the number of assessments that have been submitted. It is the facility's responsibility to provide the resident with the notice that contains the classification that will be used for payment purposes.

### Entry Tracking Records

The entry tracking record must correctly report the type of entry (**A1700**). An admission (**A1700 = 1**) must be used for the resident's first admission to the facility or a readmission following a discharge return not anticipated (**A0310F = 10**). A reentry (**A1700 = 2**) must follow a discharge return anticipated (**A0310F = 11**).

Verify that the entry tracking record has been accepted before submitting any subsequent assessments.

### **Discharge Assessments**

Reporting the change of discharge status from return anticipated to return not anticipated is required. If a resident is discharged return anticipated and the facility learns that the resident will not be returning, a second discharge assessment must be submitted to change the resident's status from return anticipated (**A0310F = 11**) to return not anticipated (**A0310F = 10**). The discharge date (**A2000**) of the second discharge assessment is the date that the facility learns the resident will not be returning. The discharge assessments cannot have the same ARD (**A2300**).

If a resident is discharged return anticipated (**A3010F = 11**) and subsequently dies in the hospital, a second discharge assessment with the status of return not anticipated (**A0310F = 10**) must be submitted with the date of death as the discharge date (**A2000**).

**Do not send the second discharge assessment to CMS QIES ASAP.**

### **Reporting Start of Therapy**

Reporting the start of therapy for a non-Medicare Part A resident is required if the resident meets the **Rehabilitation Therapy Criteria**<sup>1</sup> after the start of any classification period other than the first classification period following admission or reentry. Reporting the start of therapy is required even if the rehab classification may not be assigned due to index maximizing. A start of therapy assessment cannot be combined with any other assessment for a non-Medicare Part A resident. A resident should be evaluated at least every 7 days to see if they meet the **Rehabilitation Therapy Criteria**<sup>1</sup> in the previous 7 days (look back period).

The rehab classification will be effective based on the date(s) entered in the start of therapy fields in Section O (**O400A5**, **O400B5**, and/or **O400C5**). The date entered in the start of therapy fields (**O400A5**, **O400B5**, and/or **O400C5**) should be the date on which the first therapy was provided during the look back period. This date should be the same for all applicable start of therapy fields.

The ARD (**A2300**) must be set within 7 calendar days of the start of therapy date(s) (**O400A5**, **O400B5**, and/or **O400C5**) and must equal the last day of the look back period.

If the ARD of a start of therapy assessment is after the first day of a classification period but the start of therapy date is before the first day of the classification period, a second start of therapy assessment must be submitted with the start of therapy date equal to the first day of the classification period. The ARD of the second assessment should be within 7 calendar days of the first day of the classification period but should be after the ARD of the first start of therapy assessment.

A start of therapy assessment (NS) must be used to report when a non-Medicare Part A resident meets the **Rehabilitation Therapy Criteria**<sup>1</sup> after the first classification period following admission or reentry.

**Do not send an assessment that is only reporting the start of therapies for a non-Medicare Part A resident to CMS QIES ASAP.**

### **Reporting End of Therapy**

Reporting the end of therapy is required if the resident is in a rehab classification and **End of Therapy Criteria**<sup>2</sup> has been met for all therapy disciplines provided.

The rehab classification will be discontinued based on the dates entered in end of therapy fields in Section O (**O0400A6**, **O0400B6**, and/or **O0400C6**). When multiple end dates occur within the 7 day look back period, the date entered in the end of therapy fields (**O0400A6**, **O0400B6**, and/or **O0400C6**) should be the last day that any therapy was provided during the look back period. This date should be the same for all applicable end of therapy fields. If the therapy end date is not within the look back period, do not enter therapy end date or start date for that therapy.

The resident's classification will revert to the non-therapy classification from the original assessment used to set the classification for the period. The classification from the end of therapy assessment will not be used to set the classification.

Do not submit an end of therapy assessment if the resident was not in a rehab classification prior to the end of therapies.

The ARD (**A2300**) must be set within 7 calendar days of the end of therapy date (**O0400A6**, **O0400B6**, and/or **O0400C6**).

An end of therapy assessment (NO) or end of therapy and discharge assessment (NOD) must be used to report the end of therapies for a non-Medicare Part A resident.

**Do not send an assessment that is only reporting the end of therapies for a non-Medicare Part A resident to CMS QIES ASAP.**

### **Reporting Resumption of Therapy**

Reporting a resumption of therapy is not required for a non-Medicare Part A resident. See **Reporting End of Therapy** above.

### **Reporting Change of Therapy**

Reporting a change in therapy minutes is not required for a non-Medicare Part A resident. See **Reporting End of Therapy** above.

## **Rehabilitation Therapy Criteria** <sup>1</sup>

### **Rehabilitation Criteria** (section O0400 [a. ST b. OT c. PT])

In the last 7 days:

- Received 150 or more minutes **AND**
- At least 5 days of any combination of the 3 disciplines **OR**

### **Alternative Rehabilitation Criteria** (section O0400 [a.ST b. OT c. PT] and H0200C, H0500 and/or O0500)

In the last 7 days:

- Received 45 or more minutes **AND**
- At least 3 days of any combination of the 3 disciplines **AND**
- 2 or more nursing rehabilitation services\* received for at least 15 minutes each with each administered for 6 or more days

### **Nursing Rehabilitation Services**

H0200C	Urinary toileting / bladder training program or
or H0500	bowel training program
*O0500A or	Passive or active ROM
O0500B	
*O0500C	Splint or brace assistance
*O0500D or	Bed mobility or walking training
O0500F	
O0500E	Transfer training
O0500G	Dressing or grooming training
O0500I	Amputation / prosthesis care
O0500J	Communication training

\*Count as one service even if both provided.

## **End of Therapy Criteria** <sup>2</sup>

Any one of the following is considered that a therapy discipline (Speech, OT or PT) has ended:

- 3 consecutive refusals by resident of a therapy discipline (therapist must document in their notes all refusals of therapy by a resident)
- Therapist's evaluation that therapy should be discontinued
- Notice to resident of discontinuation
- Doctor's orders that therapy should be discontinued