



COMMISSIONER  
Adelaide Horn

April 16, 2009

To: Nursing Facility Providers

Subject: Information Letter No. 09-43  
**MDS Admission Assessment**

Over the eight months that Minimum Data Sets (MDSs) have been processed for Medicaid payment, DADS has seen admission assessments at inappropriate times. The most common reason appears to be when an established resident admits to Medicare.

This letter is to clarify when an MDS admission assessment should be submitted as well as the appropriate reasons for the assessment if the form is Dually Coded for Omnibus Budget Reconciliation Act (OBRA) and Medicare.

Now that MDS is being used for Medicaid payments, submission of an admission assessment when not required will cause that MDS not to process for Medicaid. The assessment will be considered invalid. If the assessment does process, the RUG rate from the assessment will be removed and the Resource Utilization Group (RUG) rate will be adjusted back to the previous assessment's RUG rate. If an invalid RUG rate is adjusted back to the previous RUG rate and the nursing facility (NF) has already been paid based on the invalid RUG rate, the RUG rate may need to be recouped and adjusted, as appropriate, to the previous RUG rate.

**Admission Assessment (AA8a = 01) MDS is valid in two situations**

1. For a first physical admission into an NF, an admission assessment is valid. Regardless of whether the resident is private pay, Medicare or Medicaid, the provider should complete an admission assessment for a first physical OBRA admission within 14 calendar days of admission to the NF [Resident Assessment Instrument (RAI) Manual, Page 2-3]. For Texas Medicaid, if a resident is active in an NF, discharges to another NF for even one day, and then returns to the original nursing facility, the readmission to the original NF is considered a first physical admission. As soon as another provider is introduced, the prior NF's MDS cycle for the resident is ended and must be restarted if the resident returns to the original NF. Discharging to the resident's home, to Hospice or to the hospital is not discharging to another NF.
2. If the resident discharges from an NF and the Form 3618 discharge type indicates "return not anticipated," a new admission assessment is required if the resident readmits to the NF. Remember that the Form 3618 is expected to match the MDS discharge tracking

form also submitted for this resident. The MDS discharge tracking form would indicate “Discharge – Return not anticipated” (AA8a=6). Although Federal Centers for Medicare and Medicaid Services (CMS) rules allow the use of AA8a=8 on the discharge tracking form for any resident whose first physical admission to the NF is less than 14 days, a provider should NOT use this reason for assessment if the resident’s stay is being paid for by Texas Medicaid. This is because if the provider does not complete an OBRA Admission assessment as completely as possible, even if the resident is in the provider’s building for only one day, the provider will not have an MDS assessment for billing purposes. If the Form 3618 or MDS discharge type is marked incorrectly, the discharge type **can** be corrected.

A provider should carefully consider the Form 3618 discharge type submitted for a discharge to Hospice. For Hospice, the Provider must mark the Form 3618 as “return anticipated” since the resident is not leaving the NF to go into the Hospice Program. If the provider has marked a Form 3618 as “return not anticipated” for a resident going into Hospice, the provider must correct the Form 3618 to indicate “return anticipated”. For residents who have elected Hospice, CMS has indicated the following:

While the need to complete a Significant Change in Status Assessment (SCSA) will depend upon the resident’s status at the time of election of hospice care, and whether or not the resident’s condition requires a new assessment, the Centers for Medicare and Medicaid Services encourages facilities to complete an SCSA due to the importance of ensuring that a coordinated plan of care between the Hospice and the NF is put in place. (RAI Manual, Page 2-11).

### **Validating the appropriateness of an Admission Assessment**

One of the considerations in validating an admission assessment is the relationship between the AB1 and R2b dates. An admission assessment should be completed within 14 days of AB1. CMS and DADS will accept the assessment if the timeframe is longer, but the provider must validate whether an admission assessment is the appropriate reason for assessment. If the AB1 is two years prior to the R2b date, this assessment probably should not be an admission assessment.

The assessment can still be dually coded for Medicaid and Medicare, but not as an OBRA Medicaid admission assessment. If the OBRA MDS has already been submitted with the incorrect reason for assessment, the assessment must be inactivated and resubmitted with the correct reason for assessment (RAI Manual, Page 5-9).

If the admission assessment is needed because the resident had a Form 3618 discharge indicating “return not anticipated,” the AB1 should be the new readmission date, not an admission prior to the discharge. If the provider already submitted the assessment with the AB1 prior to the discharge date, a modification must be transmitted to the State MDS database to adjust AB1 to the readmission date following the discharge.

AA8 has two fields: an “a” field for OBRA MDS assessments and a “b” field for Medicare Assessments. An MDS can be coded as either an OBRA MDS assessment in the “a” field or as a Medicare assessment in the “b” field, or dually coded in the “a” and “b” fields when there is a valid OBRA reason for assessment which would include 1, 2, 3, 4, 5, or 10 but never 0 in the “a” field. If the assessment is Medicare only, there will be a “00” in field “a” and 1-5 or 7-8 in field “b”. Do not use AA8b=6 Other State Required Assessment, as this is not a valid assessment type for Texas.

Valid combinations for AA8 dually coded assessments:

- If AA8a=01, then AA8b can be any of the permissible values (1 through 5, 7, 8).
- If AA8a=02 through 05, then AA8b can be any of the permissible values (1 through 5, 7, 8).
- If AA8a=10, then AA8b can be any of the permissible values (1 through 5, 7, 8).

### **MDS RAI Manual situations for Admission Assessments**

In accordance with the CMS MDS RAI Manual, there are only three situations that allow for the completion of an Admission MDS assessment coded as AA8a = 1:

1. this is the resident’s first stay in the NF;
2. the resident has just returned to the NF after being discharged prior to the completion of the Admission MDS assessment; or
3. the resident has just returned to the NF after being discharged as “return not anticipated.”

Providers must understand that if the AB1 date of an Admission MDS assessment overlaps with an established MDS for the same NF, the coding of AA8a as “1= Admission assessment” is most likely in error.

When a Form 3618 discharge is completed as “return not anticipated,” the NF must complete an Admission MDS assessment when the resident is readmitted to the same NF.

Questions regarding the information in the MDS RAI Manual referred to in this letter may be referred to Cheryl Shiffer, State RAI Coordinator, at 210/619-8010. Questions regarding the information in this letter related to service authorization may be referred to the Provider Claims Services Hotline, 512/438-2200, Option 1.

Sincerely,

*[signature on file]*

Gordon Taylor

GT:mgm