Clarification Obtained from CMS Regarding Interview Use in Unscheduled PPS Assessments

Jen Pettis, RN, BS, WCC, RAC-MT, C-NE, Director of Program Development for Harmony Healthcare International and Chair of AANAC’s Expert Advisory Panel has obtained clarification from CMS regarding the use of interviews from a prior assessment when completing unscheduled PPS assessments.

If a facility staff member is considering using the interview from a previous assessment for an unscheduled PPS assessment, on the day the interview would be conducted (which in the case of these assessments would most likely be the ARD, the day prior to the ARD or, in the case of the COT OMRA only, up to one to two days after the ARD), the assessor may refer back to the previous scheduled or unscheduled assessment and determine if the date of the interview, as noted in Z0400, is within 14 days. If the date noted is within 14 days of when this interview was to be done, the prior information may be used so long as the person who conducted the prior interview is available to sign the current assessment in Z0400. Z0400 of the current assessment will be completed by that individual with the date from Z0400 of the prior assessment. If the person who conducted the prior interview is not available, the interview may not be used. Additionally, if the clinical status of the resident has changed, the interview should be conducted.

Consider the following examples:
30-day assessment ARD was March 10
Interview date (as noted in Z0400) was March 8
First COT observation period ends on March 17 – and team determines that day that a COT was required here, the interview may be used.
ARD of COT and the date the interviews would be conducted = March 17; Date in Z0400 = March 8

30-day assessment ARD was March 10
Interview date (as noted in Z0400) was March 8
First COT observation period ends on March 17 – no COT required
Next COT observation period end on March 24 – team determined that day that COT was required.
Interviews may not be used from the prior assessment.