Do the Clarification Documents Still Matter?

How do the recent RAI Manual revisions compare?

Joel VanEaton, BSN, RN, RAC-CT, CPRA
Meet Joel VanEaton

Joel VanEaton, BSN, RN, RAC-CT, CPRA has been working in long term Care for more than 12 years. He began his career in the nursing home industry as a MDS coordinator and currently serves as the Reimbursement and RAI Client Services Nurse Consultant for 12 nursing facilities across the state of Tennessee and Kentucky. In this role Joel guides nursing facilities in all aspects of federal and state reimbursement with a special focus on MDS 3.0 related process and education.

Joel is a sought after conference speaker and webinar presenter. In the summer of 2010, Joel partnered with the Georgia health care Association touring the state training GHCA associated providers on the then new MDS 3.0. He has continued to provide other educational MDS related seminars and webinars for GHCA.

Mr. VanEaton has also been a featured presenter on several webinars hosted by DART CHART, a company that assists long term care facilities in getting the reimbursement they deserve with state of the art e-documentation systems that capture reimbursement related data, like ADL’s and nursing data, that contribute to accurate completion of the MDS.

Recently, Mr. VanEaton was asked to serve on the advisory panel for the development of the certification test for HCPRO’s Certified Professional in Resident Assessment. HCPRO has also asked him to write articles for the PPS Alert News Letter. Most recently, Joel authored an article for the February 2012 edition titled, “COT Basics to Best.” Through the months of February and March 2012, Joel was invited by HCPRO to guest blog answers to COT related questions on the “Ask the Expert” section of the HCPRO MDS 3.0 website.

Joel also serves as the MDS 3.0 and RUG IV resource and education coordinator for Extended Care Products Inc. In that role, Joel has developed a complete line of MDS 3.0 related resources including the the videos, “It’s Time to Get Going with MDS 3.0 and RUG IV”, and, “MDS 3.0 RUG IV Strategies for Success”. He has also developed the ECP MDS 3.0 Toolbox and the ECP MDS 3.0 Updatable RAI User’s Manual. Extended Care Products has also featured Joel in several MDS 3.0 related webinars that have been seen and heard nationwide.
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**Introduction:**

With the implementation of the version 1.09 of MDS 3.0 RAI User’s Manual in November 2012, CMS has made it clear that the resource of choice for the completion of the RAI is now to be the version 1.09 of the MDS 3.0 RAI User’s Manual. With the RAI Manual revisions that were posted in April and in November 2012, CMS has attempted to bring into the Manual several of the clarifications that had been made to the RAI process since the implementation of MDS 3.0 in October 2010, particularly regarding the completion of the various OMRA assessments that have been introduced as part of the MDS 3.0 process.

However, as many of you are aware, the clarification documents etc. which CMS provided throughout the last year contained significant amounts of information that has been and remains a helpful source for completing the RAI, especially related to the complex nature of the OMRA assessments. While the current version of the RAI Manual does contain some of that material, much of the text that CMS used to clarify certain RAI processes within those documents was not included in the recent RAI manual revisions.

This prompted my questioning CMS regarding whether the clarification documents were still a valid source for instruction and clarification regarding the RAI process. CMS staff responded in this way, “We’ve incorporated a lot of the clarification material into the manual at this point. In the rare instance where the clarification and manual language do not coincide, the manual, since it is the most recent document, would prevail. On the other hand, if there is something in the clarification document that did not make it into the manual, the clarification document can still be used as the source for that information.”

This being the case, in addition to the RAI manual, it is important that providers continue to have a working knowledge of the three clarification documents, that CMS posted throughout the last year and a half. The purpose of this paper is to outline a few significant examples of areas where CMS has addressed material from these documents in the revised RAI Manual and how material from the clarification documents remains an additional valid and helpful reference for completing the RAI process. There is also one area where the clarification documents contradict the RAI Manual, and this will be pointed out as well. The clarification documents continue to be found at the following website: [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEdu12.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/RUGIVEdu12.html)
Areas where the Clarification Documents remain a significant and helpful resource

Related to the COT, EOT and SOT:

Page 2-40 of v1.09 MDS 3.0 RAI User’s Manual: When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), facilities must set the ARD for the assessment for a day within the allowable ARD window for that assessment type, but may only do so no more than two days after the window has passed.

March 30, 2012 Clarification Document: To be clear, this should not be considered the same as grace days, which may be used in setting the ARD for a scheduled PPS assessment. In the case of grace days, the ARD for a scheduled PPS assessment may be set for one of the grace days, such as a 5-day assessment with an ARD set for Day 8. By contrast, the two-day flexibility period that applies to unscheduled PPS assessments is different, in that the ARD itself may not be set for one of the two days after the available ARD window.

In certain cases, it is possible that a resident might discharge from the facility unexpectedly during the two day flexibility period. In such cases, the flexibility period still exists and the facility may still set the ARD on the given assessment for a day within the allowable window for that assessment. For example: A COT OMRA is necessary with an ARD of Day 29. The resident then discharges from the facility on Day 30. In this case, the facility may still set the ARD on the COT OMRA for this resident for Day 29, as long as this is done no more than 2 days after Day 29.

Related to the effect that a LOA has on the OMRA ARD:

Page 2-71 of v1.09 MDS 3.0 RAI User’s Manual: In the case of unscheduled PPS assessments, the ARD of the relevant assessment is not affected by the LOA because the ARDs for unscheduled assessments are not tied directly to the Medicare assessment calendar or to a particular day of the resident’s stay. For instance, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for payment, regardless of whether an LOA occurs at any point during the COT observation period. For example, if the ARD for a resident’s 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 9, returning on November 10, Day 7 of the COT observation period would remain November 14.

August, 2011 Clarification Document: In the case of a COT OMRA, Day 7 of the COT observation period occurs 7 days following the ARD of the most recent PPS assessment used for payment, regardless if a LOA occurs at any point during the COT observation period. For example, if the ARD for a resident’s 30-day assessment were set for November 7 and the resident went to the emergency room at 11:00pm on November 9, returning at 2:00pm on November 10, Day 7 of the COT observation period would remain November 14. With regard to payment, consistent with current policies related to the COT OMRA, the COT OMRA would set payment for those Medicare billable days beginning on Day 1 of the COT
observation period and forward until the next scheduled or unscheduled assessment. Any days during which the resident was out on the LOA would remain non-billable to Medicare.

It should be noted that while these rules cover general cases of how the LOA policy would affect unscheduled assessments, specific cases may vary as to the which assessment is most appropriate given a specific LOA. Particularly in cases where a resident experiences frequent and/or extended LOAs, providers are encouraged to consider the causes for the LOAs and if these causes might have some impact on the patient’s care plan, the assessments appropriate to that resident, and the extent to which the resident requires the level of care necessary for the resident to qualify for the Part A SNF benefit.

Related to the COT:

Page 2-51 of v1.09 MDS 3.0 RAI User’s Manual: In cases where a resident is discharged from the SNF on or prior to 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.

November 3, 2011 Clarification Document: In cases where the last day of the Medicare Part A benefit, that is 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.

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 Chapter 2 of the MDS RAI manual.

Related to the EOT:

Page 2-48 of v1.09 MDS 3.0 RAI User’s Manual: In cases where a resident is classified into a Rehabilitation or Rehabilitation plus Extensive Services RUG category and experiences a planned or unplanned discontinuation of therapy services for three or more consecutive calendar days and the resident is discharged from the facility on the third day of missed therapy services, then no EOT OMRA is required. If the facility chooses to complete an EOT OMRA in this situation, it may be combined with the discharge assessment.

In cases where a resident is discharged from the SNF on or prior to the third consecutive day of missed therapy services, then no EOT is required. More precisely, in cases where the date coded for Item A2000 is on or prior to the third consecutive day of missed therapy services, then no EOT
OMRA is required. If a SNF chooses to complete the EOT OMRA in this situation, they may combine the EOT OMRA with the discharge assessment.

Related to the COT and EOT:

**November 3, 2011 Clarification Document:** The term “day of discharge” can serve two distinct purposes. The day of discharge may refer to the day the resident leaves the facility, as discussed in Chapter 2 of the MDS RAI manual and as captured within Item A2000 on the MDS. “Day of discharge” may also refer to the resident’s discharge from Medicare Part A, which is captured in Item A2400C on the MDS. As noted in Chapter 2 of the MDS RAI manual, it is possible that these two dates, that is the date of facility discharge and the date of Part A discharge, may not be the same, such as in cases where a resident uses all of his or her 100 entitled SNF benefit days but remains in the facility for some time after that point. It is also possible that the dates listed in A2000 and A2400C may be the same, such as in cases where the resident leaves the facility prior to exhausting their SNF benefit or if the resident were to expire during the course of the stay. Whether or not these two dates overlap is important to understanding the potential billing impact associated with these dates.

As noted in Chapter 3 of the Medicare Benefit Policy Manual, the date of discharge from the facility is a Medicare non-billable day. Therefore, in cases where A2000 (discharge from facility) and A2400C (last day of Medicare Part A stay) are the same, then the last day of the Medicare stay (A2400C) is a Medicare non-billable day. In cases where the resident remains in the facility after exhausting the full Medicare benefit, then the last day of the Medicare stay, which in this case would mean that A2400C would be equivalent to 100th day of the benefit, would be a Medicare billable day.

Related to the EOT-R:

**Page 2-49 of v1.09 MDS 3.0 RAI User’s Manual:** In cases where therapy resumes after the EOT OMRA is performed and the resumption of therapy date is no more than 5 consecutive calendar days after the last day of therapy provided, and the therapy services have resumed at the same RUG-IV classification level, and with the same therapy plan of care that had been in effect prior to the EOT OMRA, an End of Therapy OMRA with Resumption (EOT-R) may be completed.

**November 3, 2011 Clarification Document:** In terms of billing a resumption of therapy, the FY 2012 SNF PPS final rule and MDS RAI manual outline that providers should bill the therapy RUG that was in effect prior to the break in therapy, as discussed above in clarification III.2. To be considered an appropriate resumption of therapy, two qualifications must be met.

1. First, the resident must resume therapy at the same RUG-IV therapy level as was in effect prior to the break in therapy. For example, if the resident was last billed at Very-High rehabilitation, then the resident must resume at Very-High rehabilitation.

2. Second, the resident’s previous therapy plan must still be in effect. For example, SNF National Provider Call – November Clarification 11/29/2011 if the resident qualified for Very-High rehabilitation on the basis of receiving Physical and Occupational therapies, then these disciplines must resume at the same intensity as prior to the break in therapy.
If, for a given resident, one or both of these two conditions are not met, then an EOT-R may not be completed for that resident. For example, if the resident would resume at Very-High rehabilitation, but instead of receiving Physical and Occupational therapies the resident is expected to receive Occupational and Speech-Language therapies, then this would not constitute a legitimate resumption and an EOT-R could not be completed.

Related to the EOT-R and the RUG score that was “in effect”, or “affected payment”, or was “used for payment”, prior to the discontinuation of therapy:

Page 6-12 v1.09 MDS 3.0 RAI User’s Manual:
Consider Example 6, a complicated example where an End of Therapy OMRA is performed, followed shortly by a scheduled PPS assessment, and then therapy is resumed at the prior level and this is reported with the Resumption of Therapy items (O0450A and O0450B) being added to the End of Therapy OMRA converting it to an End of Therapy OMRA reporting Resumption of Therapy (EOT-R).

Example 6. The End of Therapy OMRA has an ARD on Day 26 with the last day of therapy being Day 24. The PPS 30-Day assessment is then performed with an ARD on Day 27 (the first day of the ARD window) to establish payment with the Medicare RUG (Z0100A) for Days 31-60. Therapy then resumes at the prior level and the EOT-R items (O0450A, and O0450B) indicate a resumption of therapy date of Day 28. The EOT OMRA would establish payment at a Medicare Non-Therapy RUG (Z0150A) for Days 25-27 and Resumption of Therapy reporting would reestablish payment from Day 28 through Day 30 (the end of the payment period) at the same Medicare RUG (Z0100A) provided on the resident’s most recent PPS assessment used to establish payment prior to Day 25. The PPS 30-day assessment would then set the payment at the Medicare RUG (Z0100A) for the standard Day 31 to 60 payment period.

November 3, 2011 Clarification Document: Addresses a similar but different situation which is not addressed in the RAI Manual. Clarification regarding a change in ADLs related to an EOT-R:
In all cases where an EOT-R would be completed, the resident must resume therapy at the same RUG-IV therapy level as had been in effect prior to the break in therapy. However, it is possible that the ARD for an EOT OMRA reporting resumption may be set for the first grace day of the allowable grace days for a scheduled PPS assessment, while the ARD for the scheduled assessment was set for a day within the normal ARD window. In this limited subset of cases, the resumption of therapy should occur using the previous RUG-IV therapy level (which should be the same as the therapy level determined on the scheduled PPS assessment if the resumption is appropriate) but using the Activities of Daily Living (ADL) score from the most recent PPS assessment.

Consider the following Example. A resident, Mr. P, is admitted on 10/01/11. The ARD of the 5-day assessment for Mr. P is set for 10/07/11 (Day 7) and the RUG assigned to Mr. P is RVB. The ARD of the 14-day assessment is set for 10/14/11 (Day 14) and the RUG assigned to Mr. P is again RVB. The ARD of the 30-day assessment is set for 10/28/11 (Day 28) and the RUG assigned to Mr. P is now RVA. Due to an acute illness, Mr. P is unable to receive therapy services from 10/29/11 through 10/31/11, but is expected to resume therapy on 11/2/11 under the same therapy regimen. The facility completes an EOT for Mr. P with an ARD of 10/31/11 and reports that the resumption of therapy will occur on 11/2/11.
The EOT OMRA assigns Mr. P a non-therapy RUG of CE2. Mr. P is discharged from the facility on 11/12/11.

In the case described above, assuming no intervening assessments were necessary, the facility would bill in the following manner. Days 1-14 would be billed under HIPPS code RVB10. Days 15-28 would be billed under HIPPS code RVB20. Days 29-31 would be billed under HIPPS code CE20A. Days 32-41 would be billed under HIPPS code RVA0A. (CMS’ example is in error here. Since the payment for the resumption begins on the day that therapy resumes, Days 29-32 would be billed under HIPPS code CE20A and Days 33-42 would be billed under HIPPS code RVA0A. RVA0A would continue to pay through day 42, assuming no intervening assessments, since the resident discharged from the facility on 11/12 which is day 43).

This represents the one and only occasion where the three character RUG-IV therapy RUG code may differ from that which was billed prior to the break in therapy, and the difference may only be in the third character in the therapy RUG code related to the resident’s ADL score.

Related to the Interview Items and the SOT, COT and EOT:

Page 2-52 of v1.09 MDS 3.0 RAI User’s Manual: When coding a standalone Change of Therapy OMRA (COT), a standalone End of Therapy OMRA (EOT), or a standalone Start of Therapy OMRA (SOT), the interview items may be coded using the responses provided by the resident on a previous assessment only if the DATE of the interview responses from the previous assessment (as documented in item Z0400) were obtained no more than 14 days prior to the DATE of completion for the interview items on the unscheduled assessment (as documented in item Z0400) for which those responses will be used.

March 30, 2012 Clarification Document: Effective April 1, 2012, when coding a standalone unscheduled PPS assessment (COT, EOT, SOT), the interview items may be coded using the responses provided by the resident on a previous assessment, if the interview responses from the previous assessment were obtained no more than 14 days prior to the date those responses will be used on a subsequent standalone unscheduled PPS assessment. This does not change other assessment policies with regard to the frequency of resident interviews.

This policy is only applicable under the following conditions: This applies only to standalone unscheduled PPS assessments. This does not apply in cases where the unscheduled PPS SNF PPS assessment is combined with a non-PPS assessment or scheduled PPS assessment. Additionally, at the discretion of the provider, if a change is observed during the observation period for the unscheduled PPS assessment, then responses may not be carried forward. Interviews may only be carried forward if the staff member who signs item Z0400 attesting to conducting the previous interview is the same staff member signing item Z0400 attesting to conducting the current interview. Finally, this applies in cases where the resident interview was completed on a prior assessment, not the staff assessment.

For example, assume a facility completes a 14-day assessment and completes the resident interview items on the assessment on the same day as the ARD. The facility then finds that an EOT OMRA is completed with an ARD set for just a few days after that of the 14-day assessment. The facility reviews
the interview items and finds that the responses are still an accurate representation of the resident’s current state. In this case, the facility may choose simply to carry the interview responses forward from the 14-day assessment to the standalone EOT OMRA. In the Z0400 field on the EOT OMRA, the facility would have the individual who conducted the original interview sign-off on this section and input the date of the original interview.

The relevant aspects of this scenario are the date the original interview was completed and the date that the subsequent interview would have been scheduled for if the interview was to be completed. These are the two dates that must be compared and that are used to determine if the responses from the prior assessment may be used. The ARD for each assessment is not relevant for determining if the responses meet the 14-day requirement.

Again, in terms of the 14-day window for carrying forward interview responses, the two dates to be compared are the dates the responses were obtained, as indicated by the Z0400 date connected to that interview section and the date which would have been indicated on the subsequent assessment if the interviews would have been conducted. In the Z0400 field on the subsequent assessment, the facility would have the individual who conducted the original interview sign-off on the relevant interview section(s) and input the date that the original interview was conducted.

The question facility staff needs to answer “yes” is this: Is the date of the interview documented in Z0400 on the previous assessment within 14 days of a day that is an allowable day for the interview on the current, unscheduled, stand-alone assessment? If this answer is yes and all of the other conditions are met (no SCSA, same staff available to sign for the interview, etc.), then the date of the interview from the previous assessment may be input into Z0400 on the current assessment and the responses from that previous interview may be carried forward to the current assessment.

**Related to the concept of “Used for Payment”:**

**Page 2-53 of v1.09 MDS 3.0 RAI User’s Manual: USED FOR PAYMENT** An assessment is considered to be “used for payment” in that it either controls the payment for a given period or, with scheduled assessments may set the basis for payment for a given period.

**March 30, 2012 Clarification Document:**

An assessment is considered to be “used for payment” in that it either controls the payment for a given period or, in the case of scheduled assessments, may merely set the basis for payment for a given period. This concept is relevant in evaluating a given assessment’s impact on the COT ARD calendar. In general, the COT ARD calendar is only affected by an assessment used for payment. The only exception to this policy is a late assessment where an intervening assessment (described below) has been completed. In such cases, the intervening assessment controls the COT ARD calendar, while the late assessment in this case only serves to establish a default payment until the point at which the intervening assessment begins to control payment.
Consider the following example: A 30-day assessment that is completed with the resident discharging from Part A on Day 29 is not considered an assessment used for payment, since the 30-day assessment would not control payment (or set the basis for payment) until Day 31. On the other hand, a 30-day assessment which is followed by the resident discharging on Day 32 is an assessment used for payment, since the 30-day assessment controls payment (or at least sets the basis for payment) beginning on Day 31.

To be clear, the term “used for payment” is most notable in cases where a scheduled assessment has an ARD set for on or prior to Day 7 of the COT observation period but the resident discharges from the facility before the beginning of the standard payment window. In this situation the scheduled assessment is not an assessment used for payment and the COT OMRA would still be required (see the discussion below related to the completion and encoding periods to see how this situation may be rectified without penalty). If the scheduled assessment has an ARD set for on or prior to Day 7 of the COT observation period and the resident does not discharge from the facility prior to the beginning of the standard payment window associated with that scheduled assessment, regardless of whether or not the scheduled assessment would appear on a claim, then this is considered an assessment used for payment and the COT OMRA calendar would be reset by the ARD of this scheduled assessment.

**Where the Clarification Documents now disagree with the RAI Manual and should be disregarded**

**Related to combining COT assessments and Scheduled PPS assessments:**

**The following directive should not be followed:**

**August, 2011 Clarification Document:** A COT OMRA can be combined with a scheduled PPS assessment. Moreover, when the ARD of a COT OMRA (that is Day 7 of the COT observation period) falls within the ARD window (including grace days) of a scheduled PPS assessment and the ARD for the scheduled assessment is not set for a day that is Day 7 or earlier in the COT observation period, then the COT OMRA and scheduled assessment must be combined.

**The following two directives should be followed as opposed to the above reference:**

**Page 2-51 of v1.09 MDS 3.0 RAI User's Manual:** If Day 7 of the COT observation period falls within the ARD window of a scheduled PPS Assessment, the SNF may choose to complete the PPS Assessment alone by setting the ARD of the scheduled PPS assessment for an allowable day that is **on or prior to** Day 7 of the COT observation period. This effectively resets the COT observation period to the 7 days following that scheduled PPS Assessment ARD. Alternatively, the SNF may choose to combine the COT OMRA and scheduled assessment following the instructions discussed in Section 2.10.

**March 30, 2012 Clarification Document:** Clarification regarding instances when assessments are not combined properly. Answer: As noted in the RAI Manual, Section 2.8, there are certain instances when scheduled and unscheduled PPS assessments must be combined. Specifically, if the ARD for an unscheduled PPS assessment falls within the ARD window (including grace days) of a scheduled PPS
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assessments, and the ARD for the scheduled assessment would be set for a day after that of the
unscheduled assessment, then the assessments must be combined.

There may be times when scheduled and unscheduled PPS assessments are not combined properly. In a
past clarification, CMS had indicated that the assessments would be treated “as if” they had been
combined properly. This was intended to indicate that, from a billing perspective, the unscheduled
assessment would be used to set payment, since that is the assessment with which the scheduled
assessment would have been combined. Despite this clarification, there was still some confusion
regarding cases where scheduled and unscheduled assessments were not combined properly.
Therefore, we wish to clarify that if a scheduled assessment ARD is set for a day that is after the ARD set
for an unscheduled assessment, and the ARD for the unscheduled assessment is set for a day within the
scheduled assessment ARD window, then the scheduled assessment is not used for payment purposes.
In other words, in cases where an unscheduled and scheduled assessment were supposed to be
combined, but were not, the payment is controlled by the unscheduled assessment.

Consider the following examples: Example 1. If the ARD of an EOT OMRA is set for Day 14 and an ARD of
the 14-day assessment is set for Day 15, this would violate the combined assessment policy.
Consequently, the EOT OMRA would control the payment. The EOT would begin payment on Day 12,
and continue paying into the 14-day payment window until the next scheduled or unscheduled
assessment used for payment.

Example 2. A COT OMRA has an ARD of Day 13 and a 14-day assessment is completed separately with an
ARD of Day 15. The COT OMRA in this case would begin paying on Day 7 (which is Day 1 of the COT
observation period associated with that COT OMRA), pay through Day 15, and continue until the next
scheduled or unscheduled PPS assessment used for payment. Additionally, the next COT evaluation date
is Day 20, since that is 7 days after the ARD of the COT OMRA. The completion of the 14-day assessment
with an ARD of Day 15 in this example means that the ARD was set improperly and, therefore, that the
14-day assessment would not be used for payment.

It should be noted that the above clarification of the combined assessment policy is not intended to
replace or change the policy that if a scheduled assessment’s ARD is set for on or prior to day 7 of the
COT observation period, the COT OMRA is not required. However, the facility may elect to combine the
scheduled assessment and the COT OMRA as long as the ARD on day 7 of COT observation is within the
ARD window of the scheduled assessment. This represents a potential exception to the combined
assessment policy which facilities may choose to use in appropriate cases. For example, if a COT OMRA
has an ARD set for Day 13 and the facility sets the ARD of the 14-day assessment for Day 13, then the
facility may choose either to complete only the 14-day assessment or to combine the 14-day assessment
and COT OMRA. However, if the ARD of the 14-day assessment were to be set for Day 14, then this
would violate the combined assessment policy. In such a scenario, the COT OMRA would still be
required with an ARD of Day 13, and the 14-day assessment would not be used for payment.

This clarification is not intended to rescind this exception related to the COT OMRA but merely to
describe what would occur in cases where the scheduled assessment’s ARD was improperly set for a day
that is after the ARD set for an unscheduled assessment, where the unscheduled assessment’s ARD falls within the scheduled assessment’s ARD window.

**Conclusion**

Here we have examined only a few of the many areas where the clarification documents continue to be a valuable resource for clarification in the process of completing the RAI. The majority of the information contained in the clarification documents remains a helpful and important adjunct to the RAI manual.

The rules governing the requirements for each of the OMRA assessment types, i.e. timing, scheduling, requirements for completion, payment implications, combination guidelines, etc., are a complex array of sophisticated instruction. Nonetheless, providers are required to utilize these instructions in order to complete these assessments timely and accurately.

While The MDS 3.0 RAI Manual v1.09 is the prevailing resource for RAI completion, it is imperative that providers have a working knowledge of these guidelines as also presented in the clarification resources that CMS has provided in order to successfully navigate OMRA completion. It is noteworthy that with the variety sources available which contain portions of these guidelines, it is challenging to be sure that all are being followed as CMS intends.

At Extended Care Products, we have compiled a resource called **The OMRA Handbook** that removes the confusion and provides a one stop repository containing pertinent guidelines surrounding OMRA requirements. Each section of this resource is designed to assist providers with understanding the general OMRA rules, payment implications, combination options, and other general clarifications found in the various CMS resources, by combining all of the necessary information out of all of the relevant sources into one location. **The OMRA Handbook** has been updated as of the most recent replacement documents posted by CMC on November 29, 2012. Please stop by [www.mycaring.com](http://www.mycaring.com) for a special offer on this valuable resource.