CHAPTER 2: ASSESSMENTS FOR THE RESIDENT ASSESSMENT INSTRUMENT (RAI)

Presented for the DOH by
Kerry Weaver BSN, RN, RAC-CT
Myers and Stauffer LC

pennsylvania
DEPARTMENT OF HEALTH

2.1 Introduction to the Requirements for the RAI

- OBRA regulations require nursing homes that are Medicare certified and/or Medicaid certified, to conduct initial and periodic assessments for all their residents.
- When the OBRA and PPS assessment time frames coincide, one assessment may be used to satisfy both requirements.

2.2 CMS Designation of the RAI for Nursing Homes

- Federal regulatory requirements require facilities to use an RAI that has been specified by CMS.
- Federal requirements also mandate facilities to encode and electronically transmit MDS 3.0 data.
- While states must use all Federally required MDS 3.0 items, they have some flexibility in adding optional Section S items.

RAI Requirements

- The RAI covers the core items included on the instrument, the wording and sequencing of those items, and all definitions and instructions for the RAI.
- All comprehensive RAIs specified by CMS must include at least the CMS MDS Version 3.0 and use of the Care Area Assessment (CAA) process and the CAA Summary.
- Facility assessment systems must always be based on the MDS (both in item terminology and definitions).

pennsylvania
DEPARTMENT OF HEALTH

2.3 Responsibilities of Nursing Homes for Completing Assessments

The requirements for the RAI are applicable to all residents in Medicare and/or Medicaid certified long-term care facilities. The requirements are applicable regardless of age, diagnosis, length of stay, payment source or payer source.

pennsylvania
DEPARTMENT OF HEALTH

RAI Populations

An RAI (MDS, CAA process, and Utilization Guidelines) must be completed for any resident residing in the facility, including:

- All residents of Medicare skilled nursing facilities (SNFs) or Medicaid nursing facilities (NFs).
- Hospice residents
- Short-term or respite residents
- Special population residents (e.g., pediatric or residents with a psychiatric diagnosis):

Certification Situations

- Newly Certified Nursing Homes
- Adding Certified Beds
- Change in Ownership
  - There are two types of change in ownership transactions:
    - The more common situation requires the new owner to assume the assets and liabilities of the prior owner and retain the current CCN number.
    - There are also situations where the new owner does not assume the assets and liabilities of the previous owner.

pennsylvania
DEPARTMENT OF HEALTH

2.4 Responsibilities of Nursing Homes for Maintaining Assessments

Federal regulatory requirement requires nursing homes to maintain all resident assessments completed within the previous 15 months in the resident's active clinical record.

- This requirement applies to all MDS assessment types regardless of the form of storage (i.e., electronic or hard copy).

pennsylvania
DEPARTMENT OF HEALTH

Maintenance Rules

- After the 15-month period, RAI information may be thinned from the active clinical record and stored in the medical records department, provided that it is easily retrievable.
- Nursing homes may use electronic signatures for clinical record documentation, including the MDS, when permitted to do so by State and local law and when authorized by the facility's policy.
- Nursing homes also have the option for a resident's clinical record to be maintained electronically rather than in hard copy.

pennsylvania
DEPARTMENT OF HEALTH

Maintenance Rules (Continued)

- In cases where the MDS is maintained electronically without the use of electronic signatures, facilities must maintain, at a minimum, hard copies of signed and dated CAA(s) completion, correction completion, and assessment completion data in the resident's active clinical record.
- Nursing homes must also ensure that clinical records are maintained in a centralized location as deemed by facility policy and procedure.

2.5 Assessment Types and Definitions

In order to understand the requirements for conducting assessments of nursing home residents, it is first important to understand some of the concepts and definitions associated with MDS assessments.

Definitions

- **Admission** refers to the date a person enters the facility and is admitted as a resident.
- **Assessment Combination** refers to the use of one assessment to satisfy both OBRA and PPS assessment requirements when the time frames coincide for both required assessments. The most stringent requirement of the two assessments for MDS completion must be met.
- **Assessment Completion** refers to the date that all information needed has been collected and recorded and staff have signed and dated that the assessment is complete.

pennsylvania
DEPARTMENT OF HEALTH

Definitions

- Assessment Reference Date (ARD) refers to the last day of the observation (or “look back”) period that the assessment covers for the resident.
- Assessment Submission refers to electronic MDS data being in record and file formats that conform to standard record layouts and data dictionaries, and passes standardized edits defined by CMS and the State.

pennsylvania
DEPARTMENT OF HEALTH

Definitions

- Assessment Transmission refers to the electronic transmission of submission files to the QIES ASAP system.
- Comprehensive MDS assessments include both the completion of the MDS as well as completion of the CAA process and care planning. Comprehensive MDSs include Admission, Annual, SCSA, and SCPA.
- Death in Facility refers to when the resident dies in the facility or dies while on a leave of absence (LOA) The facility must complete a Death in Facility tracking record. No Discharge assessment is required.
- Discharge refers to the date a resident leaves the facility or the date the resident's Medicare Part A stay ends but the resident remains in the facility. There are three types of discharges.: two are OBRA required—return anticipated and return not anticipated; the third is Medicare required—Part A PPS Discharge.

Definitions

- Entry is a term used for both an admission and a reentry and requires completion of an Entry tracking record.
- Item Set refers to the MDS items that are active on a particular assessment type or tracking form. There are 9 different item subsets for nursing homes.
- Non-Comprehensive MDS assessments include a select number of items from the MDS used to track the resident's status between comprehensive assessments. They do not include completion of the CAA process and care planning. Non-comprehensive assessments include Quarterly assessments and SCQAs.

pennsylvania
DEPARTMENT OF HEALTH

Definitions

- Observation (Look Back) Period is the time period over which the resident's condition or status is captured by the MDS assessment. When completing the MDS, only those occurrences during the look back period will be captured. In other words, if it did not occur during the look back period, it is not coded on the MDS.

Definitions

- PPS Assessments provide information about the clinical condition of beneficiaries receiving Part A SNF-level care in order to be reimbursed under the SNF PPS.
- Reentry refers to the situation when all three of the following occurred prior to this entry: the resident was previously in this facility and was discharged return anticipated and returned within 30 days of discharge.
- Respite refers to short-term, temporary care provided to a resident to allow family members to take a break from the daily routine of care giving.

2.6 Required OBRA Assessments for the MDS

If the assessment is being used for OBRA requirements, the OBRA reason for assessment must be coded in items A0310A and A0310F (Entry/discharge reporting).

Submission Timelines for OBRA Assessments

Type	A0310A	A0310B	A0310F	MDS Completion Date	Submit By
Admission	01	99	10,11,99	Z0500B	V0200C2 + 14
Quarterly	02	99	10,11,99	Z0500B	Z0500B + 14
Annual	03	99	10,11,99	Z0500B	V0200C2 + 14
SCSA	04	99	10,11,99	Z0500B	V0200C2 + 14
SCPA	05	99	10,11,99	Z0500B	V0200C2 + 14
SCQA	06	99	10,11,99	Z0500B	Z0500B + 14

Submission Time Frame For OBRA MDS Records

Type	A0310A	A0310B	A0310F	MDS Completion Date	Submit By
Discharge Assessments	All values	99	10 or 11	Z0500B	Z0500B + 14
Death in Facility	99	99	12	Z0500B	A2000 + 14
Entry Tracking	99	99	01	Z0500B	A1600 + 14
Correction Request	N/A	N/A	N/A	X1100E	X1100E + 14

V0200C2 = Care Plan Completion Date
A2000 = Date of discharge or death
Z0500B = MDS Assessment Completion Date
A1600 = Date of Entry
X1100E = Date of RN Coordinator Signature on Correction Request

pennsylvania
DEPARTMENT OF HEALTH

OBRA Required Comprehensive Assessments

OBRA-required Comprehensive Assessments include the following types, which are numbered according to their MDS 3.0 assessment code (item A0310A):

- Admission Assessment
- Annual Assessment
- Significant Change in Status Assessment
- Significant Correction to Prior Comprehensive Assessment

pennsylvania
DEPARTMENT OF HEALTH

Assessment Management for Comprehensive Assessments

- The MDS must be transmitted electronically no later than 14 calendar days after the care plan completion date.
- A Significant Change in Status Assessment may not be completed until after an OBRA Admission assessment has been completed.
- The ARD of an assessment drives the due date of the next assessment. The next comprehensive assessment is due within 366 days after the ARD of the most recent comprehensive assessment.

pennsylvania
DEPARTMENT OF HEALTH

Assessment Management for Comprehensive Assessments

If a resident is discharged or dies prior to the completion deadline for the assessment, completion of the assessment is not required.

- Whatever portions of the RAI that have been completed must be maintained in the resident's medical record.
- In closing the record, the nursing home should note why the RAI was not completed.

pennsylvania
DEPARTMENT OF HEALTH

Admission Assessment (A0310A=10)

Completion of an OBRA Admission assessment must occur in any of the following admission situations:

- When the resident has never been admitted to this facility before; OR
- When the resident has been in this facility previously and was discharged return not anticipated; OR
- When the resident has been in this facility previously and was discharged return anticipated and did not return within 30 days of discharge.

pennsylvania
DEPARTMENT OF HEALTH

Annual Assessment (A0310A=03)

The Annual assessment is a comprehensive assessment for a resident that must be completed on an annual basis (at least every 366 days).

- Unless an SCSA or an SCPA has been completed since the most recent comprehensive assessment was completed.

pennsylvania
DEPARTMENT OF HEALTH

Significant Change in Status Assessment (SCSA) (A0310A = 04)

The SCSA is an assessment for a resident that must be completed when the IDT has determined that a resident meets the significant change guidelines for either major improvement or decline.

- It can be performed at any time after the completion of an Admission assessment, and its completion dates depend on the date that the IDT's determination was made that the resident had a significant change.
- The initial identification of a significant change in the resident's status should be documented in the clinical record.

pennsylvania
DEPARTMENT OF HEALTH

What is A Significant Change?

A "significant change" is a major decline or improvement in a resident's status that:

- Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered "self-limiting";
- Impacts more than one area of the resident's health status; and
- Requires interdisciplinary review and/or revision of the care plan.

pennsylvania
DEPARTMENT OF HEALTH

SCSA Management

An SCSA is appropriate when:

- There is a determination that a significant change (either improvement or decline) in a resident's condition from his/her baseline has occurred as indicated by comparison of the resident's current status to the most recent comprehensive assessment and any subsequent Quarterly assessments; and
- The resident's condition is not expected to return to baseline within two weeks.

pennsylvania
DEPARTMENT OF HEALTH

SCSA Management

- A SCSA may not be completed prior to an OBRA Admission assessment.
- A SCSA is required to be performed when a terminally ill resident enrolls or dis-enrolls in a hospice program or changes hospice providers and remains a resident at the nursing home. The ARD must be within 14 days from the effective date of the hospice election change.

pennsylvania
DEPARTMENT OF HEALTH

Significant Correction to Prior Comprehensive Assessment (SCPA)

An SCPA is appropriate when:

- The erroneous comprehensive assessment has been completed and transmitted/submitted into the QIES ASAP system; and
- There is not a more current assessment in progress or completed that includes a correction to the item(s) in error.

OBRA Non-Comprehensive Assessments and Entry and Discharge Reporting

OBRA-Required Non-Comprehensive MDS Assessments include a select number of MDS items, but not completion of the CAA process and care planning.

The OBRA non-comprehensive assessments include:

- Quarterly Assessment
- Significant Correction to Prior Quarterly Assessment
- Discharge Assessment – Return not Anticipated
- Discharge Assessment – Return Anticipated

Non-Comprehensive Management Tips

- If a resident is discharged or dies during the assessment process, completion of the assessment is not required. Portions of the RAI that have been completed must be maintained in the resident's record. The record should note why the RAI was not completed.
- If a significant change in status is identified in the process of completing any assessment, code and complete the assessment as a comprehensive SCSA instead.

pennsylvania
DEPARTMENT OF HEALTH

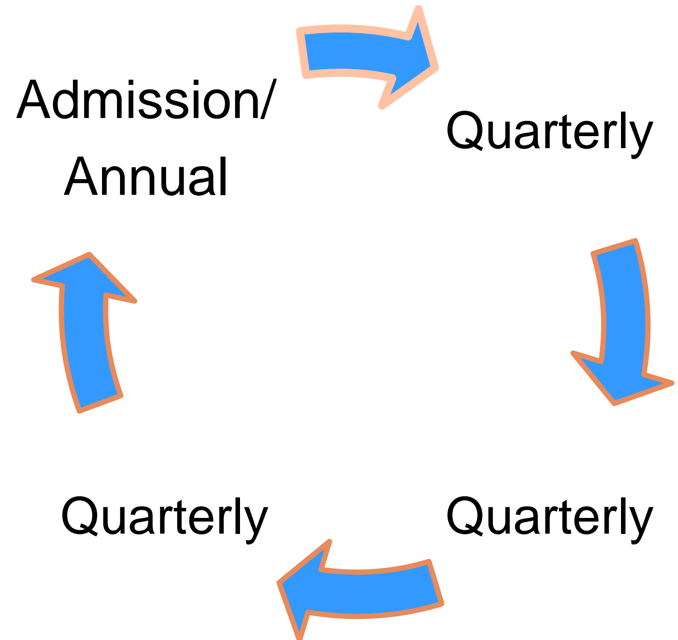
Non-Comprehensive Management Tips

- The ARD of an assessment drives the due date of the next assessment. The next non-comprehensive assessment is due within 92 days after the ARD of the most recent OBRA assessment.
- While the CAA process is not required with a non-comprehensive assessment (Quarterly, SCQA), nursing homes are still required to review the information from these assessments, and review and revise the resident's care plan.
- The MDS must be transmitted electronically no later than 14 calendar days after the MDS completion date.

pennsylvania
DEPARTMENT OF HEALTH

Non-Comprehensive Management Tips

Federal requirements dictate that, at a minimum, three Quarterly assessments be completed in each 12-month period. Assuming the resident does not have an SCSA or SCPA completed and was not discharged from the nursing home, a typical 12-month OBRA schedule would look like this:



pennsylvania
DEPARTMENT OF HEALTH

Quarterly Assessments (A0310A=02)

The Quarterly assessment is to be completed at least every 92 days following the previous OBRA assessment of any type.

- It is used to track a resident's status between comprehensive assessments to ensure critical indicators of gradual change in a resident's status are monitored.
- The ARD must be not more than 92 days after the ARD of the most recent OBRA assessment of any type.

pennsylvania
DEPARTMENT OF HEALTH

Significant Correction to Prior Quarterly Assessment (SCQA) (A0310A = 06)

- An SCQA is appropriate when:
  - The erroneous Quarterly assessment has been completed and transmitted; and
  - There is not a more current assessment in progress or completed that includes a correction to the item(s) in error.
- The ARD no later than 14 days after the determination that a significant error in the prior Quarterly has occurred.
- The MDS completion date must be no later than 14 days after the ARD and no later than 14 days after determining that the significant error occurred.

pennsylvania
DEPARTMENT OF HEALTH

Significant Error

A “significant error” is an error in an assessment where:

- The resident’s overall clinical status is not accurately represented (i.e., miscoded) on the erroneous assessment; and
- The error has not been corrected via submission of a more recent assessment.

Off Cycle Scheduling of OBRA Assessments

OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments.

- As a result, more than three OBRA Quarterly assessments may be completed on a particular resident in a given year, or
- The Annual assessment may be completed early to ensure that the regulatory time frames are met.

Tracking Records and Discharge Assessments (A0310F)

OBRA-required tracking records and assessments consist of: the Entry tracking record, the Discharge assessments, and the Death in Facility tracking record.

pennsylvania
DEPARTMENT OF HEALTH

Entry Tracking Record (Item A0310F=01)

Admission (Item A1700 = 1)

- Entry tracking record is coded an Admission every time a resident:
  - is admitted for the first time to this facility; or
  - is readmitted after a discharge return not anticipated; or
  - is readmitted after a discharge return anticipated when return was not within 30 days

Reentry (Item A1700 = 2)

Entry tracking record is coded Reentry every time a person:

- is readmitted to this facility, and was discharged return anticipated from this facility, and returned within 30 days of discharge.

pennsylvania
DEPARTMENT OF HEALTH

Entry Tracking Tips

- The Entry tracking record is the first item set completed for all residents.
- Must be completed when a resident is admitted or readmitted into a nursing home.
- Must be completed for a respite resident.
- Must be completed within 7 days after the admission/reentry.
- Must be submitted no later than the 14th calendar day after the entry date.
- Required in addition to other OBRA or PPS assessments that might be required.

Death in Facility Tracking Record (A0310F = 12)

- Must be completed when the resident dies in the facility or when on LOA.
- Must be completed within 7 days after the resident's death.
- Must be submitted within 14 days after the resident's death.
- Consists of demographic and administrative items.
- May not be combined with any type of assessment.

pennsylvania
DEPARTMENT OF HEALTH

OBRA Discharge Assessments (A0310F)

OBRA Discharge assessments consist of two types of discharges;

- Discharge Return Anticipated and,
- Discharge Return Not Anticipated.

pennsylvania
DEPARTMENT OF HEALTH

Discharge Assessment–Return Not Anticipated (A0310F = 10)

- Must be completed when the resident is discharged from the facility and the resident is not expected to return to the facility within 30 days.
- If the resident returns after a discharge return not anticipated assessment,
  - The Entry tracking record will be coded A1700 = 1, Admission and,
  - The OBRA schedule for assessments will start with a new Admission assessment.

pennsylvania
DEPARTMENT OF HEALTH

OBRA Discharge Assessment– Return Anticipated (A0310F = 11)

- Must be completed when the resident is discharged from the facility and the resident is expected to return to the facility within 30 days.
- For a resident discharged to a hospital or other setting and reentry can be expected, the resident is discharged return anticipated, unless it is known on discharge that he or she will not return within 30 days.

pennsylvania
DEPARTMENT OF HEALTH

OBRA Discharge Completion

An OBRA Discharge must be completed:

- Upon resident discharge from the facility.
- Upon resident admit to an acute care hospital.
- When the resident has a hospital observation stay greater than 24 hours.
- If a resident in a Medicare Part A stay is discharged from the facility, regardless of resumption of Part A within the 3-day interruption window.
- When a respite resident is discharged from the facility.

pennsylvania
DEPARTMENT OF HEALTH

OBRA Discharge Tips

- The use of the dash, "-", is appropriate when the staff are unable to determine the response to an item.
- For unplanned discharges, the facility should complete the OBRA Discharge assessment to the best of its abilities.
  - An unplanned discharge includes, for example:
    - Acute-care transfer of the resident to a hospital or an emergency department; or
    - Resident unexpectedly leaving the facility against medical advice; or
    - Resident unexpectedly deciding to go home or to another setting.

pennsylvania
DEPARTMENT OF HEALTH

2.7 The Care Area Assessment (CAA) Process and Care Plan Completion

Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review, and revise the resident’s plans of care that will be used to provide services to attain or maintain the resident’s highest practicable physical, mental, and psychosocial well-being.

pennsylvania
DEPARTMENT OF HEALTH

CAA Completion

- Is required for OBRA-required comprehensive assessments.
- Identify and Evaluate the resident's strengths, problems, and needs through use of the CAA process.
- The CAA(s) completion date (item V0200B2) must be either later than or the same date as the MDS completion date (item Z0500B).

pennsylvania
DEPARTMENT OF HEALTH

Care Plan

- Within 48 hours of admission to the facility, the facility must develop and implement a Baseline Care Plan for the resident.
- CAA(s) review and associated documentation are still required.
  - In many cases, interventions to meet the resident's needs will already have been implemented to address priority issues prior to completion of the final care plan.
  - Many of the resident's problems in the 20 care areas may have been identified, causes will have been considered, and a baseline care plan initiated. However, a final CAA review is required no later than the 14th calendar day of admission (admission date plus 13 calendar days).

pennsylvania
DEPARTMENT OF HEALTH

Care Plan Completion

- Care plan completion based on the CAA process is required for OBRA-required comprehensive assessments. It is not required for non-comprehensive assessments(Quarterly, SCQA), PPS assessments, Discharge assessments, or Tracking records.

- The resident's care plan must be reviewed after each assessment except discharge assessments, and revised based on changing goals, preferences and needs of the resident and in response to current interventions.

pennsylvania
DEPARTMENT OF HEALTH

Care Plan Completion (Continued)

- The care plan completion date (item V0200C2) must be either later than or the same date as the CAA completion date (item V0200B2), but no later than 7 calendar days after the CAA completion date. The MDS completion date (item Z0500B) must be earlier than or the same date as the care plan completion date.

- For Annual assessments, SCSAs, and SCPAs, the process is basically the same as that described with an Admission assessment. In these cases, however, the care plan will already be in place. Continuance or revision of the existing care plan. A new care plan does not need to be developed after each Annual assessment, SCSA, or SCPA.

2.8 Skilled Nursing Facility Prospective Payment System Assessment Schedule

NFs must assess the clinical condition of beneficiaries by completing the MDS assessment for each Medicare resident receiving Part A SNF-level care for reimbursement under the SNF PPS. In addition to the PPS assessments, the SNF must also complete the OBRA assessments.

Scheduled PPS Assessment

The PPS-required standard assessment is the 5-Day Assessment, which has a predetermined time period for setting the ARD. The SNF provider must set the ARD on days 1–8 to assure compliance with the SNF PPS PDPM requirements.

Unscheduled PPS Assessments

There are situations when a SNF provider may complete an assessment after the 5-Day assessment.

- This assessment is an unscheduled assessment called the Interim Payment Assessment (IPA).
- When deemed appropriate by the provider, this assessment may be completed to capture changes in the resident's status and condition.

pennsylvania
DEPARTMENT OF HEALTH

Part A PPS Discharge Assessment (A0310H)

- Item A0310H, "Is this a Part A PPS Discharge Assessment?"
- The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends.
- The Part A PPS Discharge assessment can also be combined with the OBRA Discharge assessment when a resident receiving services under SNF Part A PPS has a Discharge Date that occurs on the day of or one day after the End Date of Most Recent Medicare Stay.

pennsylvania
DEPARTMENT OF HEALTH

2.9 MDS PPS Assessments for SNFs

- The MDS has been constructed to identify the OBRA Reasons for Assessment and the SNF PPS Reasons for Assessment in items A0310A and A0310B respectively.
- If the assessment is being used for reimbursement under the SNF PPS, the PPS Reason for Assessment must be coded in item A0310B.
- A SNF provider may combine assessments to meet both OBRA and PPS requirements. When combining assessments, all completion deadlines and other requirements for both types of assessments must be met.

If all requirements cannot be met, the assessments must be completed separately. The relationship between OBRA and PPS assessments is discussed in more detail in Sections 2.10 and 2.11.

pennsylvania
DEPARTMENT OF HEALTH

2.10 Combining PPS and OBRA Assessments

SNF providers are required to meet two assessment standards in a Medicare certified nursing facility:

- The OBRA standards are designated by the reason selected in item A0310A, Federal OBRA Reason for Assessment, and item A0130F, Entry/Discharge Reporting and are required for all residents.
- The PPS standards are designated by the reason selected in item A0310B, PPS Assessment and item A0310H, Is this a SNF Part A PPS Discharge Assessment?

pennsylvania
DEPARTMENT OF HEALTH

Combining PPS and OBRA Assessments (Continued)

When the OBRA and PPS assessment time frames coincide (except the IPA), one assessment may be used to satisfy both requirements.

- PPS and OBRA assessments may be combined when the ARD windows overlap. When combining the OBRA and PPS assessments, the most stringent requirements for ARD, item set, and CAA completion requirements must be met.
- For example, the skilled nursing facility staff must be very careful in selecting the ARD to assure the assessment meets both standards.
- Finally, when combining a PPS assessment with an OBRA assessment, the SNF staff must ensure that all required items are completed.

pennsylvania
DEPARTMENT OF HEALTH

2.11 PPS and OBRA Assessment Combinations

- A provider may choose to combine more than two assessment types when all requirements are met.
- The coding of items in A0310 will provide the item set that the facility is required to complete.

pennsylvania
DEPARTMENT OF HEALTH

PPS Assessment Combinations

- 5-Day Assessment and OBRA Admission Assessment
- 5-Day Assessment and OBRA Quarterly Assessment
- 5-Day Assessment and Annual Assessment
- 5-Day Assessment and Significant Change in Status Assessment
- 5-Day Assessment and Significant Correction to Prior Comprehensive Assessment
- 5-Day Assessment and Significant Correction to Prior Quarterly Assessment
- 5-Day Assessment and OBRA Discharge Assessment
- 5-Day Assessment and Part A PPS Discharge Assessment

pennsylvania
DEPARTMENT OF HEALTH

Stand Alone Assessments

Tracking records (Entry and Death in Facility) and the Interim Payment Assessment can never be combined with other assessments.

pennsylvania
DEPARTMENT OF HEALTH

2.12 Factors Impacting SNF PPS Assessment Scheduling

- Resident Expires Before or On the Eighth Day of SNF Stay
- Resident Transfers or Is Discharged Before or On the Eighth Day of SNF Stay
- Resident Is Admitted to an Acute Care Facility and Returns
- Resident Is Sent to Acute Care Facility, Not in SNF over Midnight, and Is Not Admitted to Acute Care Facility
- Resident Takes a Leave of Absence from the SNF
- Resident Discharged from Part A Skilled Services and from the Facility and Returns to SNF Part A Skilled Level Services

2.12 Factors Impacting SNF PPS Assessment Scheduling

- Resident Discharged from Part A Skilled Services Is Not Physically Discharged from the Skilled Nursing Facility
- Delay in Requiring and Receiving Skilled Services
- Non-Compliance with the PPS Assessment Schedule
- Late PPS Assessment
- Missed PPS Assessment
- Errors on a PPS Assessment

2.13 Expected Order of MDS Records

- The MDS records for a nursing home resident are expected to occur in a specific order.
- The QIES ASAP system will issue a warning when an unexpected record is submitted.
- The target date, rather than the submission date, is used to determine the order of records.

2.14 Determining the Item Set for an MDS Record

This section provides manual lookup tables for determining the item set when automated software is unavailable.

Questions

Questions can be submitted to qa-mds@pa.gov and will be answered in the next RAI Spotlight.

The next teleconference will be held October 14, 2021.