

# Question of the Month

June 2025

## **A0310G1, Interrupted Stay.**

**Question:** When the assessment coordinator decides to adjust the assessment reference date on the 5-day assessment for a day following an interrupted stay, is the look-back period limited to the day the resident returns? Would interviews that are completed prior to the interrupted stay be void and have to be completed again based on the below stated coding convention?

According to page 3-3 of the Resident Assessment Instrument (RAI) 3.0 User's Manual, "With the exception of certain items (e.g., some items in Sections J, K and O), the look-back period does not extend into the preadmission period unless the item instructions state otherwise. In the case of reentry, the look-back period does not extend into time prior to the reentry, unless instructions state otherwise."

**Answer:** According to page A-8 in the RAI 3.0 User's Manual, "Interrupted Stay is a Medicare Part A SNF stay in which a resident is discharged from SNF care (i.e., the resident is discharged from a Medicare Part A-covered stay) and subsequently resumes SNF care in the same SNF for a Medicare Part A-covered stay during the interruption window."

The purpose of the interrupted stay policy is to have portions of a resident's Medicare stay that occur on either side of a discharge and reentry be regarded as one consistent stay. In light of this, as long as the patient returns during the interruption window, the stay should be viewed and assessed as a single continuous stay. Interviews and other assessments completed prior to the interrupted stay and during the appropriate look-back period can be coded on the MDS.

## **A0310 H, Is this a Medicare Part A PPS Discharge Assessment?**

**Question:** I understand when a facility fails to open the 5-day assessment prior to the end of a resident's Medicare Part A stay it is considered a missed assessment. When the 5-day assessment is missed, is the Medicare Part A PPS Discharge assessment still required to be completed? If so, will this negatively affect a facility's Skilled Nursing Facility Quality Reporting Program completeness threshold?

**Answer:** In this scenario, the facility should complete the Medicare Part A PPS Discharge assessment. The absence of a 5-day assessment to pair with the Medicare Part A PPS

Discharge assessment is considered missing data for the Skilled Nursing Facility Quality Reporting Program.

### **A0310A-02, OBRA Quarterly Review Assessment.**

**Question:** Is it appropriate to go back and complete a Quarterly assessment for identified higher reimbursement purposes? For example, a resident's most recent Quarterly assessment is dated April 7. Their next Quarterly assessment is due in early July. On June 30 the facility opened a Quarterly assessment dated May 5. This would not be a missed assessment, it would be an extra assessment. I understand the assessment would be completed late and there are several sections that would have to be dashed. Is this appropriate?

**Answer:** According to page 2-9 in the RAI 3.0 User's Manual, "Assessment Reference Date (ARD) refers to the specific endpoint for the observation (or "look-back") periods in the MDS assessment process. The facility is required to set the ARD on the MDS Item Set or in the facility software within the required time frame of the assessment type being completed. This concept of setting the ARD is used for all assessment types (OBRA and PPS) and varies by assessment type and facility determination." As such, a facility cannot go back in time and create assessments as suggested in this question.

If you have a Question of the Month to submit, please email [Cheryl.Moya@odh.ohio.gov](mailto:Cheryl.Moya@odh.ohio.gov) and place Question of the Month in the subject line.