**Section 147.315 Nursing Facility Resident Assessment Instrument**

a) A facility shall conduct and electronically submit a Minimum Data Set (MDS) assessment that conforms with the assessment schedule and guidance defined by Code of Federal Regulations, Title 42, section 483.20, and in the RAI Manual, published by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (federal CMS), and subsequent updates when issued by federal CMS.

b) A facility shall complete the MDS Comprehensive Item Set form that includes all items Section A-Z, for each resident quarterly, regardless of the resident's payment source. The Comprehensive Item Set refers to the MDS items that are active on a particular assessment type or tracking form. While a Comprehensive Item Set is required for all assessments including quarterlies, a comprehensive assessment is not required on a quarterly basis. A comprehensive assessment is defined as both the completion of a Comprehensive Item Set as well as completion of the Care Area Assessment (CAA) process and care planning. When completing the Comprehensive Item Set for the quarterly MDS, the CAA process is not required. The federal regulatory requirements at 42 CFR 483.20(d) requires nursing facilities to maintain all resident assessments completed within the previous 15 months in the resident's active clinical record.

c) A facility shall electronically transmit to the federal CMS database the following MDS assessments in the timeframes identified.

1) The Omnibus Budget Reconciliation Act (OBRA) regulations require nursing facilities that are Medicare or Medicaid certified to conduct initial and periodic assessments for all their residents. The MDS 3.0 is part of that assessment process and is required by federal CMS. The assessment that will be used for the purpose of rate calculations shall be identified as an OBRA assessment on the MDS following the guidance in the RAI Manual.

2) Admission, Annual, Significant Change in Status, and Significant Correction to Prior Comprehensive Assessments shall be completed and transmitted to the federal CMS database no later than 14 calendar days after the care plan completion date. The quarterly assessment shall identify the MDS was transmitted to the federal CMS database no later than 14 calendar days after the MDS completion date.

3) An MDS admission assessment and CAAs shall be completed by the 14th calendar day from the resident's admission date. This assessment shall include completion of the MDS Comprehensive Item Set as well as completion of the CAA process and care planning. Care plan completion date is 7 calendar days after the MDS/CAA completion date. Transmission date is within 14 calendar days after the care plan completion date.

4) An annual assessment shall have an assessment reference date (ARD) within 366 calendar days of the ARD identified on the last comprehensive assessment. This assessment shall include completion of the MDS Comprehensive Item Set as well as completion of the CAA process and care planning. The MDS/CAA completion date is the ARD plus 14 calendar days. The care plan completion date is MDS/CAA completion date plus 7 calendar days. Transmission date is care plan date plus 14 calendar days.

5) A significant change assessment shall be completed within 14 calendar days after the identification of a significant change. This assessment shall include completion of the MDS Comprehensive Item Set as well as completion of the CAA process and care planning. The MDS/CAA completion date is 14 calendar days after the determination date plus 7 calendar days. Transmission date is care plan date plus 14 calendar days.

6) All quarterly assessments shall have an ARD within 92 calendar days after the previous OBRA assessment. This assessment includes the completion of the MDS Comprehensive Item Set, but does not include the completion of the CAA process and care planning. MDS completion date is ARD plus 14 calendar days. Transmission date is completion date plus 14 calendar days.

7) The significant correction to a prior comprehensive assessment or significant correction to a prior quarterly assessment shall be completed when the interdisciplinary team determines that a resident's prior assessment contains a significant error that has not been corrected by more recent assessments as required by the RAI Manual. Nursing facilities shall document the initial identification of a significant error in a prior assessment in the progress notes.

d) A facility shall comply with the following:

1) All staff completing any portion of the MDS shall enter their signatures, titles, section or portions of sections they completed and the date completed.

2) The signature attests that the information entered by them, to the best of their knowledge, most accurately reflects the resident's status during the timeframes identified.

3) Federal regulations require the RN assessment coordinator to sign and thereby certify that the assessment is completed.

4) When the electronic MDS record submitted to the state from the federal CMS database does not match the facility's copy of the MDS, the items on the MDS submitted will be used for purposes of validation.

5) It is the facility's responsibility to create an electronic transmission file that meets the requirements detailed in the current MDS Data Specification Manual. The facility shall submit MDS assessments under the appropriate authority and timely as defined in the RAI Manual. In addition, the facility is responsible to access the federal CMS database to receive and review validation reports. Records that are rejected or contain errors must be dealt with 30 days prior to the rate period and appropriately to avoid default rate.

(Source: Old Section 147.315 repealed at 26 Ill. Reg. 3093, effective February 15, 2002; new Section 147.315 added at 38 Ill. Reg. 12173, effective May 30, 2014)