

## **.36 Resident Status Assessment.**

A. Disciplines shall record all assessments on a form approved by the Department.

B. State Operations Manual for Provider Certification, Appendix R—Resident Assessment Instrument for Long-Term Care Facilities, Transmittal No. 272, April 1995 and Transmittal No. 22, December 2000, U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services, is incorporated by reference.

C. A facility shall use the following forms and procedures for resident assessment as described in the State Operations Manual for Provider Certification:

(1) Minimum Data Set (MDS) version as determined by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, in Transmittal No. 22, referenced in §B of this regulation;

(2) Resident Assessment Protocol Summary;

(3) MDS Quarterly Assessment Form;

(4) Maryland Monthly Assessment; and

(5) Care plans.

D. The facility shall complete all assessments in accordance with the provisions of 42 CFR §§483.20 and 413.343.

E. All facilities certified for participation in Medicare or Medicaid shall complete and electronically submit the assessment to the Department not later than 31 days after completion of the assessment.

F. A facility as a comprehensive or extended care facility but not certified for participation in the Medicare or Medicaid Program shall comply with the State Operations Manual for Provider Certification, except that data may not be electronically submitted to the Department.