

**The Centers for Medicare & Medicaid Services statement on unplanned discharges, compliance with the Inpatient Rehabilitation Facility Quality Reporting Program and the new Inpatient Rehabilitation Facility Patient Assessment Instrument V4.0.**

On May 8, 2020, The Centers for Medicare & Medicaid Services (CMS) delayed the adoption of the updated version of the Inpatient Rehabilitation Facility (IRF) Patient Assessment Instrument (PAI) V4.0, containing the Transfer of Health (TOH) Information measures and certain Standardized Patient Assessment Data Elements, which would have begun collection on October 1, 2020 in order to provide relief to IRFs during the COVID-19 Public Health Emergency (PHE). On November 9, 2021, CMS published in the CY 2022 Home Health Prospective Payment System (PPS) final rule that the new implementation date for the IRF PAI V4.0 would take effect on October 1, 2022. This change effectively provided a 2-year delay from the original compliance date finalized in the FY 2020 IRF PPS final rule. COVID-19 showed the important need for the TOH Information measures and Standardized Patient Assessment Data Elements under the IRF Quality Reporting Program (QRP). The PHE's disproportionate impact demonstrated the importance of analyzing this data and the needs for these populations in order to improve quality of care within IRFs especially during a PHE.

Since this new implementation date was announced, CMS has provided a number of training resources including video recordings, question and answer (Q&A) documents, a guidance manual, a live 2-day training as well as a number of other materials posted on the [IRF QRP webpage](#). CMS also continues to provide support through its IRF QRP quality helpdesk at [IRF.Questions@cms.hhs.gov](mailto:IRF.Questions@cms.hhs.gov). CMS has devoted additional resources to the IRF QRP helpdesk to support IRF providers during this transition from the IRF PAI V3.0 to the IRF PAI V4.0. We strongly encourage the continued use of the IRF QRP helpdesk for questions related to coding the IRF PAI V4.0.

CMS has continuously been in communication with the IRF provider community regarding concerns around the addition of new patient interview questions on the IRF PAI V4.0, unplanned discharges and compliance with the QRP. While many of the interview questions (e.g., Social Isolation and Pain Interference) have an option for “Patient Unable to Respond”, there are other interview questions that do not contain this option (e.g., BIMS and the Patient Mood Interview) and may require a dash in certain circumstances during an unplanned discharge. We recognize that IRFs who have higher unplanned discharge rates who have traditionally been compliant with the IRF QRP may not meet compliance due to the addition of those newly added patient interview questions where a “dash” is the only available response during an unplanned discharge. It is not CMS’ intention to penalize IRFs inappropriately and therefore will not do so in those very specific circumstances around unplanned discharges where an IRF has coded the IRF PAI V4.0 using CMS guidance. CMS will monitor for this very closely beginning with the October 1, 2022 collection of the IRF PAI V4.0. We will then work directly with IRFs whose compliance is impacted by this specific circumstance. We would ask that IRFs continue to direct matters of Annual Increase Factor (AIF) compliance to the [IRFQRPReconsiderations@cms.hhs.gov](mailto:IRFQRPReconsiderations@cms.hhs.gov) helpdesk.

Additionally, as CMS is monitoring IRF PAI V4.0 data, we will determine if a permanent fix is needed. CMS will release additional information about any modification made to guidance and/or data specification in the coming weeks. It is still our expectation that IRFs code the IRF PAI V4.0 following the guidance that has been provided.

We recognize that the IRF PAI V4.0 is a change for IRF providers during a challenging time. We thank IRF providers for the continued partnerships and collaboration.