

# CHAPTER 1: INTRODUCTION TO THE CMS LONG-TERM CARE HOSPITAL (LTCH) CONTINUITY ASSESSMENT RECORD AND EVALUATION (CARE) DATA SET (LCDS) MANUAL

## 1.1 Purpose and Content of the LCDS Manual

The purpose of this Centers for Medicare & Medicaid Services (CMS) Long-Term Care Hospital (LTCH) CARE Data Set (LCDS) Manual is to offer continuing guidance to LTCHs regarding the collection, submission, and reporting of quality data to CMS for compliance with the LTCH QRP, which was first implemented in Section VII.C. of the Fiscal Year (FY) 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756, and 51780 through 51781) (U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services: Medicare Program: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and FY 2012 Rates; Hospitals' FTE Resident Caps for Graduate Medical Education Payment, Final Rule. Federal Register/Vol. 76, No. 160, August 18, 2011. <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>) pursuant to Section 3004(a) of the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148. Stat. 124-119. 23 March 2010. <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>).

This manual is intended to provide guidance on use of the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS). Content contained in this document may be superseded by guidance published by CMS at a later date. Please refer to the following webpage to obtain the most recent updates: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual>

The CMS LCDS Manual provides guidance to LTCHs on the following:

- (1) Use of the LCDS to collect, submit, and report quality data for the following quality measures:
  - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).
  - Application of the Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
  - Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
  - Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632).
  - Drug Regimen Review Conducted With Follow-Up for Identified Issues-Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
  - Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay.
  - Ventilator Liberation Rate.
  - Transfer of Health Information to the Provider – Post-Acute Care (PAC).
  - Transfer of Health Information to the Patient – Post-Acute Care (PAC).
- (2) Use of the LCDS to collect and submit standardized patient assessment data with respect to the following categories as specified in the Improving Medicare Post-Acute Care Transformation (IMPACT) Act:
- Functional status.
  - Cognitive function.
  - Special services, treatments, and interventions.
  - Medical conditions and comorbidities.
  - Impairments.
  - New category: Social determinants of health (SDOH).
- (3) Overview of the process for LTCHs' enrollment in the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) (<https://www.cdc.gov/nhsn/enrollment/index.html>) to report data for the following quality measures:
- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).
  - National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139).
  - Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431).
  - National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717).
  - COVID-19 Vaccination Coverage among Healthcare Personnel (HCP).

## 1.2 Statutory Authority

Section 3004(a) of the Affordable Care Act amended section 1886(m) of the Social Security Act (the Act) by adding paragraph (5), requiring the Secretary to establish the LTCH QRP. This program applies to all hospitals certified by Medicare as LTCHs. Beginning with the FY 2014 LTCH QRP, the Secretary must reduce the annual update to the LTCH PPS standard Federal rate for discharges occurring during a fiscal year by 2 percentage points for any LTCH that does not comply with the LTCH QRP requirements. When we use the term “FY [fiscal year] LTCH QRP”, we are referring to the fiscal year for which the LTCH QRP requirements applicable to that fiscal year must be met for an LTCH to receive the full annual update when calculating the payment rates applicable to it for that fiscal year. Specifically, section 1886(m)(5) of the Act requires that beginning with the FY 2014 LTCH QRP, each LTCH submit data on quality measures

specified by the Secretary in a form and manner, and at a time, specified by the Secretary. For more information on the statutory history of the LTCH QRP, we refer readers to the FY 2015 IPPS/LTCH PPS final rule (79 FR 50286).

Section 1886(m)(5)(F)(ii) of the Act requires that, for fiscal year 2019 and each subsequent year, LTCHs must report standardized patient assessment data, required under section 1899B(b)(1) of the Act. Section 1899B(a)(1)(C) of the Act requires, in part, the Secretary to modify the PAC assessment instruments in order for PAC providers, including LTCHs, to submit standardized patient assessment data elements under the Medicare program. Section 1899B(b)(1)(A) of the Act requires PAC providers to submit standardized patient assessment data elements under applicable reporting provisions (which, for LTCHs, is the LTCH QRP) with respect to the admissions and discharges of an individual (and more frequently as the Secretary deems appropriate), and section 1899B(b)(1)(B) of the Act defines standardized patient assessment data as data required for at least the quality measures described in section 1899B(c)(1) of the Act and that is with respect to the following categories: (1) functional status; (2) cognitive function; (3) special services, treatments, and interventions; (4) medical conditions and comorbidities; (5) impairments; and (6) other categories deemed necessary and appropriate by the Secretary.

For more information on regulations related to the LTCH QRP, please see:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/LTCHPPS-Regulations-and-Notices.html>

Data collection time frames and data submission deadlines for the currently adopted quality measures and standardized patient assessment data elements for the LTCH QRP are available in the downloads section of the LTCH Quality Reporting Data Submission Deadlines webpage:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Data-Submission-Deadlines.html>

For the quality measures and standardized patient assessment data elements collected via the LCDS, please refer to the following documents or webpages for specifications:

- Final Specifications for LTCH QRP Quality Measures and standardized patient assessment data elements
  - The document covers specifications for standardized patient assessment data elements and Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) and TOH Information to the Patient–Post-Acute Care (PAC).
  - The document is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/Downloads/Final-Specifications-for-LTCH-QRP-Quality-Measures-and-SPADEs.pdf>
- LTCH QRP Measure Calculations and Reporting User’s Manual
  - The manual covers specifications for the following quality measures:
    - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).

- Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
- Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
- Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632).
- Drug Regimen Review Conducted With Follow-Up for Identified Issues- Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP).
- Changes in Skin Integrity Post-Acute Care.
- Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay.
- Ventilator Liberation Rate.
- Transfer of Health (TOH) Information to Provider – Post-Acute Care (PAC).
- Transfer of Health (TOH) Information to Patient – Post-Acute Care (PAC).
- The manual is available for download at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Quality-Reporting-Measures-Information.html>
- National Quality Forum (NQF) pages for measures that are NQF-endorsed:
  - Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674): <http://www.qualityforum.org/QPS/0674>
  - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631): <http://www.qualityforum.org/QPS/2631>
  - Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631): <http://www.qualityforum.org/QPS/2631>
  - Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (NQF #2632): <http://www.qualityforum.org/QPS/2632>

Effective October 1, 2022, the data collection instrument for these quality measures and standardized patient assessment data elements is the LCDS Version 5.0 (see Appendix C). The Data Submission Specifications for submitting these data using the LCDS are available on the LTCH Quality Reporting Technical Information webpage: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information.html>

For the measures collected via the CDC's NHSN, please refer to the following pages on the NQF webpage for specifications:

- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138):  
<http://www.qualityforum.org/QPS/0138>
- National Healthcare Safety Network (NHSN) Central Line-Associated Blood Stream Infection (CLABSI) Outcome Measure (NQF #0139):  
<http://www.qualityforum.org/QPS/0139>
- Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431):  
<http://www.qualityforum.org/QPS/0431>
- National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset *Clostridium difficile* Infection (CDI) Outcome Measure (NQF #1717):  
<http://www.qualityforum.org/QPS/1717>

For the COVID-19 Vaccination Coverage among HCP measure collected via the CDC's NHSN, please refer to specifications located on the CDC's website:

<https://www.cdc.gov/nhsn/pdfs/nqf/covid-vax-hcpcoverage-508.pdf>

For general information on the data collection procedures for these measures, please refer to Chapter 5: *Guidance for Reporting Data into the Centers for Disease Control and Prevention's National Healthcare Safety Network*, of this Manual. For specific direction regarding the submission of these quality measures to CMS via the CDC's NHSN, please refer to the CDC's NHSN webpage and links, as listed above.

For more information on the current and historical quality measures in the LTCH QRP, we refer readers to the following final rules:

- FY 2022 Inpatient Prospective Payment System (IPPS)/LTCH Prospective Payment System (PPS) final rule (86 FR 45341 through 45342 and 45437 through 45460):  
<https://www.govinfo.gov/content/pkg/FR-2021-08-13/pdf/2021-16519.pdf>
- FY 2020 IPPS/LTCH PPS final rule (84 FR 42524 through 42591):  
<https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf>
- FY 2019 IPPS/LTCH PPS final rule (83 FR 41624 through 41634):  
<https://www.govinfo.gov/content/pkg/FR-2018-08-17/pdf/2018-16766.pdf>
- FY 2018 IPPS/LTCH PPS final rule (82 FR 38425 through 38461):  
<https://www.gpo.gov/fdsys/pkg/FR-2017-08-14/pdf/2017-16434.pdf>
- FY 2017 IPPS/LTCH PPS final rule (81 FR 57193 through 57236):  
<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>
- FY 2016 IPPS/LTCH PPS final rule (80 FR 49723 through 49756):  
<http://www.gpo.gov/fdsys/pkg/FR-2015-08-17/pdf/2015-19049.pdf>
- FY 2015 IPPS/LTCH PPS final rule (79 FR 50286 through 50319 and 50348 through 50349): <http://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>

- FY 2014 IPPS/LTCH PPS final rule (78 FR 50853 through 50887 and 50959 through 50964): <http://www.gpo.gov/fdsys/pkg/FR-2013-08-19/pdf/2013-18956.pdf>
- FY 2013 IPPS/LTCH PPS final rule (77 FR 53614 through 53637 and 53667 through 53672): <http://www.gpo.gov/fdsys/pkg/FR-2012-08-31/pdf/2012-19079.pdf>
- FY 2012 IPPS/LTCH PPS final rule (76 FR 51743 through 51756 and 51780 through 51781): <http://www.gpo.gov/fdsys/pkg/FR-2011-08-18/pdf/2011-19719.pdf>

## 1.3 Version History of the LCDS Manual

**Table 1-1** summarizes the published versions of the CMS LCDS Manual, along with their effective dates.

**Table 1-1**  
**CMS LCDS Manual Version History**

Version #	Effective Start Date	Effective End Date
Version 1.0	May 1, 2012	August 23, 2012
Version 1.1	August 24, 2012	June 30, 2014
Errata Sheet	September 10, 2012	June 30, 2014
Version 2.0	July 1, 2014	March 31, 2016
Version 3.0	April 1, 2016	June 30, 2018
Version 4.0	July 1, 2018	September 30, 2022
Version 5.0	October 1, 2022	—