



## MDS 3.0 Updates and the Optional State Assessment Implementation Effective 10/1/2023

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## Welcome to the MDS 3.0 Updates and Optional State Assessment Training Webinar!

The meeting will start shortly.

- **Participants are muted** on entry.
- **Slides:** An accessible PDF version of the slides is available on the MDS Training Opportunities page of our website: <https://bit.ly/202309mds>
- **Submit questions about the training here:** <https://forms.office.com/g/si2hZzgXiv>
- **To view captions for this event:** You can view captions in Teams by clicking the More (...) button in the Teams window, then choose "Turn on live captions."
  - Live captions will be provided at the September 12<sup>th</sup> session of this training.
  - A captioned recording of the training will be posted to the Case Mix Review website two weeks after the final training session.
- **If you have any technical issues,** please visit the [Microsoft support page for Teams](#).

# Objectives

- Identify the new and revised Data Elements in the MDS 3.0 Assessments effective 10/1/2023
- Understand how to code the new Section S Data Elements
- Understand when the Optional State Assessment must be completed

# Overall Changes to the RAI Manual

- Some Data Elements were updated to align the Data Elements with other Post Acute Care (PAC) settings
- New Data Elements were added to the MDS
- Changes throughout Chapters 1, 2, 3, and 4 in the RAI Manual guidance including:
  - Expanded Coding Options for some Data Elements
  - Updated Intent/Item Rational/Steps for Assessment/Coding Instructions
  - New/Revised Coding Tips and Examples
  - Minor wording changes to enhance clarity

# Links to Additional CMS Training Information

- Link to CMS SNF 2023 Guidance Training Program YouTube videos

<https://www.youtube.com/playlist?list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi>

- Link to Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Training>

- Link to August 2023 SNF Guidance Training Program Q & A Document

<https://www.cms.gov/files/document/2023augustsnf-guidance-training-programqa.pdf>

# Social Determinants of Health (SDOH)

- Information obtained from the resident if they can provide it
- Revised SDOH Elements with updated Steps for Assessment
  - A1005 Ethnicity- Decreased category options
  - A1010 Race- Expanded category options
  - A1110 Language- Response codes were reworded
- New SDOH Elements
  - A1250 Transportation
  - B1300 Health Literacy
  - D0700 Social Isolation

# New Data Element A1250- Transportation (SDOH)

## A1250. Transportation (from NACHC®)

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1

↓ Check all that apply

- A. Yes, it has kept me from medical appointments or from getting my medications
- B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
- C. No
- X. Resident unable to respond
- Y. Resident declines to respond

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# New Data Element B1300- Health Literacy (SDOH)

## **B1300. Health Literacy**

Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1

Enter Code

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 7. **Resident declines to respond**
- 8. **Resident unable to respond**

*The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.*

**Resident Self Report: No other source can be used.**



# New Data Element D0700- Social Isolation (SDOH)

## D0700. Social Isolation

Enter Code

How often do you feel lonely or isolated from those around you?

- 0. **Never**
- 1. **Rarely**
- 2. **Sometimes**
- 3. **Often**
- 4. **Always**
- 7. **Resident declines to respond**
- 8. **Resident unable to respond**

Resident Self Report: No other source can be used.

# New Data Elements Transfer of Health Information A2121

## A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge

Complete only if A0310H = 1 and A2105 = 02-12

Enter Code

At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?

- 0. **No** - Current reconciled medication Date for Significant Correction
- 1. **Yes** - Current reconciled medicatio

## A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

- 01. **Home/Community** (e.g., private home/apt., board/care, assisted living arrangements) → Skip to A2123, Provision of Current Reconciled Me
- 02. **Nursing Home** (long-term care facility)
- 03. **Skilled Nursing Facility** (SNF, swing beds)
- 04. **Short-Term General Hospital** (acute hospital, IPPS)
- 05. **Long-Term Care Hospital** (LTCH)
- 06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
- 07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
- 08. **Intermediate Care Facility** (ID/DD facility)
- 09. **Hospice** (home/non-institutional)
- 10. **Hospice** (institutional facility)
- 11. **Critical Access Hospital** (CAH)
- 12. **Home under care of organized home health service organization**
- 13. **Deceased**
- 99. **Not listed** → Skip to A2123, Provision of Current Reconciled Medicat

# New Data Elements Transfer of Health Information A2122

## **A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider**

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Complete only if A2121 = 1

↓ **Check all that apply**

### **Route of Transmission**

- A. Electronic Health Record**
- B. Health Information Exchange**
- C. Verbal** (e.g., in-person, telephone, video conferencing)
- D. Paper-based** (e.g., fax, copies, printouts)
- E. Other methods** (e.g., texting, email, CDs)

# New Data Elements Transfer of Health Information A2123

## A2123. Provision of Current Reconciled Medication List to Resident at Discharge

Complete only if A0310H = 1 and A2105 = 01, 99

Enter Code

At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?

- 0. **No** - Current reconciled medication list not provided. Reference Date for Significant Corrective Action
- 1. **Yes** - Current reconciled medication list provided

## A2105. Discharge Status

Complete only if A0310F = 10, 11, or 12

Enter Code

- 01. **Home/Community** (e.g., private home/apt., board/care, assisted living arrangements) → Skip to A2123, Provision of Current Reconciled Medication List
- 02. **Nursing Home** (long-term care facility)
- 03. **Skilled Nursing Facility** (SNF, swing beds)
- 04. **Short-Term General Hospital** (acute hospital, IPPS)
- 05. **Long-Term Care Hospital** (LTCH)
- 06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit)
- 07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit)
- 08. **Intermediate Care Facility** (ID/DD facility)
- 09. **Hospice** (home/non-institutional)
- 10. **Hospice** (institutional facility)
- 11. **Critical Access Hospital** (CAH)
- 12. **Home under care of organized home health service organization**
- 13. **Deceased**
- 99. **Not listed** → Skip to A2123, Provision of Current Reconciled Medication List

# New Data Elements Transfer of Health Information A2124

## **A2124. Route of Current Reconciled Medication List Transmission to Resident**

Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver

Complete only if A2123 = 1

↓ **Check all that apply**

### **Route of Transmission**

- A. Electronic Health Record** (e.g., electronic access to patient portal)
- B. Health Information Exchange**
- C. Verbal** (e.g., in-person, telephone, video conferencing)
- D. Paper-based** (e.g., fax, copies, printouts)
- E. Other methods** (e.g., texting, email, CDs)

# New Data Element PHQ-2 to 9 D0150

## D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: **“Over the last 2 weeks, have you been bothered by any of the following problems?”**

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.

If yes in column 1, then ask the resident: **“About how often have you been bothered by this?”**

Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

1. **Symptom Presence**
  0. No (enter 0 in column 2)
  1. Yes (enter 0-3 in column 2)
  9. No response (leave column 2 blank)
2. **Symptom Frequency**
  0. Never or 1 day
  1. 2-6 days (several days)
  2. 7-11 days (half or more of the days)
  3. 12-14 days (nearly every day)

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	

A. *Little interest or pleasure in doing things*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

B. *Feeling down, depressed, or hopeless*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.

C. *Trouble falling or staying asleep, or sleeping too much*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

D. *Feeling tired or having little energy*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

E. *Poor appetite or overeating*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

G. *Trouble concentrating on things, such as reading the newspaper or watching television*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

I. *Thoughts that you would be better off dead, or of hurting yourself in some way*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If Column 2 for both A and B are blank or coded 0 or 1, the interview is complete.

If Column 1 for both A and B is coded a 9, Column 2 is left blank and the interview is complete.

For all other coding scenarios, the remaining 7 questions must be asked.

# New PHQ-2 to 9 Coding Tips

- Enter a Dash in Column 1 if the symptom presence was not assessed leave Column 2 blank.
- If Column 1 equals 9, leave Column 2 blank.
- If Column 1 equals 0, enter 0 in Column 2.
- If symptom frequency in Column 2 is blank for 3 or more items, the interview is deemed incomplete. Total Severity Score should be coded as “99.” The Staff Assessment of Mood should **NOT** be conducted.

# New Data Element Functional Limitation in Range of Motion GG0115

## GG0115. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days

### Coding:

0. No impairment
1. Impairment on one side
2. Impairment on both sides

### Enter Codes in Boxes



A. Upper extremity (shoulder, elbow, wrist, hand)

B. Lower extremity (hip, knee, ankle, foot)



# New Data Element Mobility Devices GG0120

## GG0120. Mobility Devices

Check all that were normally used in the last 7 days



A. Cane/crutch

---

B. Walker

---

C. Wheelchair (manual or electric)

---

D. Limb prosthesis

---

Z. None of the above were used

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# New Data Element Personal Hygiene GG0130I

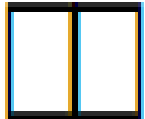
## Section GG - Functional Abilities and Goals - Admission

**GG0130. Self-Care** (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).



- I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

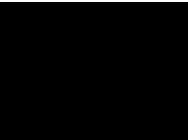
Does not include brushing the teeth or peri care

# New Data Element Tub/Shower Transfer GG0170FF

## Section GG - Functional Abilities and Goals - Admission

GG0170. **Mobility** (Assessment period is the first 3 days of the stay)  
Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.  
When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).



FF. Tub/shower transfer: The ability to get in and out of a tub/shower.

Does not include washing or drying the body

# Section GG0130 and GG0170 Observation Periods

Type of Assessment	Observation Period
OBRA Admission Assessment	The first 3 days of the stay beginning with the Entry date in A1600
OBRA Discharge Assessment	The Discharge Date (A2000) plus the two previous calendar days
All other OBRA Assessments	The ARD plus the two previous calendar days
Medicare 5d Assessment	The first three days of the Medicare Part A stay beginning with the date in A2400B
PPS Discharge Assessment	The last three days of the Medicare Part A stay beginning with the date in A2400C and the two previous calendar days
Interim Payment Assessment (IPA)	The ARD plus the two previous calendar days

# Pain Assessment Interview New Data Elements

## J0510. Pain Effect on Sleep

Enter Code

Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

## J0520. Pain Interference with Therapy Activities

Enter Code

Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"

0. Does not apply - I have not received rehabilitation therapy in the past 5 days
1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

## J0530. Pain Interference with Day-to-Day Activities

Enter Code

Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"

1. Rarely or not at all
2. Occasionally
3. Frequently
4. Almost constantly
8. Unable to answer

# New Data Element Nutritional Approaches K0520

**K0520. Nutritional Approaches**  
 Check all of the following nutritional approaches that apply

- 1. **On Admission**  
 Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
- 2. **While Not a Resident**  
 Performed *while NOT a resident* of this facility and within the *last 7 days*  
 Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.
- 3. **While a Resident**  
 Performed *while a resident* of this facility and within the *last 7 days*
- 4. **At Discharge**  
 Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
	↓ Check all that apply ↓			
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube (e.g., nasogastric or abdominal (PEG))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# New Data Element High Risk Drug Classes- Use and Indication N0415

## N0415. High-Risk Drug Classes: Use and Indication

**1. Is taking**

Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days

**2. Indication noted**

If Column 1 is checked, check if there is an indication noted for all medications in the drug class

	1. Is taking	2. Indication noted
	↓ Check all that apply ↓	
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (including insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	

# New Data Element Special Treatments, Procedures, and Programs O0110

## Section O - Special Treatments, Procedures, and Programs

### O0110. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed

- a. **On Admission**  
Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B
- b. **While a Resident**  
Performed *while a resident* of this facility and within the *last 14 days*
- c. **At Discharge**  
Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C

a. On Admission	b. While a Resident	c. At Discharge
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Check all that apply

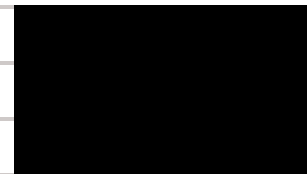


#### Cancer Treatments

A1. Chemotherapy




A2. IV




A3. Oral



A10. Other



B1. Radiation



# Special Treatments, Procedures, and Programs O0110 (cont.)

Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>		<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>		<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>		<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>		<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>		<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>		<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>		<input type="checkbox"/>
Other			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>		<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>		<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>		<input type="checkbox"/>
H10. Other	<input type="checkbox"/>		<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Special Treatments, Procedures, and Programs O0110 (cont.)

J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>		<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>		<input type="checkbox"/>
K1. Hospice care		<input type="checkbox"/>	
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)		<input type="checkbox"/>	
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>		<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>		<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>		<input type="checkbox"/>
None of the Above			
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# New Data Element Participation in Assessment Q0110

## Q0110. Participation in Assessment and Goal Setting

Identify all active participants in the assessment process

↓ Check all that apply

- A. Resident
- B. Family
- C. Significant other
- D. Legal guardian
- E. Other legally authorized representative
- Z. None of the above

# What is Active Discharge Planning Q0400?

- Definition:

An active discharge plan means a plan that is being currently implemented.

- The resident's care plan has current goals to make specific arrangements for discharge,
- Staff are taking active steps to accomplish discharge, and
- There is a target discharge date for the near future.

# New Data Element Return to Community Q0500C

## Q0500. Return to Community

Enter Code

B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"

- 0. No
- 1. Yes
- 9. Unknown or uncertain

Enter Code

C. Indicate information source for Q0500B

- 1. Resident
- 2. Family
- 3. Significant other
- 4. Legal guardian
- 5. Other legally authorized representative
- 9. None of the above



# New Data Element Reason for No Referral to LCA Q0620

## Q0610. Referral

Enter Code

A. Has a referral been made to the Local Contact Agency (LCA)?

- 0. No
- 1. Yes

## Q0620. Reason Referral to Local Contact Agency (LCA) Not Made

Complete only if Q0610 = 0

Enter Code

Indicate reason why referral to LCA was not made

- 1. LCA unknown
- 2. Referral previously made
- 3. Referral not wanted
- 4. Discharge date 3 or fewer months away
- 5. Discharge date more than 3 months away

Minnesota LCA is the Senior Linkage Line (800)333-2433

The referral website <https://www.sllreferral.org>

# New Data Element Resident in Strict Isolation S6060A

- S6060A- Resident In Strict Isolation
- Has the resident been in strict isolation for an active infectious disease since admission, reentry, or the prior OBRA assessment whichever is more recent?
  - No, Code 0, skip to P0100 Physical Restraints
  - Yes, Code 1, continue to S6060B
- S6060B- Enter the Start Date of Strict Isolation
- S6060C- Enter the End Date of Strict Isolation
  - Enter dashes if isolation is ongoing

# Optional State Assessment (OSA)

- Effective 10/1/2023, CMS will no longer support Resource Utilization Group (RUG)-IV grouper calculations for OBRA assessments.
- Effective 10/1/2023, Minnesota nursing facilities are required to complete the Optional State Assessment (OSA) each time an OBRA comprehensive, Quarterly, and Significant Correction or a Prior Quarterly assessment is completed.
- Use the Optional State Assessment (OSA) will enable the State Medicaid Agency to calculate the RUG-IV case mix group for state payment purposes.
- Completion of the OSA is in addition to the Federal assessment requirements identified in the RAI Manual and the State required assessments when all therapy and isolation services end.



# The OSA Manual and Item Set

- Instructions for completing these data elements are found in the OSA Manual:

A0300	D0200	D0300	G0110	K0510
O0100	O0450	O0600	O0700	X0570

- Instructions for completing the remaining data elements on the OSA are found in the respective sections of Chapter 3 of the Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 User's Manual.
- The OSA Manual and Item Set can be downloaded here

<https://www.cms.gov/files/zip/final-osa-manualitem-setchange-historyoctober12023-v2.zip>

# OSA Requirements

- The ARD of the OSA must match the corresponding OBRA assessment,
- The OBRA assessment and OSA must be submitted to CMS in the same batch,
- If the OBRA assessment is later modified and the item(s) modified are also on the OSA, the corresponding OSA must also be modified,
- If the OBRA assessment is inactivated, the corresponding OSA must also be inactivated.
- A0300A must be coded = 1
- A0300B must be coded = 5

# OSA Effective Dates

- Admission date for an OSA with a corresponding Admission assessments,
- Assessment Reference Date (ARD) for a OSA with a corresponding SCSAs,
- The first day of the month following the ARD for all other assessment types.
- When a resident is Discharge Return Anticipated (DRA) and returns to the facility within 30 days of their discharge date the previous classification will resume unless a new assessment is completed.
- Completion of the OSA will generate a new classification notice. It is the facility's responsibility to provide the resident with the notice that contains the classification that will be used for billing purposes.

# Resources Every MDS Nurse Should Have

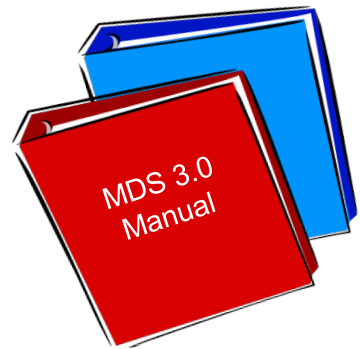
- A current RAI Manual
- A current Minnesota Case Mix Manual
- A MDS 3.0 Quality Measures User's Manual
- A Minnesota Nursing Facility Quality Indicators and Risk-Adjusters Manual
- A Skilled Nursing Facility Quality Reporting Program Measure Calculations and Reporting User's Manual
- A Minimum Data Set (MDS) Provider User's Guide, Chapter Five

# RAI Manual

- Download the RAI Manual v1.18.11 from the following website:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>

(Scroll down to the download section)



**REMINDER**

# Case Mix Review Program Website

**m DEPARTMENT OF HEALTH** HOME TOPICS ▾ ABOUT US Search

**Case Mix Review**  
Case Mix Review Home  
For Consumers  
For Providers  
MDS and RAI

**Health Regulation - Facilities and Professions**  
Facility Certification, Regulation and Licensing  
Facility Manager Resources  
Choosing a Facility  
Find a Provider  
Verify a Facility License or Professional Credential  
File a Complaint  
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Resident and Provider Resources  
Reports

## Minnesota Case Mix Review Program

Minnesota Case Mix is a system that classifies residents into distinct groups, called Resource Utilization Groups (RUGs), based on the resident's condition and the care the resident receives. These groups determine the daily rate the facility charges for the resident's care. DHS assigns a value to each classification, which they use to calculate the daily rate of payment for private pay and Medicaid stays.



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Case Mix Review  
PO BOX 64938  
St Paul, MN 55164-0938  
651-201-4200

*See also > [Health Regulation Division](#)*

<https://www.health.state.mn.us/facilities/regulation/casemix/index.html>

# Need Help

For MDS Scheduling and Clinical Coding Questions

Email [health.mds@state.mn.us](mailto:health.mds@state.mn.us)

For Submission or Validation Report Questions

Email [health.mdsoasistech@state.mn.us](mailto:health.mdsoasistech@state.mn.us)

For Questions about the Content of the Training:

Submit questions through this form: <https://forms.office.com/g/si2hZzgXiv>



# Need Help

- For Medicare Billing and Eligibility Questions
  - National Government Services 1-877-702-0990
  - Website <https://www.ngsmedicare.com>
- For Private Pay and Medicaid Billing Questions
  - Phone 651-201-4200
  - Email [health.fpc-cmr@state.mn.us](mailto:health.fpc-cmr@state.mn.us)





# Thank You!

**Nadine Olness**

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651-201-4313