

Case Mix Review Program Webinar July 16, 2025

FREQUENTLY ASKED QUESTIONS

1. Question: What nursing groups will be used to calculate the PDPM nursing component?

Response: The PDPM Nursing Component groups are very similar to the RUG-IV classification system groups. The main differences being the elimination of the Rehabilitation group and the decrease in the number of groups from 48-25. For more information regarding each of the PDPM Nursing Component classification groups see pages 6-33 to 6-47 of the current RAI Manual.

2. Question: Does the coding decision for the section GG self-care and mobility items need to be coded on the MDS on or prior to the ARD of the assessment?

Response: No, the documentation to support section GG coding needs to be collected and documented in the medical record from each discipline that observed or helped with the self-care and mobility items during the 3-day observation period. The coding decision is based on this documentation and is coded on the MDS after the ARD.

3. Question: Does the self-care and mobility items supporting documentation on all three shifts apply only to Medicaid beneficiaries?

Response: No, supporting documentation requirements for the self-care and mobility items applies to all OBRA and PPS assessments regardless of the resident's payer source.

4. Question: What's a Clarification Note and where should I write it?

Response: A Clarification Note is a piece of documentation used to justify and explain discrepancies between the MDS coding and the supporting documentation in the medical record. It's not used to fill in gaps when documentation is missing. The MDS coding must be consistent with the documentation in the medical record. Where there are potential errors and/or inconsistencies in the documentation, the documentation must be clarified with the person who documented it. A clarification note validates the coding decision. Anytime the MDS is coded differently than what the documentation in the medical record supports, the medical record must contain a clarification note to explain the rationale for the coding decision, how this was determined, and who provided the information. A clarification note is written after the ARD and prior to the completion of the MDS. Late Entry clarification notes written after the MDS completion date will not be used by case mix auditors to validate the MDS coding. A clarification note can be written anywhere in the medical record.

5. Question: Does the supporting documentation for the self-care and mobility items need to be within the 3-day look back period? If so, how do I review the POC nursing assistant charting if the 3-day look back is Friday, Saturday, and Sunday?

Response: Yes, the facility must collect the supporting documentation for the self-care and mobility items during the 3-day observation period. The supporting documentation is reviewed by staff after the ARD and if necessary, a clarification note regarding the

documentation is written after the ARD. The clarification note must be documented prior to the MDS completion date.

6. Question: If we have GG documentation from all three shifts do, we also need a GG assessment? We have heard that evidence of IDT discussion talking about coding GG is required.

Response: How a facility chooses to collect and document section GG supporting documentation, is a facility decision. The emphasis is on: gathering accurate documentation from all shifts through observations of the resident in different locations and circumstances, interviews with the resident, their family/significant others if appropriate, and the staff who worked with the resident during the 3-day observation period. The emphasis is not on an IDT meeting or discussion. CMS anticipates that an interdisciplinary team is involved in assessing the resident during the assessment period. There is no requirement for an IDT meeting. The staff working with the resident during the self-care and mobility activities e.g., nurses, therapists, NARs, etc. should provide the supporting documentation to determine the resident's usual performance with these activities. Case Mix auditors are not looking for a form completed by the MDS nurse that indicates the IDT met and decided the resident's usual performance. What they are looking for is documentation during the 3d observation period from the staff who observed or assisted the resident to complete the self-care and mobility activities and how much if any, assistance was provided.

7. Question: If the last assessment completed was a standalone OSA for the End of Therapy or Isolation, why do I have to complete an extra Quarterly assessment and OSA with an ARD on or prior to 9/30/25?

Response: The standalone OSA does not contain all the data elements necessary to calculate a PDPM classification that is needed for billing starting 10/1/25. The OBRA Quarterly and comprehensive assessments contain all the data elements necessary to calculate the PDPM classification.

8. Question: After 10/1/25, will an SCSA or OSA be required when therapy and isolation end?

Response: Effective 10/1/25, facilities will no longer be required to complete an assessment when therapy services end. However, effective 10/1/25, facilities will be required to complete a SCSA when isolation services end if isolation was coded on the most recent OBRA comprehensive or Quarterly assessment. The ARD of the SCSA must be set on day 15 after isolation ends as it currently is.

9. Question: The Admission/5-day ARD was 7/21/25, and the assessment resulted in a Rehab classification. All therapies ended on 8/4/25. The standalone OSA was scheduled for 8/12/25. Due to the most recent assessment being a standalone OSA, I will also have to complete an OBRA Quarterly assessment with an ARD set on or prior to 9/30/25. Can I complete a OSA and a Quarterly assessment using 8/12/25 for the ARD to satisfy both requirements?

Response: No, the End of Therapy OSA must be a standalone OSA, meaning that the assessment does not have the same ARD as an OBRA assessment. The standalone OSA stops

the payment for therapy services on day 8 after therapy has ended. If this assessment were to have the same ARD as an OBRA assessment the payment for therapy services would continue until the first of the month following the ARD, essentially extending the payment for therapy services when these services were no longer being provided. Completing an End of Therapy OSA with the same ARD as an OBRA assessment would result in an assessment penalty.

10. Question: An End of Therapy stand-alone OSA was completed with an ARD of 7/31/25. The resident's next assessment, a Quarterly, is due by 9/29/25. Can I schedule the quarterly for 9/10/25 to give my team enough time to complete it? Would scheduling the quarterly for 9/10 be considered too early?

Response: CMS does not limit how early a Quarterly assessment can be completed. OBRA assessments may be scheduled early if a nursing home wants to stagger due dates for assessments. As a result, more than three OBRA Quarterly assessments may be completed on a particular resident in a given year, or the Annual assessment may be completed early to ensure that the regulatory time frames are met.

11. Question: The last MDS submitted was an Annual/OSA with an ARD of 8/15/25. Do I have to complete an extra OBRA assessment and OSA with an ARD on or prior to 9/30/25?

Response: No, the next assessment due would be the Quarterly assessment with an ARD set on or prior to 11/15/25. The facility would continue to bill the classification from the 8/15/25 OSA through 9/30/25. On 10/1/25, the PDPM classification from the 8/15/25 Annual assessment would be billed until the next assessment used for payment is completed.

12. Question: The last MDS submitted was a standalone End of Isolation OSA with an ARD set on 8/4/25. The next Quarterly assessment is due on 10/1/25. Can I move up the ARD of the Quarterly assessment to a day in September? Or do I have to complete an extra Quarterly assessment and OSA with an ARD on 9/30/25 and the Quarterly with an ARD of 10/1/25?

Response: Yes, you can move the ARD of the Quarterly assessment due on 10/1/25, to any day on or prior to 9/30/25. The facility would continue to bill the classification from the standalone End of Isolation OSA through 9/30/25. On 10/1/25, the PDPM classification from the Quarterly assessment would be billed until the next assessment used for payment is completed.

13. Question: The Admission/OSA ARD 8/14/25 resulted in a RAC classification. The last day of therapy was 9/22/25. The standalone End of Therapy OSA is due 9/30/25. Do I have to complete the standalone End of Therapy OSA and another Quarterly/OSA with an ARD on 9/30/25?

Response: No, the facility must complete a Quarterly assessment and an OSA with an ARD of 9/30/25, to obtain a PDPM classification for billing effective 10/1/25. The facility would continue to bill the classification assigned on the 8/14/25 OSA through 9/30/25. Effective

10/1/25, the facility would bill the PDPM classification from the 9/30/25 Quarterly until the next assessment used for payment is completed.

14. Question: An 8/3/25 Admission/OSA assessment resulted in a RAB classification. The last day of therapy was 9/23/25. Do I have to complete an End of Therapy assessment or an extra Quarterly/OSA assessment with an ARD on or prior to 9/30/25?

Response: No, day eight after therapy ended in 10/1/25. The End of Therapy OSA and Quarterly assessment are not required. The facility would bill the classification on the 8/3/25 OSA through 9/30/25. Effective 10/1/25, the PDPM classification from the 8/3/25 Admission assessment would be billed until the next assessment used for payment is completed.

15. Question: When the most recent assessment completed was a standalone OSA for the End of Therapy or End of Isolation an extra Quarterly/OSA assessment is required with an ARD set on or prior to 9/30/25. Does this assessment need to be completed, transmitted, and accepted into IQIES on or before 9/30/25?

Response: No, the ARD must be set on or prior to 9/30/25, but the facility has the usual timeframes to complete and transmit the assessment to CMS. The assessment's classification is effective beginning on 10/1/25.

16. Question: What assessments are required if the resident has a rehab classification, and the last day of therapy is 9/21/25? Do we have to complete the standalone OSA on 9/29/25?

Response: Yes, the standalone OSA is required on day 8 after therapy ended, 9/29/25. This assessment will not generate a PDPM classification for payment effective 10/1/25. Therefore, a Quarterly and an OSA would be required on 9/30/25. If the resident meets the criteria for a SCSA, completing a SCSA and an OSA on day 8 would be an alternative since the SCSA is also effective on the ARD of the assessment.

17. What is driving the penalty? Is it date of completion or date of submission?

Response: A penalty is assessed for late ARDs, late completion, and late submission of an assessment. The ARD of the extra Quarterly/OSA must be set on or prior to 9/30/25. The facility has an additional 14 days to complete the assessment and another 14 days to submit it. Failure to set the ARD, complete or submit the assessment timely will result in a penalty. The penalty rate will apply from the time the assessment was due until the first day of the month following submission and acceptance into iQIES. To determine the timeliness of an assessment submission, the date time stamped in iQIES is used.

18. Question: If the resident's most recent MDS was a 5-day PPS assessment, would I need to do an extra Quarterly MDS before Oct 1st?

Response: When Medicare Part A ends the classification on the most recent OSA will be used for reimbursement. If the most recent OSA had a Rehab RUG and therapy is ending a standalone OSA would be required to stop the payment for therapy services when those services are no longer being provided. If on 9/30/25, the most recent assessment completed was a standalone OSA, the facility would be required to complete a OBRA

assessment and OSA with an ARD on or prior to 9/30/25 to receive a PDPM classification for billing effective 10/1/25 and later. Failure to complete this assessment will result in a penalty.

19. Question: For any residents who have a standalone End of Therapy or End of Isolation OSA coming up can we set up an early Annual or Quarterly MDS or does it have to be a Significant Change in Status Assessment?

Response: The standalone OSA is required on day 8 after therapy ends and on day 15 after isolation ends. A facility can complete an early Annual or Quarterly assessment but, the ARD of the assessment cannot be the same as the standalone OSA, day 8 after therapy ends.

It is important to understand these concepts:

1. The standalone OSA is one that does not share the same ARD as an OBRA assessment.
2. The standalone OSA does not include all the items necessary to generate a PDPM classification, and
3. The standalone OSA and the SCSA are both effective on the ARD of the assessment.

If a resident requires a standalone OSA and meets CMS' criteria for a SCSA on day 8 after therapy ends, one could choose to complete a SCSA and an OSA on day 8 after therapy ends instead of the standalone OSA. In this situation, the payment for therapy services stops on the ARD of the SCSA and another OBRA assessment and OSA would not be required with an ARD set on or prior to 9/30/25.

If an End of Therapy or End of Isolation OSA has the same ARD of any other type of OBRA assessment, e.g., a Quarterly or an Annual assessment, this will change the effective date of the OSA, essentially extending the payment for therapy services until the first of the month following the ARD of the assessment. This combination is not allowed and would result in a penalty for the facility.

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