The New OSA and Overview of MDS 3.0 Item Set Guidance

Kerry Weaver, BSN, RN, RAC-CT

MDS Nursing Home Item Sets

Item Set Code

- NC (OBRA Comprehensive)

- NQ (Quarterly)

- ND (Standalone OBRA Discharge)

- NT/ST (Nursing Home or Swing-Bed Entry Tracking Record or Death in Facility Tracking Record)

- NPE (Standalone Part A PPS Discharge)

- NP (5-Day PPS)

- IPA (Interim Payment Assessment)

- SP (Swing-Bed 5-Day PPS)

- SD (Swing-Bed Discharge)

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Overview of Changes

Overview of Changes
29 new and modified MDS items: ✓ Achieve standardization amongst PAC settings   ✓ Updated coding examples   ✓ Clarified and updated skip patterns
13 Care Area Triggers updated
17 Care Area Assessment Worksheets updated
Section G removed
PHQ-2 to 9 implemented
Gender-neutral language updated throughout manual
Implementation of Standardized Patient Assessment Data Elements (SPADEs) from the IMPACT Act of 2014   ✓ Six new categories of SPADEs data will be collected on admissions and discharges beginning October 1, 2023   • Ethnicity   • Race   • Language   • Transportation   • Health Literacy   • Social Isolation

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Section A

IDENTIFICATION INFORMATION

Intent:

- The intent of this section is to obtain key information to uniquely identify each resident, the home in which he or she resides, and the reasons for assessment.

A0300 OPTIONAL STATE ASSESSMENT

Effective 10-1-23:

- A0300 has been deleted without replacement:

A0200. Type of Provider

Enter Code [ ]

Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

A0310. Type of Assessment

Enter Code [ ][ ]

A. **Federal OBRA Reason for Assessment**
01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

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A1000 RACE/ETHNICITY ♠

Effective 10-1-23:

- Renumbered
- Split into 2 items
- Options expanded

A1005. Ethnicity
Are you of Hispanic, Latino/a, or Spanish origin?

↓ **Check all that apply**

☐	**A.** No, not of Hispanic, Latino/a, or Spanish origin
☐	**B.** Yes, Mexican, Mexican American, Chicano/a
☐	**C.** Yes, Puerto Rican
☐	**D.** Yes, Cuban
☐	**E.** Yes, another Hispanic, Latino/a, or Spanish origin
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond

A1010. Race
What is your race?

Check all that apply

☐	**A.** White
☐	**B.** Black or African American
☐	**C.** American Indian or Alaska Native
☐	**D.** Asian Indian
☐	**E.** Chinese
☐	**F.** Filipino
☐	**G.** Japanese
☐	**H.** Korean
☐	**I.** Vietnamese
☐	**J.** Other Asian
☐	**K.** Native Hawaiian
☐	**L.** Guamanian or Chamorro
☐	**M.** Samoan
☐	**N.** Other Pacific Islander
☐	**X.** Resident unable to respond
☐	**Y.** Resident declines to respond
☐	**Z.** None of the above

A1100 LANGUAGE

Effective 10-1-23:

- Renumbered
- A and B reversed
- No skip pattern – skip to A1200, Marital Status removed

A1110.	Language	
	A. What is your preferred language?	
	[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]	
Enter Code [ ]	**B.** Do you need or want an interpreter to communicate with a doctor or health care staff?	
	0. No	
	1. Yes	
	9. Unable to determine	

A1250 TRANSPORTATION (FROM NACHC©)

Effective 10-1-23:

- New Item

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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A1800 (ENTERED FROM)

Effective 10-1-23:

- Renumbered

- Options Added

A1805. Entered From

Enter Code

01. **Home**/**Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
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**
99. **Not listed**

A2100 DISCHARGE STATUS

Effective 10-1-23:

- Renumbered

- Options Added

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, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
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 to Resident at Discharge

Review definitions for each entity: Notice 02 Nursing Home and 03 Skilled Nursing Facility

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A2100 DISCHARGE STATUS

- Review the medical record including the discharge plan and discharge orders for documentation of discharge location.

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A2121 & A2122

Provision of Current Reconciled Medication List to Subsequent Provider at Discharge &
Route of Current Reconciled Medication List Transmission to Subsequent Provider

New Items Effective 10-1-23:

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 list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction
	1. **Yes** - Current reconciled medication list provided to the subsequent provider

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)

A2131 & A2124

*Provision of Current Reconciled Medication List to Resident at Discharge &
Route of Current Reconciled Medication List Transmission to Resident*

New Items Effective 10-1-23:

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 to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction
	1. **Yes** - Current reconciled medication list provided to the resident, family and/or caregiver

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)

Section B

SECTION B: HEARING, SPEECH, AND VISION

Intent:

- The intent of items in this section is to document the resident's ability to hear (with assistive hearing devices, if they are used), understand, and communicate with others and whether the resident experiences visual limitations or difficulties related to diseases common in aged persons.

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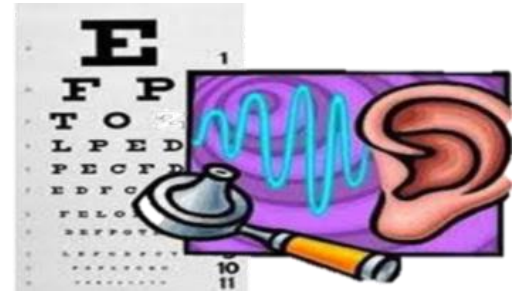
B1300 HEALTH LITERACY

New Item Effective 10-1-23:

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**

D0200 RESIDENT MOOD INTERVIEW (PHQ-9©)

Effective 10-1-23:

- Renamed

- Renumbered

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	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)	↓ Enter Scores in Boxes ↓	
A.	*Little interest or pleasure in doing things*	☐	☐
B.	*Feeling down, depressed, or hopeless*	☐	☐
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C.	*Trouble falling or staying asleep, or sleeping too much*	☐	☐
D.	*Feeling tired or having little energy*	☐	☐
E.	*Poor appetite or overeating*	☐	☐
F.	*Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G.	*Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
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*	☐	☐
I.	*Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

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D0300 TOTAL SEVERITY SCORE

Effective 10-1-23:

- Renumbered

D0160. Total Severity Score

Enter Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

- None or minimal depression (0-4)
- Mild depression (5-9)
- Moderate depression (10-14)
- Moderately severe depression (15-19)
- Severe depression (20-27)

D0700 SOCIAL ISOLATION

Effective 10-1-23:

- New Item

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**
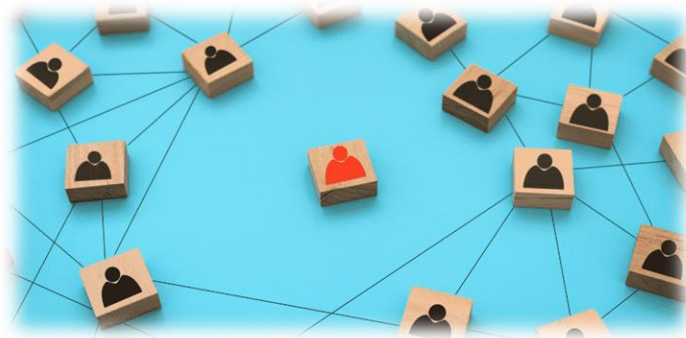
Section G

Functional Status

SECTION G – QUALITY MEASURES

- No Specifications/Information For Quality Measures At This Time

- MARCH 2, 2023 – CMS OPEN DOOR FORUM
  - Quality measures not covered during training sessions
  - Quality measures will be released later this year
    - Unknown if release will be prior to 10-1-23

GG0120
MOBILITY DEVICES

Effective 10-1-23:

- Moved from Section G (G0600)

- Renumbered to GG0120

- Added "in the last 7 days" to coding directions

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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Section J

Section J: Health Conditions

Intent:

- The intent of the items in this section is to document a number of health conditions that impact the resident's functional status and quality of life.

- The items include an assessment of pain which uses an interview with the resident or staff if the resident is unable to participate.

- The pain items assess the management of pain, the presence of pain, pain frequency, effect of pain on sleep, and pain interference with therapy and day-to-day activities.

- Other items in the section assess dyspnea, tobacco use, prognosis, problem conditions, falls, prior surgery, and surgery requiring active SNF care.
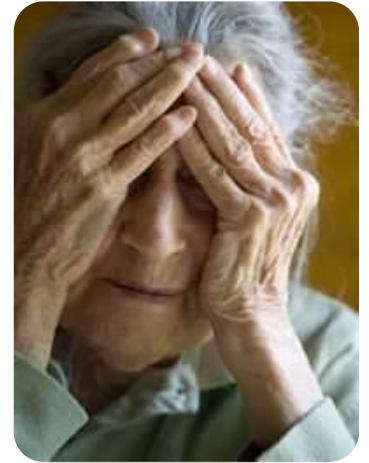
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J0410
PAIN FREQUENCY

Effective 10-1-23:

- Renumbered from J0400

- Revised the answer options

J0410.	Pain Frequency
Enter Code	Ask resident: *"How much of the time have you experienced pain or hurting over the last 5 days?"*
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	9. Unable to answer

J0510
PAIN EFFECT ON SLEEP

Effective 10-1-23:

- Split this out into a separate item

- Renumbered

- Revised the question

- Expanded the answer options
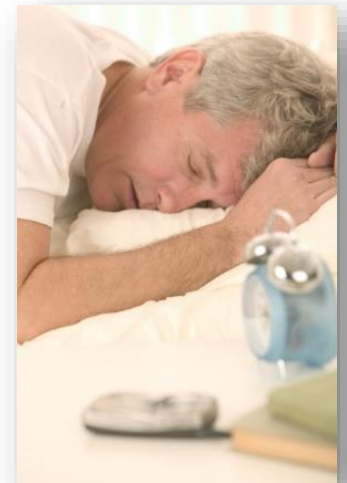
J0510.	Pain Effect on Sleep
Enter Code	Ask resident: *"Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"*
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	8. Unable to answer

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J0520 - PAIN INTERFERENCE WITH THERAPY ACTIVITIES

Effective 10-1-23:

- New Item

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 WITHDAY-TO-DAY ACTIVITIES

Effective 10-1-23:

- Split this out into a separate item

- Renumbered

- Revised the question

- Expanded the answer options

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

Section K

Section K: Swallowing Disorder

Intent:

- The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration.

- This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches.

- The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.

K0520
NUTRITIONAL APPROACHES

Effective 10-1-23:
- Renumbered
- Updated assessment period and coding instructions to fit each of the four new and revised assessment timeframes.
- Updated the definition of feeding tube to make "nasogastric or abdominal (PEG)" examples vs. part of the definition

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

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

K0710 - PERCENT INTAKE BY ARTIFICIAL ROUTE

Effective 10-1-23:

- Updated the completion requirements to account for additional columns in K0520 (Nutritional Approaches)

Section N

Section N: Medications

Intent:

- The intent of the items in this section is to record the number of days, during the last 7 days (or since admission/entry or reentry if less than 7 days) that any type of injection, insulin, and/or select medications were received by the resident.

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N0415 HIGH-RISK DRUG CLASSES: USE AND INDICATION

- Updated coding instructions to address two columns
- Added two new drug classes
- Revised the title
- Renumbered

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	☐	☐
B.	Antianxiety	☐	☐
C.	Antidepressant	☐	☐
D.	Hypnotic	☐	☐
E.	Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	☐	☐
F.	Antibiotic	☐	☐
G.	Diuretic	☐	☐
H.	Opioid	☐	☐
I.	Antiplatelet	☐	☐
J.	Hypoglycemic (including insulin)	☐	☐
Z.	None of the above	☐	

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Section M

Section M: Skin Conditions

Intent:

- The items in this section document the risk, presence, appearance, and change of pressure ulcers/injuries.

- This section also notes other skin ulcers, wounds, or lesions, and documents some treatment categories related to skin injury or avoiding injury.

- It is important to recognize and evaluate each resident's risk factors and to identify and evaluate all areas at risk of constant pressure.

- It is imperative to determine the etiology of all wounds and lesions, as this will determine and direct the proper treatment and management of the wound.

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O0110 SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

Effective 10-1-23:

- Renumbered

- Added a new column for a total of three

- Each column has its own assessment period

- Added new treatment options

- Revised answer options

O0600 Physician Examinations
O0700 Physician Orders

Section Q

Section Q: Participation in Assessment and Goal Setting

Intent:

- Interviewing the resident or designated individuals places the resident or their family at the center of decision-making.

- The items in this section are intended to record the participation and expectations of the resident, family members, or significant other(s) in the assessment, and to understand the resident's overall goals.

- Discharge planning follow-up is already a regulatory requirement (CFR 483.21(c)(1)).

- Section Q of the MDS uses a person-centered approach to ensure that all individuals have the opportunity to learn about home- and community-based services and to receive long term care in the least restrictive setting possible.

- This may not be a nursing home. This is also a civil right for all residents.

Q0110 PARTICIPATION IN ASSESSMENT AND GOAL SETTING

Effective 10-1-23:

- Reformatted

- Retitled

- Renumbered

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

Q0310
RESIDENT'S OVERALL GOAL

Effective 10-1-23:

- Reformatted

- Retitled

- Renumbered

Q0310. **Resident's Overall Goal**

Complete only if A0310E = 1

Enter Code [ ] A. Resident's overall goal for discharge established during the assessment process
1. Discharge to the community
2. Remain in this facility
3. Discharge to another facility/institution
9. Unknown or uncertain

Enter Code [ ] B. Indicate information source for Q0310A
1. Resident
2. Family
3. Significant other
4. Legal guardian
5. Other legally authorized representative
9. None of the above

Q0550 RESIDENT'S PREFERENCE TO AVOID BEING ASKED QUESTION Q0500B

Effective 10-1-23:

- Shortened the item title

- Updated Q0550A to stress that the listed people other than the resident should be asked only if the resident can't understand or respond

- Simplified, reformatted, and renumbered sub-item C.

Q0550.	Resident's Preference to Avoid Being Asked Question Q0500B
Enter Code	**A. Does resident** (or family or significant other or guardian or legally authorized representative **only if resident is unable to understand or respond) want to be asked about returning to the community on all assessments?** (Rather than on comprehensive assessments alone)

0. **No** - then document in resident's clinical record and ask again only on the next comprehensive assessment
1. **Yes**
8. **Information not available**

C. Indicate information source for Q0550A
1. **Resident**
2. **Family**
3. **Significant other**
4. **Legal guardian**
5. **Other legally authorized representative**
9. **None of the above**

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Q0601 REFERRAL

Effective 10-1-23:

- Simplified due to new item Q0620

- Renumbered

Q0610.	Referral	
Enter Code	A.	Has a referral been made to the Local Contact Agency (LCA)?
☐		0. No
		1. Yes

Coding Instructions for Q0610: Has a referral been made to the Local Contact Agency (LCA)?

✓ **Code 0, No:** *if a referral has not been made.*

✓ **Code 1, Yes:** *if a referral has been made. If a referral has been made skip to V0100 - Items from the Most Recent Prior OBRA or Scheduled PPS Assessment.*

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Q0620 REASON REFERRAL TO LOCAL CONTACT AGENCY (LCA) NOT MADE

Effective 10-1-23:

- New Item

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

Item Rationale

Health-Related Quality of Life

✓ Understanding the reason that referrals to the LCA were not made can help the care team support the resident to receive care that supports them to achieve their highest practicable level of functioning in the least restrictive setting.

Planning for Care

✓ Understanding the reason that referrals to the LCA were not made allows for comprehensive care planning by the facility team in conjunction with the resident and their family.

Q0620

- If **Q0610: Referral** = 0, No, Indicate the primary reason that the referral has not been made to the LCA.

✓ LCA unknown

✓ Referral previously made

✓ Referral not wanted

✓ Discharge date 3 or fewer months away

✓ Discharge date more than 3 months away

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Existing MDS Items
New to NPE Assessment

- C0100 - C0500 (BIMS Interview)
- C1310 (Signs and Symptoms of Delirium (from CAM))
- D0100 - D0160 (Mood Interview)
- J0200 - J0530 (Pain Interview)

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October 1, 2023 Transition

- The MDS item sets that are effective October 1, 2023, have had significant changes, including the omission and addition of many MDS items.

- It is the target date of the MDS assessment that identifies the required version of the MDS item set, and, because of the substantial changes in the MDS item sets, they are not interchangeable.

- Therefore, providers will not be able to change target dates on assessments that cross over October 1, 2023.

- Providers will not be able to submit a MDS modification to change a target date on an MDS assessment completed prior to October 1, 2023, to a target date on or after October 1, 2023, nor can they submit a MDS modification to change a target date on an MDS assessment completed on or after October 1, 2023, to a target date prior to October 1, 2023.

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Optional State Assessment (OSA)

Kerry Weaver, BSN, RN, RAC-CT

OSA

Intent: The Optional State Assessment (OSA) item set may be required by a State Medicaid Agency to calculate the Resource Utilization Group (RUG)-III or RUG-IV case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.

Several items that have been removed from all Federally required item sets remain on the OSA for the purpose of calculating RUG-III/RUG-IV HIPPS codes, those include:

- ✓ A0300
- ✓ D0300
- ✓ K0510
- ✓ O0450
- ✓ O0700
- ✓ D0200
- ✓ G0110
- ✓ O0100
- ✓ O0600
- ✓ X0570

OSA

Intent Cont.:

- Instructions for completing other items on the OSA can be found in the respective sections of Chapter 3 of the Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 User's Manual. **The guidance in the OSA Manual should only be applied when completing an OSA for payment purposes.**

- Providers should use the guidance in the MDS RAI 3.0 User's Manual to guide their completion of Federally required assessments.

OSA-Background

- The Center for Medicare and Medicaid Services (CMS) is ending support for Resource Utilization Groups (RUG)-III and RUG-IV on federally required assessments for patients residing in Nursing Facilities (NF) and Skilled Nursing Facilities (SNF) as of Oct. 1, 2023.

- Effective Oct. 1, 2023, Pennsylvania will require a concurrent OSA be completed, with the same Assessment Reference Date (ARD), on each federally required assessment submitted for all Medicaid certified nursing facilities. This will allow for a RUGs-based case mix score to be calculated and the current RUG-based reimbursement methodology to continue beyond Oct. 1, 2023.

OSA

- The OSA is not a Federally required assessment; rather, **it is required at the discretion of the State Agency for payment purposes**.

- Each state will determine whether the OSA is required and when the assessment must be completed.

PA OSA Requirements

- The OSA will be required to be completed concurrently with all OBRA and PPS assessments that are federally required. The OSA is not required with any discharge assessments.

- Only facilities that accept Medicaid payments will be required to complete these assessments.

- The OSA is always opened as a stand-alone assessment, as it cannot be combined with any other assessment.

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Facility Preparation for the OSA

- It is recommended, nursing facilities start reviewing their internal software systems for OSA compatibility prior to Oct. 1, 2023, in preparation for the implementation of the OSA requirement.

What Will Not Change?

- The CMI process
- The Field Office baseline review process
- The current reimbursement system will continue without change.
- Section S

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OSA Submissions

- OSA submissions with follow the same submission requirements of the assessments they are completed with.

- An OSA assessments would never be submitted without an corresponding OBRA or PPS assessment with the same ARD. (These assessments do not need to be submitted in the same batch.)

OSA Submissions (Continued)

- If an OSA is not submitted with a concurrent ARD of a submitted OBRA or PPS assessment, the assessment would be considered non-valid for reimbursement purposes and the non-valid resident assessment RUG score and CMI value would be assigned to the resident.

- If an OSA is submitted without a concurrent PPS or OBRA assessment, the assessment will not be considered valid for reimbursement purposes.

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OSA Submissions (Continued)

- OSA submissions with follow the same submission requirements of the assessments they are completed with.

- An OSA assessments would never be submitted without an corresponding OBRA or PPS assessment with the same ARD.

- If an OSA is not submitted at the time of the federally required assessment with the same ARD, therefore this resident would not have a valid assessment and would be considered non-valid for reimbursement purposes and the non-valid resident assessment RUG score and CMI value would be assigned to the resident.

- If an OSA is submitted without a federally required assessment, the OSA assessment submitted will not be considered valid for reimbursement purposes.

PA- Transition to PDPM

- RUG-III version 5.12 is written into the legislation.

- CMS has stated that the OSA will not be allowed after 10/2025.

- Pennsylvania is currently working on legislation to move to PDPM.

Optional State Assessment

Item Set Items Differing from
Federally Required Assessments

A0300: Optional State Assessment

Minimum Data Set (MDS) – Version 3.0
Resident Assessment and Care Screening
Optional State Assessment (OSA) Item Set

A0300 Optional State Assessment

A0300: Optional State Assessment

A0300.	Optional State Assessment

Enter Code ☐   **A.**   **Is this assessment for state payment purposes only?**
- 0.   **No**
- 1.   **Yes**

Enter Code ☐   **B.**   **Assessment type**
- 1.   **Start of therapy** assessment
- 2.   **End of therapy** assessment
- 3.   **Both Start and End of therapy** assessment
- 4.   **Change of therapy** assessment
- 5.   **Other payment** assessment

Coding Instructions for A0300, Optional State Assessment

- Enter the code identifying whether this is an optional payment assessment. This assessment is not required by CMS but may be required by your state.

- If the assessment is being completed for state-required payment purposes, complete items A0300A and A0300B.

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A0300 Optional State Assessment

Coding Instructions for A0300A, Is this assessment for state payment purposes only?

- Enter the value indicating whether your state requires this assessment for payment.

    0. No
    1. Yes

Coding Instructions for A0300B, Assessment Type

- Enter the number corresponding to the reason for completing this state assessment.

    1. Start of therapy assessment
    2. End of therapy assessment
    3. Both Start and End of therapy assessment
    4. Change of therapy assessment
    5. Other payment assessment

A0300 Optional State Assessment

Coding Tips and Special Populations

- This assessment is optional, as it is not Federally required; however, it may be required by your state.

- For questions regarding completion of this assessment, please contact your State agency.

- This must be a standalone assessment (i.e., cannot be combined with any other type of assessment).

- The responses to the items in this assessment are used to calculate the case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.

- If your state does not require this record for state payment purposes, enter a value of "0" (No). If your state requires this record for state payment purposes, enter a value of "1" (Yes) and proceed to item A0300B, Assessment Type.

D0200: Resident Mood Interview (PHQ-9)

PHQ-9 Assessment

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D0200: Resident Mood Interview (PHQ-9)

D0200: Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-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↓

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D0200: Resident Mood Interview (PHQ-9)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things	☐	☐
B. Feeling down, depressed, or hopeless	☐	☐
C. Trouble falling or staying asleep, or sleeping too much	☐	☐
D. Feeling tired or having little energy	☐	☐
E. Poor appetite or overeating	☐	☐
F. Feeling bad about yourself - or that you are a failure, or have let yourself or your family down	☐	☐
G. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐
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	☐	☐
I. Thoughts that you would be better off dead, or of hurting yourself in some way	☐	☐

D0200: Resident Mood Interview (PHQ-9)

Section D - Mood

D0100. **Should Resident Mood Interview be Conducted?** - Attempt to conduct interview with all residents

Enter Code [ ]

  0. **No** (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)

  1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

• The PHQ-9 process will be changing on the federally required MDS assessments as of October 1, 2023.

• For federally required assessments, there is a potential to end the PHQ depression screening after the completion of the PHQ-2.

PLEASE NOTE: THE OSA CONTINUES TO REQUIRE A FULL PHQ-9.

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D0300: Total Severity Score
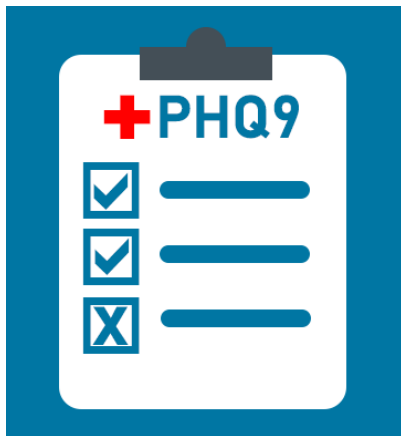
There are no changes to the total severity score calculations or score impact on RUG classification.

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G0110:
Activities of Daily Living

G0110: Activities of Daily Living Assistance

G0110. Activities of Daily Living (ADL) Assistance

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

| 4 Late-Loss ADLS | = | Bed Mobility | Transferring | Toilet Use | Eating |
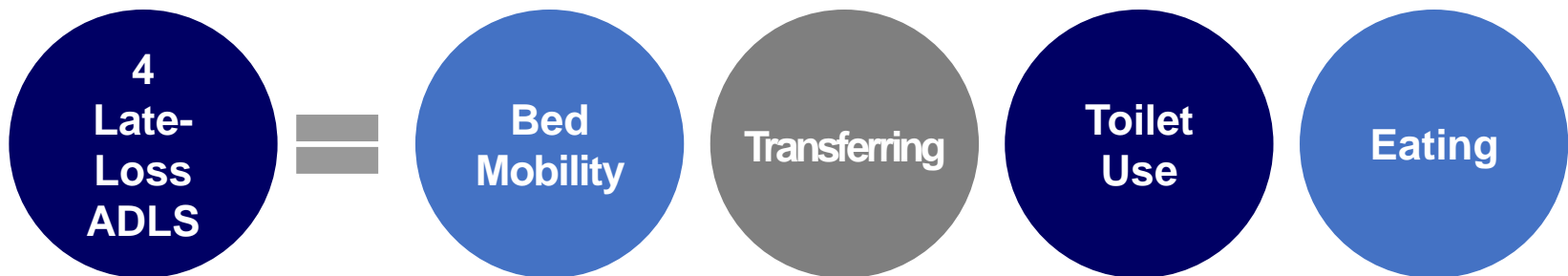
G0110: Activities of Daily Living Assistance

Activities of Daily Living Definitions

		1. Self-Performance	2. Support
		↓ Enter Codes in Boxes ↓	
A.	**Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	☐	☐
B.	**Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)	☐	☐
H.	**Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I.	**Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐

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Rule of 3 Algorithm

Start algorithm here - STOP at the First Code That Applies

Did the activity occur at least 1 time? — **No** → Code 8: Activity Did Not Occur

↓ Yes

Did the activity occur 3 or more times? — **No** → Code 7: Activity Occurred Once or Twice

↓ Yes

Yes ← Code 0: Independent | Did the resident fully perform the ADL activity without ANY help or oversight from staff EVERY time?

↓ No

Yes ← Code 1: Supervision | Did the resident fully perform the ADL activity without ANY help or oversight at least 3 times AND require help or oversight at any other level, but not 3 times at any other level? (Item 1 Rule of 3 with Independent* exception)

↓ No

Yes ← Code 4: Total Dependence | Did resident require Total Dependence EVERY time? (Item 1 Rule of 3, Total Dependence* exception)

↓ No

Yes ← Code 3: Extensive Assistance | Did the resident require Total Dependence 3 or more times, but not every time?

↓ No

Did the resident require Extensive Assistance 3 or more times?

↓ No

Yes ← Code 2: Limited Assistance | Did the resident require Limited Assistance 3 or more times?

↓ No

Yes ← Code 1: Supervision | Did the resident require oversight, encouragement or cueing 3 or more times?

↓ No

Yes ← Code 3: Extensive Assistance | Did the resident require a combination of Total Dependence and Extensive Assistance 3 or more times but not 3 times at any one level? (Items 3a and 3b Rule of 3)

↓ No

Yes ← Code 2: Limited Assistance | Did the resident require a combination of Total Dependence, Extensive Assistance, and/or Limited Assistance that total 3 or more times but not 3 times at any one level? (Item 3c Rule of 3)

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K0510: Nutritional Approaches

K0510: Nutritional Approaches

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

		1. While NOT a Resident	2. While a Resident
1.	**While NOT a Resident** Performed *while NOT a resident* of this facility and within the *last 7 days*. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank 2. **While a Resident** Performed *while a resident* of this facility and within the *last 7 days*		
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
Z.	**None of the above**	☐	☐

Steps for Assessment

- Review the medical record to determine if any of the listed nutritional approaches were performed during the 7-day look-back period.

Coding Instructions for Column 1

- Check all nutritional approaches performed **prior** to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.

K0510: Nutritional Approaches

K0510: Nutritional Approaches

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last **7 days**

		1. While NOT a Resident	2. While a Resident
1.	**While NOT a Resident** Performed *while NOT a resident* of this facility and within the *last 7 days*. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank		
2.	**While a Resident** Performed *while a resident* of this facility and within the *last 7 days*		
		↓ Check all that apply ↓	
A.	**Parenteral/IV feeding**	☐	☐
B.	**Feeding tube** - nasogastric or abdominal (PEG)	☐	☐
Z.	**None of the above**	☐	☐

Coding Instructions for Column 2

Check all nutritional approaches performed **after** admission/entry or reentry to the facility and within the 7-day look-back period.

Check all that apply. If none apply, check K0510Z, None of the above

- **K0510A,** parenteral/IV feeding

- **K0510B,** feeding tube – nasogastric or abdominal (PEG)

- **K0510Z,** none of the above

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O0100: Special Treatments, Procedures, and Programs

O0100: Special Treatments, Procedures, and Programs

Facilities may code treatments, programs and procedures that the resident performed themselves independently or after set-up by facility staff. Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.

O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last **14 days**

1. **While NOT a Resident**
Performed while NOT a resident of this facility and within the **last 14 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank

2. **While a Resident.**
Performed while a resident of this facility and within the **last 14 days**

	1. While NOT a Resident	**2.** While a Resident
	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	☐	☐
B. Radiation	☐	☐
Respiratory Treatments		
C. Oxygen therapy	☐	☐
D. Suctioning	☐	☐
E. Tracheostomy care	☐	☐
F. Invasive Mechanical Ventilator (ventilator or respirator)	☐	☐
Other		
H. IV medications	☐	☐
I. Transfusions	☐	☐
J. Dialysis	☐	☐
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	▬	☐
Other		
Z. None of the above	☐	☐

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O0600: Physician Examinations and O0700: Physician Orders

O0600.	Physician Examinations

Enter Days

		Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?**

O0700.	Physician Orders

Enter Days

		Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?**

X0570: Optional State Assessment (A0300A/B on Existing Record to be Modified/Inactivated)

X0570: Optional State Assessment (A0300A/B on existing record to be modified/inactivated)

X0570. **Optional State Assessment** (A0300A/B on existing record to be modified/inactivated)

Enter Code

A. **Is this assessment for state payment purposes only?**
- 0. **No**
- 1. **Yes**

Enter Code

B. **Assessment type**
- 1. **Start of therapy** assessment
- 2. **End of therapy** assessment
- 3. **Both Start and End of therapy** assessment
- 4. **Change of therapy** assessment
- 5. **Other payment** assessment

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Additional Updates and Training

- Resident Data Reporting Manual will be updated with an effective date of October 1, 2023.

- RAI Spotlight

  – Please email Kweaver@mslc.com to be added to the distribution list.

- Quarterly DOH Trainings

  – Next Training October 12, 2023 at 1:30 PM

Contact us

Please submit any questions related to this training to:

qa-mds@pa.gov

or

Kerry Weaver
kweaver@mslc.com