

OBRA PDPM October 1, 2020 Assessment Information for Virginia

- Beginning October 1, 2020, DMAS (Department of Medical Assistance Services, the Virginia Medicaid agency) will require the completion and submission of specific MDS item set fields associated with PDPM on all OBRA nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions. DMAS believes this is a necessary step to begin evaluating the PDPM classification system and its viability as an alternative for the Resource Utilization Group-IV (RUG-IV) classification system that is used today as the basis for the case mix reimbursement system.
- The RAI 3.0 Manual, version 1.17.1 (10/2019) will continue to be the manual you will use through 09/2021. State long-term care surveyors are aware that this is the reference RAI manual through 09/2021.
 - You can download the RAI 3.0 Manual, v. 1.17.1 (10/2019) in an electronic format at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>
- CMS has provided specific guidance that will not be changed in the actual RAI manual in regards to Sections GG, I, and J. These changes are noted in the specific section headers on the NC and NQ assessment forms.
 - Example: The MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020 states in the header of Section GG, I, and J: "...If state requires completion with an OBRA assessment".
- Virginia will **not** be using the OSA (Optional State Assessment).
- In order to generate a RUG-IV, providers will continue to fill out section G on OBRA assessments.
- For a resident admitted for skilled care (i.e.SNF care), you can combine a 5-day and an OBRA admission as one assessment. It would be completed according to the rules for a 5-day PPS assessment. Section GG would have a look back period starting with the date of admission and the next two days. **This has not changed.**
 - Example: Admission is 10/1/2020: the look back period for section GG would be 10/1, 10/2, and 10/3.
- A standalone OBRA Comprehensive (NC) and Quarterly (NQ), would be completed for
 - Long-term care residents who are no longer receiving skilled care;
 - Medicaid residents; and
 - New admissions who are not receiving skilled care.
- The sections that will need to be completed to generate a PDPM on standalone NC and NQ assessments are:
 - GG0130, column 1 only;
 - GG0170, column 1 only;
 - I0020B;
 - J2100; and
 - J2300–J5000 (If J2100 = 1)
- The look back period for the specific sections of GG for the standalone OBRA NC and NQ would be the ARD and the two previous days.
 - Example: ARD is 10/7/2020. The look back period for section GG would be 10/5, 10/6, and 10/7.

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- The look back periods for the specific sections of I and J have not changed.

Section GG0130 (self-care) and GG0170 (mobility):

- Assess the resident's self-care and mobility performance based on direct observation, the resident's self-report, and reports from clinicians, care staff, or family reports, documented in the resident's medical record during the 3-day assessment period.
- Residents should be allowed to perform activities as independently as possible, as long as they are safe.
- Code the resident's usual performance for each activity using the 6-point scale (see the RAI Manual pgs. GG 11 and 12 for additional guidance).
- Start with the least assistance provided, then step through the levels until you reach one that matches the resident's usual performance.
- If the activity was not attempted during the entire 3-day assessment period, indicate the reason.
- AVOID USING THE DASH! Coding a dash (-) indicates, "No information" or "Not assessed".
- Remember, the documentation in the medical record is used to support assessment coding of Section GG. Data entered should be consistent with the clinical assessment documentation in the resident's medical record.

FAQs for Section GG:

Q: Who can gather information/perform the observations for section GG on the standalone assessments?

- Neither CMS nor the RAI manual specifies who has to provide or document the observations for section GG.
- Per the RAI manual, pg. 1-7: "Nursing homes are left to determine (1) who should participate in the assessment process, (2) how the assessment process is completed".
- The RAI manual provides helpful coding tips which should be reviewed:
 - For GG0130, the coding tips can be found on pages GG10-GG29; and,
 - For GG0170, the coding tips can be found on pages GG-37 through GG-66.
- For additional guidance, a four-part video series on Section GG is available as a playlist on the CMS YouTube Channel. The playlist is available from the following link:
https://www.youtube.com/playlist?list=PLaV7m2-zFKpgYhG0FQv82I9dcqNI_9eO4.

Q: I have heard that section GG, on the OBRA standalone assessments, has to be completed by the ARD. This means I will not have the entire day of the ARD for assessment period.

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- This is not correct. The RAI manual defines the ARD in Chapter 2, Page 2-9: “Assessment Reference Date (ARD) refers to the last day of the observation (or “look back”) period that the assessment covers for the resident. Since a day begins at 12:00 a.m. and ends at 11:59 p.m., the ARD must also cover this time period. The facility is required to set the ARD on the MDS Item Set or in the facility software within the required time frame of the assessment type being completed. This concept of setting the ARD is used for all assessment types (OBRA and PPS) and varies by assessment type and facility determination. Most of the MDS 3.0 items have a 7-day look back period. If a resident has an ARD of July 1, 2011, then all pertinent information starting at 12:00 a.m. on June 25th and ending on July 1st at 11:59 p.m. should be included for MDS 3.0 coding.”
- The RAI manual further states on pg. GG-15, “Tips for Coding the Resident’s Usual Performance: If the resident performs the activity more than once during the assessment period and the resident’s performance varies, coding in Section GG should be based on the resident’s “usual performance,” which is identified as the resident’s usual activity/performance for any of the Self-Care or Mobility activities, not the most independent or dependent performance over the assessment period. Therefore, if the resident’s Self-Care performance varies during the assessment period, report the resident’s usual performance, not the resident’s most independent performance and not the resident’s most dependent performance. **A provider may need to use the entire three-day assessment period to obtain the resident’s usual performance.**
- Remember, for the standalone OBRA NC and NQ assessments, the look back period for Section GG is the ARD and the prior 2 days. (see page 1 of memo for example)

Section I0200B (Active Diagnoses):

- The items in this section intend to code diseases and conditions that have a relationship to current function, cognition, moods, behaviors, medical treatment, nursing monitoring, or risk of death.
- One of the important functions of the MDS assessment is to generate an updated, accurate picture of the resident’s current health status.
- This section identifies active diseases and infections that drive the current care plan.
- Diagnosis documentation by the physician needs to have been within the past 60 days, and then narrow to the last 7 days if active (labs, monitoring, medications, therapy).
- Just as in the coding with the PPS assessments, this will be the most current medical condition and diagnosis and thus may not be the same as the reason for the admission.
- I0020B intends to capture the resident’s primary diagnosis, which represents “the why” or the main reason the resident is in the facility.
- Each MDS submitted provides a “snapshot” of the resident. Therefore, the primary diagnosis referenced should be the primary diagnosis at the time the assessment is conducted.
- I0020 should reflect the resident’s clinical condition. For stand-alone OBRA NC and NQ assessments, RTP (Return to Provider) codes can be used, and will map to Medical Management.

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Section J2100 (Recent Surgery Requiring SNF Care):

- Item J2100 is specific to active care during the SNF stay. CMS expects that for the majority of long-stay Residents, this item will be coded “0. No”, thus, items J2300–J5000 will be skipped.
- However, the same logic used in coding this item is applied for the Medicaid population when completing item J2100 on standalone OBRA NC and NQ assessments for Medicaid PDPM purposes.
- Per the RAI manual pg. J-38: “Coding Tips: Generally, major surgery for item J2100 refers to a procedure that meets the following criteria:
 - The resident was an inpatient in an acute care hospital for at least one day in the 30 days prior to admission to the skilled nursing facility (SNF), **and**
 - The surgery carried some degree of risk to the resident’s life or the potential for severe disability.
- For standalone OBRA NC and NQ assessments:
 - Record review will need to be conducted to verify the correct answer.
 - If “yes” is coded, then J2300-J5000 will also need to be coded.
 - Documentation is required for answer justification.

DMAS (Virginia Medicaid) Specific Information:

- Regulations on the use of case mix in Virginia Medicaid nursing facility reimbursement, including the listing of case mix indices, can be found at 12VAC 30-90-306.
- Technical information regarding MDS assessments and price-based billing for RUGs can be found in Appendix F of the Nursing Facility Provider Manual.
- Questions about nursing facility reimbursement should be submitted to NFPayment@dmas.virginia.gov.
- For additional information, visit: <http://www.dmas.virginia.gov/#/nursingfacilities>

Resources:

- Other helpful training videos can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TrainingMaterials>
- Please feel free to email me at diana.marsh@vdh.virginia.gov with any questions.
- As always, please feel free to share this memo with your co-workers and fellow MDS coordinators. If they are not on my distribution list, please ask them to send their email address to diana.marsh@vdh.virginia.gov so that I can add them.