Q&A Document for Virginia OSA

The Optional State Assessment (OSA) must be completed in accordance with Omnibus Budget Reconciliation Act of 1987 (OBRA) assessment scheduling. The purpose of the OSA is to generate a Virginia Medicaid RUG-IV billing code for DMAS claims payment.

- Providers are not required to assess members earlier than their normal scheduled MDS assessment due to the addition of the OSA effective October 1, 2023.
- Please see the DMAS Nursing Facility Provider Manual and CMS MDS Manuals for more specific guidance.

Q: Does this mean that an OSA must be completed with the same ARD as an OBRA assessment?
A: No. An OSA must be completed with an Assessment Reference Date (ARD) set in the first 14 days of the stay, then OSA ARDs must be no greater than 92 days apart for Medicaid payment.

Q: If a resident comes in on another pay source (e.g., Medicare) and we do an OSA in the first 14 days, will that OSA take up payment on the day the resident becomes Medicaid, like the OBRA assessments did prior to the OSA?
A: Yes.

Q: What is the purpose of an OSA?
A: The purpose is to set Virginia Medicaid payment rate only. It has no federal regulatory purpose. It does not have a mandatory use for care planning, federal quality measures, or the survey process.

Q: Do we transmit the OSA?
A: Yes.

Q: What reason for assessment is used in A0300B?
A: The reason for assessment for all Virginia OSAs will be A0300B = 5

Q: May we use dashes on the Virginia OSA?
A: Yes. The RAI manual rules, Chapter 3, Section 3 apply to the general use of dashes in the OSA.

Q: Can an OSA be done sooner than 92 days from the prior OSA?
A: Yes. The OSA schedule maintains the same flexibility in scheduling earlier assessments that the OBRA schedule allows.