

Quarterly MDS Forum

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WISCONSIN DEPARTMENT
of HEALTH SERVICES

Welcome



Acronyms

- ARD – Assessment reference date
- BIMS – Brief interview for mental status
- CAA – Care area assessment
- OBRA – Omnibus Budget Reconciliation Act
- PPS – Prospective Payment System

Resident Assessment Instrument (RAI) Manual

- Several updates within the RAI manual
 - Chapter 3, items
 - Chapter 4, care area assessment process (CAA)
 - Appendix C, CAA resources
 - Appendix H, data sets
- Coding conventions
 - Section J added

A1005 Ethnicity

Ethnicity: Hispanic or Latino/a. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino/a."

A1005 Ethnicity

A1005. Ethnicity

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



Check all that apply

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. No, not of Hispanic, Latino/a, or Spanish origin |
| <input type="checkbox"/> | B. Yes, Mexican, Mexican American, Chicano/a |
| <input type="checkbox"/> | C. Yes, Puerto Rican |
| <input type="checkbox"/> | D. Yes, Cuban |
| <input type="checkbox"/> | E. Yes, another Hispanic, Latino/a, or Spanish origin |
| <input type="checkbox"/> | X. Resident unable to respond |
| <input type="checkbox"/> | Y. Resident declines to respond |

Code X – If unable to respond and appropriate box A-E, if applicable

Code Y – If declining to respond (cannot use another source)

A1010 Race

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

A1010 Race

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

A1010 Race

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

D. Asian Indian

E. Chinese

F. Filipino

G. Japanese

H. Korean

I. Vietnamese

J. Other Asian

A1010 Race

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

K. Native Hawaiian

L. Guamanian or Chamorro

M. Samoan

N. Other Pacific Islander

A1010 Race

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

X. Resident unable to respond

Y. Resident declines to respond

Z. None of the above

A1110 Language

A1110. Language

A. What is your preferred language?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enter Code

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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

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

A1805 Entered From

A1805. Entered From

Enter Code

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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**

A2000 Discharge Date

- Completed with a discharge return anticipated, discharge return not anticipated, or a death
- Date resident leaves the facility
- May be combined with the OBRA discharge when Med A ends on or one day prior to the day of discharge from the facility (ARD = day of discharge)

A2121 Provision of Current Reconciled Med List to Subsequent Provider at Discharge and 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

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A. Electronic Health Record |
| <input type="checkbox"/> | B. Health Information Exchange |
| <input type="checkbox"/> | C. Verbal (e.g., in-person, telephone, video conferencing) |
| <input type="checkbox"/> | D. Paper-based (e.g., fax, copies, printouts) |
| <input type="checkbox"/> | E. Other methods (e.g., texting, email, CDs) |

A2123 Provision of Current Reconciled Med List to Resident at Discharge and 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

- | | |
|--------------------------|--|
| <input type="checkbox"/> | A. Electronic Health Record (e.g., electronic access to patient portal) |
| <input type="checkbox"/> | B. Health Information Exchange |
| <input type="checkbox"/> | C. Verbal (e.g., in-person, telephone, video conferencing) |
| <input type="checkbox"/> | D. Paper-based (e.g., fax, copies, printouts) |
| <input type="checkbox"/> | E. Other methods (e.g., texting, email, CDs) |

B1300 Health Literacy

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

PPS Discharge (NPE)

- B1300 Health literacy
- C0100-0500 BIMS
- C1310 Signs and symptoms of delirium
(Confusion Assessment Method - CAM)
- D0100-0160 Patient Health Questionnaire
PHQ-2 to 9

PPS Discharge (NPE)

- D0700 Social isolation
- J0300-0530 Pain
- K0520 Nutritional approaches
- N0415 High risk drug classes
- O0110 Special treatments, procedures, and programs

D0150 Resident Mood Interview

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***

OR 0,

B. ***Feeling down, depressed, or hopeless***

OR 0,

D0150 Resident Mood Interview

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*

9

B. *Feeling down, depressed, or hopeless*

9

If = 9 or - then leave (2) blank

D0160. Total Severity Score

Enter Code

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).

D0150 Resident Mood Interview

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)

A. ***Little interest or pleasure in doing things***

B. ***Feeling down, depressed, or hopeless***

1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓	
<input type="checkbox"/>	0, <input type="text" value="1"/>
<input type="checkbox"/>	0, <input type="text" value="1"/>

D0160. Total Severity Score

Enter Code

0	2
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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).

D0150 Resident Mood Interview

A. <i>Little interest or pleasure in doing things</i>	<input type="text" value="1"/>	<input type="text" value="2"/>
B. <i>Feeling down, depressed, or hopeless</i>	<input type="text" value="1"/>	<input type="text" value="1"/>
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 9, END the PHQ interview; otherwise, continue.		
C. <i>Trouble falling or staying asleep, or sleeping too much</i>	<input type="text" value="9"/>	<input type="text"/>
D. <i>Feeling tired or having little energy</i>	<input type="text" value="9"/>	<input type="text"/>
E. <i>Poor appetite or overeating</i>	<input type="text" value="-"/>	<input type="text"/>
F. <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i>	<input type="text" value="0"/>	<input type="text" value="0"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	<input type="text" value="1"/>	<input type="text" value="2"/>
H. <i>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>	<input type="text" value="1"/>	<input type="text" value="1"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	<input type="text" value="0"/>	<input type="text" value="0"/>

Score = 99

D0160 Total Severity Score

D0160. Total Severity Score

Enter Code

--	--

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).

- Score must be between 00-27
- Major depressive syndrome – Of the nine items - five or more items are identified at a frequency of half or more of the days during assessment period.
- Minor depressive syndrome – Of the nine items, A, B, or C was coded at a frequency of half or more days during the assessment period.
- 1-4 minimal depression
- 5-9 mild depression
- 10-14 moderate depression
- 15-19 moderately severe depression
- 20-27 severe depression

D0500 Staff Assessment

- Short stay?
- Talk with family or significant other
- Review records



D0700 Social Isolation

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**

F0300 Should Interview for Daily and Activity Preferences be Conducted?

Added some instructional language:

- Assess and use clinical judgement to determine the best time to attempt interview
- Attempt to conduct with all conscious residents
- Not based on the response to item B0700, makes self understood
- If applicable, conduct with a family member or significant other

GG0115 Functional Limitations in Range of Motion

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)

GG0120 Mobility Devices

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

GG0130 and GG0170

Functional Abilities and Goals

- OBRA admission assessment
 - Column 1
- PPS 5-day assessment
 - Columns 1 and 2

Assessment period is the first three days

1. Admission Performance	2. Discharge Goal
↓ Enter Code: <input type="text"/>	↓ is in Boxes <input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

GG0130 and GG0170

Functional Abilities and Goals

- OBRA or PPS discharge assessment
 - Column 3

Assessment period is the last three days of the stay

3. Discharge Performance	
Enter Codes in Boxes	
<input type="text"/>	A. Eating: The ability to use suitable before the resident.
<input type="text"/>	B. Oral hygiene: The ability to use su from the mouth, and manage denti
<input type="text"/>	C. Toileting hygiene: The ability to r managing an ostomy, include wipir
<input type="text"/>	E. Shower/bathe self: The ability to l include transferring in/out of tub/sh
<input type="text"/>	F. Upper body dressing: The ability
<input type="text"/>	G. Lower body dressing: The ability
<input type="text"/>	H. Putting on/taking off footwear: T including fasteners, if applicable.
<input type="text"/>	I. Personal hygiene: The ability to n hands (excludes baths, showers, a

GG0130 and GG0170

Functional Abilities and Goals

- OBRA or interim payment assessment (IPA) assessment
 - Column 5

Assessment period is the
ARD and two previous days

5.

OBRA/Interim
Performance

Enter Codes in Boxes

A. **Eating:** The ability to use suitable before the resident.

B. **Oral hygiene:** The ability to use s from the mouth, and manage den

C. **Toileting hygiene:** The ability to managing an ostomy, include wip

E. **Shower/bathe self:** The ability to include transferring in/out of tub/s

F. **Upper body dressing:** The abilit

G. **Lower body dressing:** The abilit

H. **Putting on/taking off footwear:** including fasteners, if applicable.

I. **Personal hygiene:** The ability to hands (excludes baths, showers,

Significant Change with Activities of Daily Living (ADL's)

Major decline or improvement in a resident's status that:

- Will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions; the decline is not considered “self-limiting”
- Impacts more than one area of the resident's health status; and
- Requires interdisciplinary review and/or revision of the care plan.

Section J Pain

- J0510 Pain effect on sleep
- J0520 Pain interference with therapy activities
- J0530 Pain interference with day-to-day activities

K0520 Nutritional Approaches

	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"/>

N0415 High Risk Drug Classes

	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"/>	

O0110 Special Treatments, Procedures, and Programs

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

Check all that apply


Cancer Treatments

A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>		<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>		<input type="checkbox"/>
A10. Other	<input type="checkbox"/>		<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

00110 Special Treatments, Procedures, and Programs

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"/>

00110 Special Treatments, Procedures, and Programs

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"/>

00110 Special Treatments, Procedures, and Programs

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"/>

00400 Therapies

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			

Section Q Participation in Assessment and Goal Setting

- Q0110. Participate in assessment and goal setting
- Q0310A-B. Resident's overall goal
- Q0400. Discharge plan
- Q0490. Resident's documented preference to avoid being asked question Q0500B

Section Q Participation in Assessment and Goal Setting

- Q0500B-C. Return to community
- Q0550. Resident's preference to avoid being asked question Q0500B
- Q0610. Referral
- Q0620. Reason referral to local contact agency (LCA) not made

Care Area Triggers (CAT)

1. Delirium	2. Cognitive Loss/Dementia
3. Visual Function	4. Communication
5. Activity of Daily Living (ADL) Functional / Rehabilitation Potential	6. Urinary Incontinence and Indwelling Catheter
7. Psychosocial Well-Being	8. Mood State
9. Behavioral Symptoms	10. Activities
11. Falls	12. Nutritional Status
13. Feeding Tubes	14. Dehydration/Fluid Maintenance
15. Dental Care	16. Pressure Ulcer/ <i>Injury</i>
17. Psychotropic Medication Use	18. Physical Restraints
19. Pain	20. Return to Community Referral

ADL Functional/Rehabilitation Potential CAT Logic Table

Triggering Conditions (any of the following):

Cognitive skills for daily decision making has a value of 0 through 2 or BIMS summary score is 5 or greater:

**((C1000 >= 0 AND C1000 <= 2) OR
(C0500 >= 5 AND C0500 <= 15)) AND**

ADL assistance was required for any of the self-care or mobility activities as indicated by any of the following:

GG0130A5 = 01-05 OR

GG0130B5 = 01-05 OR

GG0130C5 = 01-05 OR

GG0130E5 = 01-05 OR

GG0130F5 = 01-05 OR

GG0130G5 = 01-05 OR

GG0130H5 = 01-05 OR

GG0130I5 = 01-05 OR

GG0170A5 = 01-05 OR

GG0170B5 = 01-05 OR

GG0170C5 = 01-05 OR

GG0170D5 = 01-05 OR

GG0170E5 = 01-05 OR

GG0170F5 = 01-05 OR

GG0170FF5 = 01-05 OR

GG0170I5 = 01-05 OR

GG0170J5 = 01-05 OR

GG0170K5 = 01-05 OR

GG0170R5 = 01-05 OR

GG0170S5 = 01-05

Urinary Incontinence and Indwelling Catheter CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for toileting *hygiene or toilet transfer* was needed as indicated by:
GG0130C5 = 01-05 OR GG0170F5 = 01-05

Pressure Ulcer/Injury CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for *movement in bed* was needed, or activity *was not attempted*, as indicated by:

GG0170A5 does not = 06 OR GG0170B5 does not = 06 OR GG0170C5 does not = 06

Pain CAT Logic Table

Triggering Conditions (any of the following):

1. Pain has made it hard for resident to sleep at night over the past 5 nights as indicated by:

J0510 = 2, 3, or 4

2. Resident has limited day-to-day activity because of pain over past 5 days as indicated by:

J0530 = 2, 3, or 4

3. Pain numeric intensity rating has a value from 7 to 10 as indicated by:

J0600A >= 07 AND J0600A <=10

4. Verbal descriptor of pain is severe or very severe as indicated by a value of 3 or 4 as follows:

J0600B = 3 OR J0600B = 4

5. Pain is frequent as indicated by a value of 3 or 4 and numeric pain intensity rating has a value of 4 through 10 or verbal descriptor of pain has a value of 2 through 4 as indicated by:

(J0410 = 3 OR J0410 = 4) AND

((J0600A >= 04 AND J0600A <= 10) OR

(J0600B >= 2 AND J0600B <= 4))

PDPM Special Care Low

M0300C1, D1, F1 - Any stage three or four pressure ulcer with two or more selected skin treatments**

M0300C1, D1, F1 – Any stage three or four pressure ulcer ***or any unstageable pressure ulcer due to slough and/or eschar*** with two or more selected skin treatments**

PDPM Clinically Complex

M1040F – Burns

M1040F – Burns (***second or third degree***)

Appendix A

- New definitions
- Revised definitions
- New acronyms



Proposed Rule Changes FY2024

- Three new measures in the quality reporting program (QRP)
- Removal of three measures from the QRP
- Modification of one measure from the QRP
- Policy changes to the QRP
- Begin public reporting of four measures

Proposed Rule Changes FY2024

Addition

- Discharge function score
- CoreQ: Short stay discharge
- Covid-19 vaccine: Percent of patients/residents who are up to date

Proposed Rule Changes FY2024

Removal

- Application of percent of long-term care hospital (LTCH) patients with an admission and discharge functional assessment and a care plan that addresses function
- Application of the Inpatient Rehab Facility (IRF) functional outcome measures: Change in self-care score for medical rehabilitation patients measure and change in mobility score for medical rehabilitation patients measure

Proposed Rule Changes FY2024

Modify

Covid-19 vaccination coverage among
healthcare personnel (HCP)



Public Reporting Changes

- Transfer of health information to the provider-
Post Acute Care (PAC) measure
- Transfer of health information to the patient-
PAC measure
- Discharge function score
- Covid-19 vaccine: Percent of
patients/residents who are up to date

Other Proposed Changes

Data completion increase from 80% to 90% of the required MDS data!



Proposed Changes to the Value Based Purchasing (VBP) Program

Addition

- Nursing staff turnover measure
- Discharge function score measure
- Long stay hospitalization measure
- Percent of residents experiencing one or more falls with major injury (LS)

Proposed Changes to the Value Based Purchasing (VBP) Program

Replacement

SNF 30-day all cause readmission measure with SNF within stay potentially preventable readmissions (SNF WS PPR)



Additional Value Based Purchasing (VBP) Changes

- Update the SNF VBP data validation processes
- Health equity adjustment and variable payback percentage

ICD-10 Code Mapping Changes

- D75.84 currently maps to return to provider – will map to medical management
- F43.81 and F43.89 currently maps to medical management – will map to return to provider
- G90.A currently maps to acute neurologic – will map to medical management
- K76.82 currently maps to return to provider – will map to medical management

Civil Money Penalties (CMPs)

- Currently must make a written request
- Instead, failure to submit a timely request for a hearing would operate by default to take advantage of a reduction in CMPs



Proposed Prospective Payment System (PPS) Final Rule for FY 2024

TABLE 3—FY 2024 UNADJUSTED FEDERAL RATE PER DIEM—URBAN

Rate component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per Diem Amount	\$70.08	\$65.23	\$26.16	\$122.15	\$92.16	\$109.39

TABLE 4—FY 2024 UNADJUSTED FEDERAL RATE PER DIEM—RURAL

Rate component	PT	OT	SLP	Nursing	NTA	Non-case-mix
Per Diem Amount	\$79.88	\$73.36	\$32.96	\$116.71	\$88.05	\$111.41

Internet Quality Improvement and Evaluation System (iQIES)

- MDS submissions
- Reports
- Data availability
- Error message
- Frequently asked questions for providers



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[Nursing Homes: RAI/MDS 3.0 Information](#)

References

- [Draft RAI Manual](#) v1.18.11
- [Final Data Sets](#) v1.18.11
- [Data Specs](#) v3.01.0
- [Lying to Sitting](#)
- FY 2024 Draft PDPM ICD-10 [Mapping Tool](#)
- FY 2024 [Proposed Rule](#)
- iQIES MDS [Reports](#)
- Error Message [User Guide](#) V1.0
- [VBP Proposals](#) for FY2024