



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Quarterly MDS Forum

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March 2025

# HELLO SPRING



# RAI MDS 3.0 Changes

New changes to be implemented October 1, 2025

- A1250 – transportation
- A2000 – discharge date
- A2400 – Medicare stay
- B0100 – comatose
- O0390 – therapy services
- O0400 – therapies

# RAI MDS 3.0 Changes

- O0420 – distinct calendar days of therapy
- O0400D2 – respiratory therapy days
- Section R – health related social needs

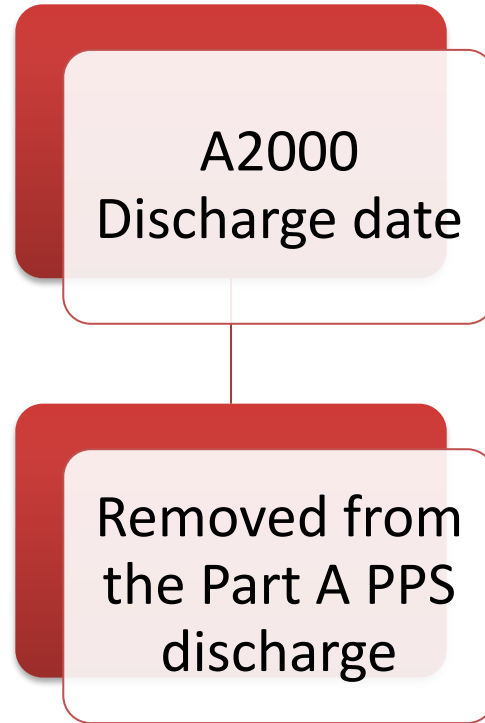
[Draft MDS 3.0 Item Matrix 1.20.1 October 2025](#)

# RAI MDS 3.0 Changes

## A1250 Transportation

- Item removed from the following
  - Comprehensive
  - Quarterly
  - OBRA discharge
  - Part A PPS discharge
  - PPS
  - Swing bed Part A PPS discharge and PPS

# RAI MDS 3.0 Changes



# RAI MDS 3.0 Changes

## A2400A Medicare stay

- Revised skip pattern on the Part A PPS discharge

### A2400. Medicare Stay

New

Enter Code

☐

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. No → Skip to B0100, Comatose

### A2400. Medicare Stay

Old

Enter Code

☐

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. No → Skip to B1300, Health Literacy

1. Yes → Continue to A2400B, Start date of most recent Medicare stay

# RAI MDS 3.0 Changes

## B0100 Comatose

- Added to Part A PPS discharge

### B0100. Comatose

Enter Code

**Persistent vegetative state/no discernible consciousness**

0. No → Continue to B1300, Health Literacy
1. Yes → Skip to GG0130, Self-Care

# RAI MDS 3.0 Changes

## Section O - Special Treatments, Procedures, and Programs

### O0390. Therapy Services

Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days



Check all that apply

☐

A. Speech-Language Pathology and Audiology Services

☐

B. Occupational Therapy

☐

C. Physical Therapy

☐

D. Respiratory Therapy

☐

E. Psychological Therapy

☐

Z. None of the above

New

# RAI MDS 3.0 Changes



## 00390 Therapy services

- Item added on the following
  - Comprehensive
  - Quarterly
  - PPS
  - SB PPS

# RAI MDS 3.0 Changes

O0400A, B, C, D1, E, F Therapies

- Removed from the following
  - Comprehensive
  - Quarterly
  - PPS
  - SB PPS



# RAI MDS 3.0 Changes

## Section O - Special Treatments, Procedures, and Programs

### O0400. Therapies

#### A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes  
[ ][ ][ ][ ]

Enter Number of Minutes  
[ ][ ][ ][ ]

Enter Number of Minutes  
[ ][ ][ ][ ]

Enter Number of Minutes  
[ ][ ][ ][ ]

Enter Number of Days  
[ ]

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently** with one other resident in the last 7 days
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date

- 3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment** sessions in the last 7 days
4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days
5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

[ ][ ] - [ ][ ] - [ ][ ][ ][ ]  
Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

[ ][ ] - [ ][ ] - [ ][ ][ ][ ]  
Month Day Year

*Old*

# RAI MDS 3.0 Changes

O0400 respiratory therapy days will only be completed if O0390D is checked.

## O0400. Therapies

Complete only if O0390D is checked

Enter Number of Days

### D. Respiratory Therapy

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

# RAI MDS 3.0 Changes

O0420 Distinct calendar days of therapy

- Item removed from the following
  - Comprehensive
  - Quarterly
  - PPS
  - SB PPS

O0420. Distinct Calendar Days of Therapy

Enter Number of Days

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

# RAI MDS 3.0 Changes

## 00430 Distinct calendar days of part A therapy

### 00430. Distinct Calendar Days of Part A Therapy

Complete only if A0310H = 1

Enter Number of Days

Record the number of **calendar days** that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)

# RAI MDS 3.0 Changes

## Section R – Health related social needs

- Completed only if A0310B = 01 and A2300 (ARD) minus A1900 (admission date) is less than 366 days.
- Item added to the following
  - Comprehensive
  - Quarterly

### Section R - Health-Related Social Needs

Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days.

# RAI MDS 3.0 Changes

## Section R – Health related social needs

- Completed only if A2300 (ARD) minus A1900 (admission date) is less than 366 days.
- Item added to the following
  - PPS
  - SB PPS

### Section R - Health-Related Social Needs

Complete only if A2300 minus A1900 is less than 366 days.

# RAI MDS 3.0 Changes



## R0310. Living Situation

Enter Code

What is your living situation today?

- 0. I have a **steady** place to live
- 1. I have a place to live today, but *I am worried* about losing it in the future
- 2. I do not have a **steady** place to live
- 7. **Resident declines to respond**
- 8. **Resident unable to respond**

# RAI MDS 3.0 Changes



## R0320. Food

Enter Code

☐

A. Within the past 12 months, you worried that your food would run out before you got money to buy more.

- 0. Often true → Skip to R0330, Utilities
- 1. Sometimes true → Skip to R0330, Utilities
- 2. Never true
- 7. Resident declines to respond
- 8. Resident unable to respond

Enter Code

☐

B. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- 0. Often true
- 1. Sometimes true
- 2. Never true
- 7. Resident declines to respond
- 8. Resident unable to respond

# RAI MDS 3.0 Changes



## R0330. Utilities

Enter Code

In the past 12 months, has the electric, gas, oil, or water company threatened to shut off services in your home?

- 0. Yes
- 1. No
- 2. Already shut off
- 7. Resident declines to respond
- 8. Resident unable to respond

# RAI MDS 3.0 Changes



## R0340. Transportation

Enter Code

☐

In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, or work or from getting things needed for daily living?

- 0. Yes
- 1. No
- 7. Resident declines to respond
- 8. Resident unable to respond

# RAI MDS 3.0 Changes

A0810.	Sex
Enter Code <input type="text"/>	<ol style="list-style-type: none"><li>1. Male</li><li>2. Female</li></ol>

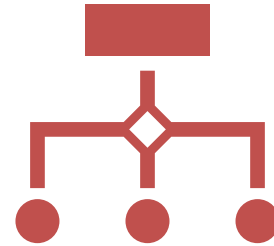
Most recent update is the removal of A0800 Gender for A0810 Sex.

Set 1.20.1v2 Effective 10/01/2025

# Quality Measures

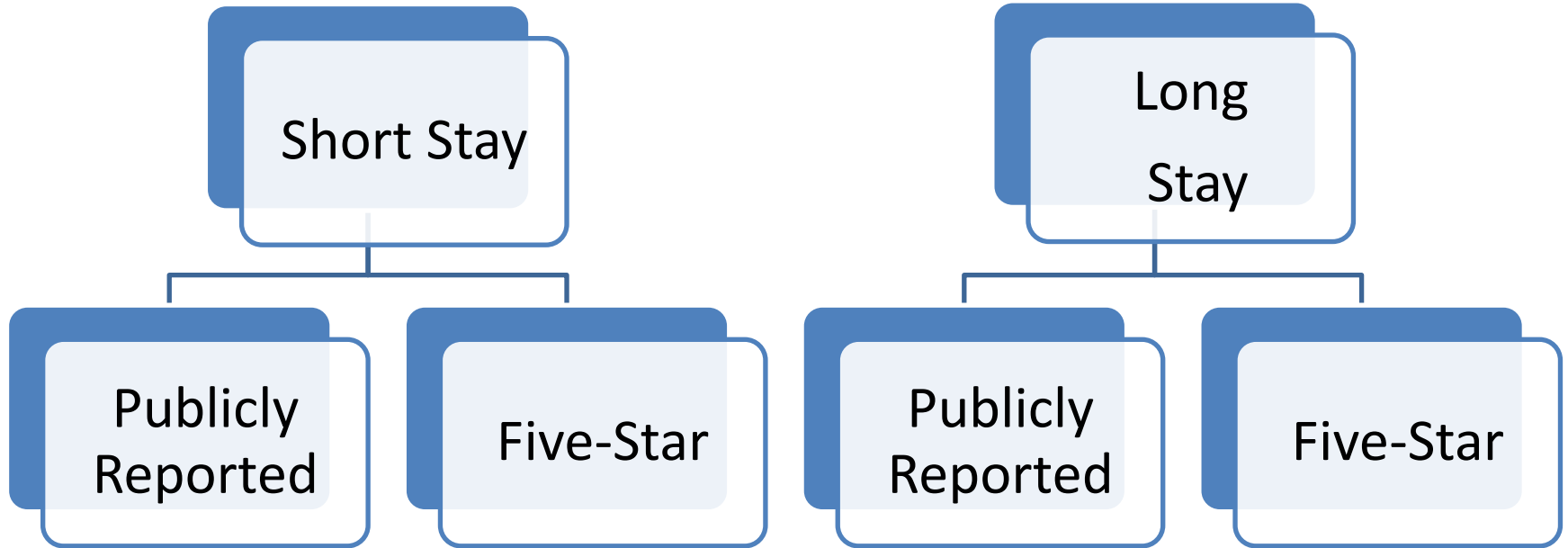


Effective January 1, 2025



[MDS 3.0 QM Users Manual](#)  
[v17.0](#)

# MDS 3.0 Quality Measures



- Changes in skin integrity (QRP)\*+
- Assessed and given the influenza vaccine+
- Received the seasonal influenza vaccine
- Offered and declined the influenza vaccine
- Did not receive due to medical contraindications influenza vaccine
- Discharge function score (QRP)\*+

\* Star rating  
+ CC

- Assessed and given the pneumococcal vaccine+
- Received the pneumococcal vaccine
- Offered and declined the pneumococcal vaccine
- Did not receive due to medical contraindications pneumococcal vaccine
- Newly received an antipsychotic medication\*+

\* Star rating  
+ CC

- Falls with major injury\*+
- Assessed and given the influenza vaccine+
- Received the seasonal influenza vaccine
- Offered and declined the influenza vaccine
- Did not receive due to medical contraindications influenza vaccine
- Catheter inserted and left in bladder\*+

\* Star rating  
+ CC

# MDS

## Long Stay

- Assessed and given the pneumococcal vaccine+
- Received the pneumococcal vaccine
- Offered and declined the pneumococcal vaccine
- Did not receive due to medical contraindications  
pneumococcal vaccine
- Residents with a UTI\*+
- Need for help with ADLs has increased\*+
- Residents physically restrained+

\* Star rating  
+ CC

# MDS

# Long Stay

- Lose too much weight+
- Residents with depressive symptoms+
- Received an antipsychotic med\*+
- Ability to walk independently worsened\*+
- Used antianxiety or hypnotic med+
- Residents with pressure ulcers\*+
- New or worsened bowel or bladder incontinence+

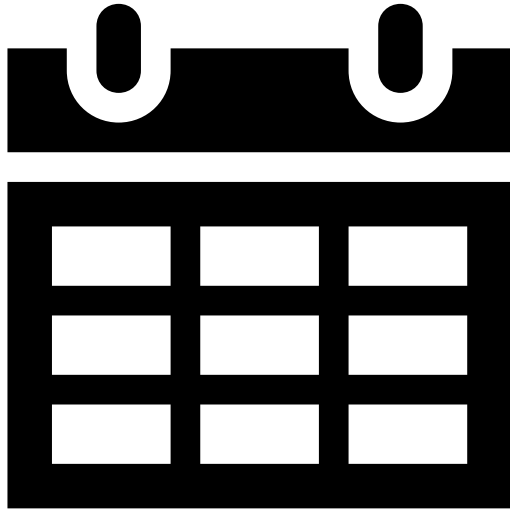
\* Star rating  
+ CC

# MDS 3.0 Quality Measures

## Target date

- Entry record A0310F = 01, target date is entry date A1600
- Discharge record A0310F = 10, 11 or death 12, target date is discharge date A2000
- All other records, target date is equal to ARD A2300

# MDS 3.0 Quality Measures

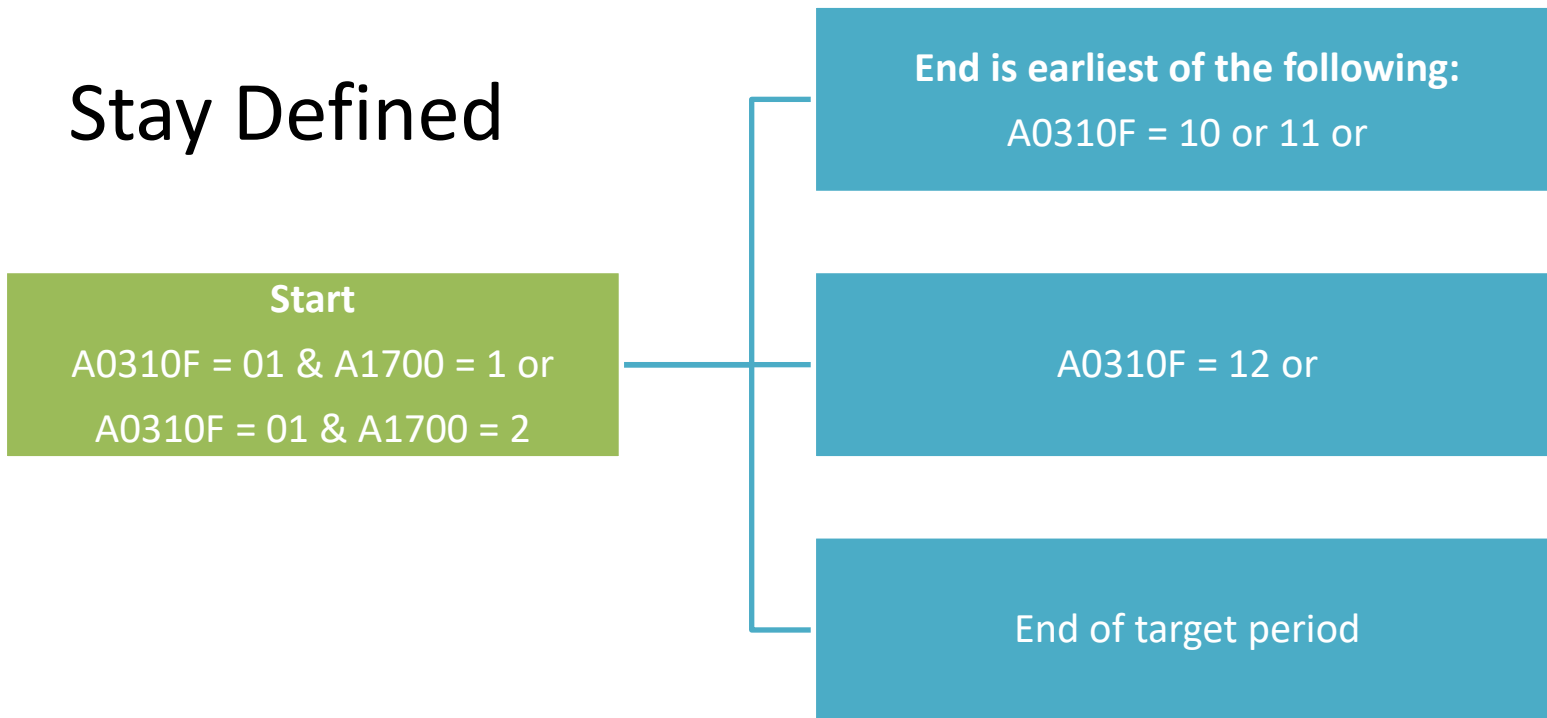


Target period

- Span of time that defines the QM reporting period

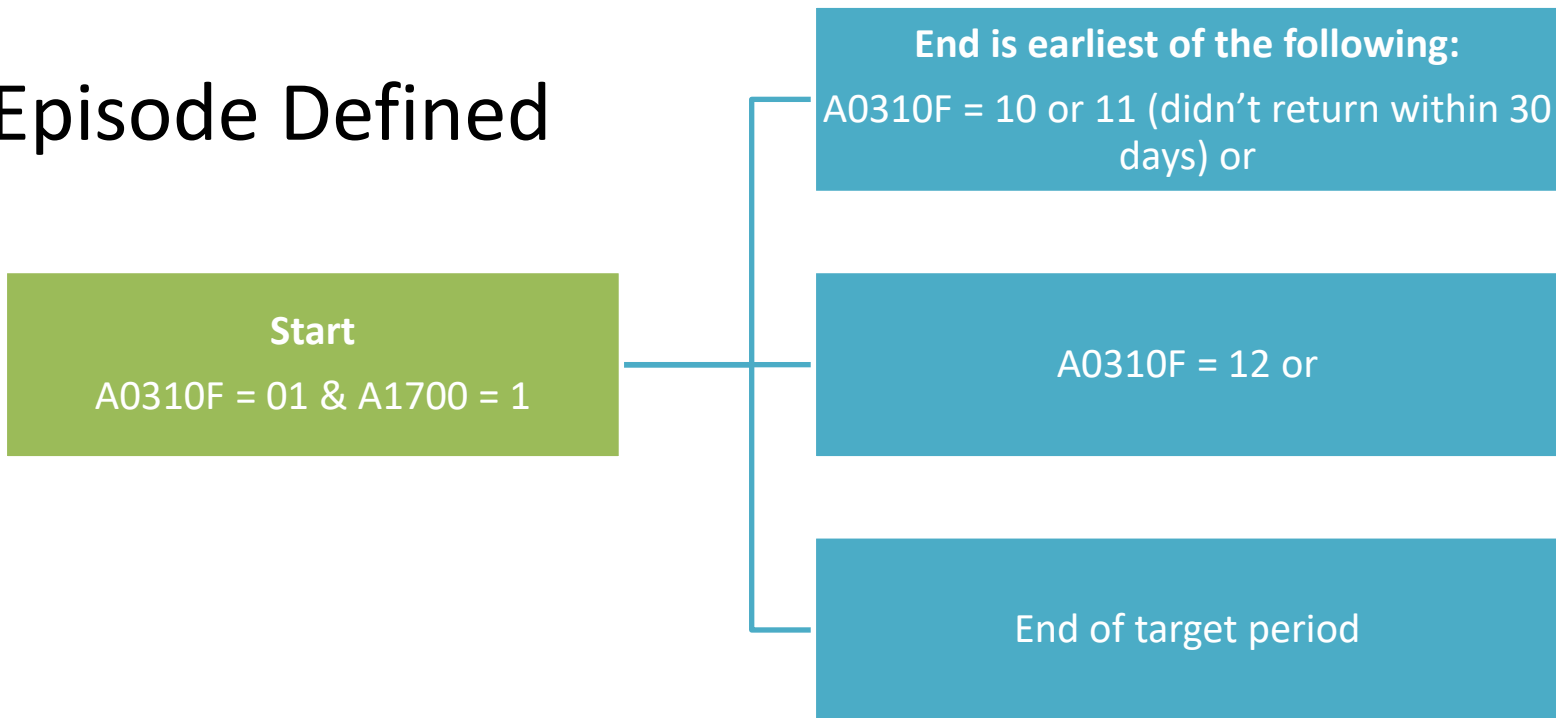
# MDS 3.0 Quality Measures

## Stay Defined



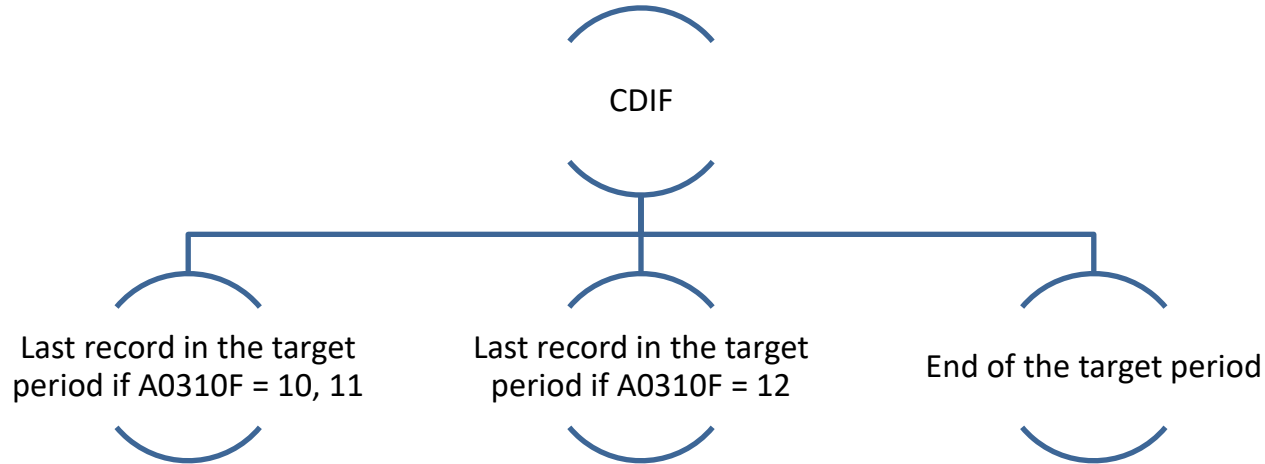
# MDS 3.0 Quality Measures

## Episode Defined

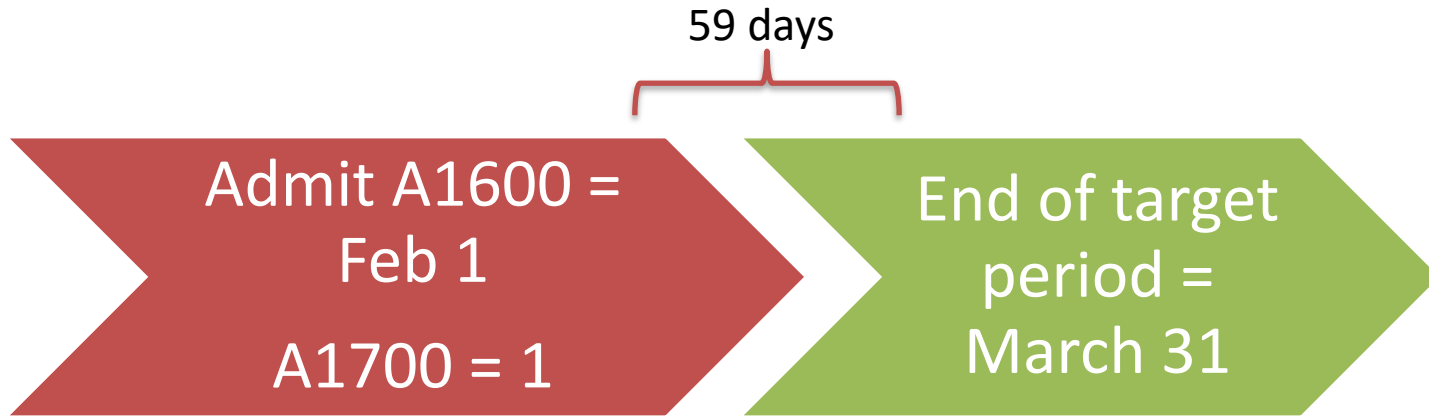


# MDS 3.0 Quality Measures

## Cumulative Days in the Facility (CDIF)



# MDS 3.0 Quality Measures



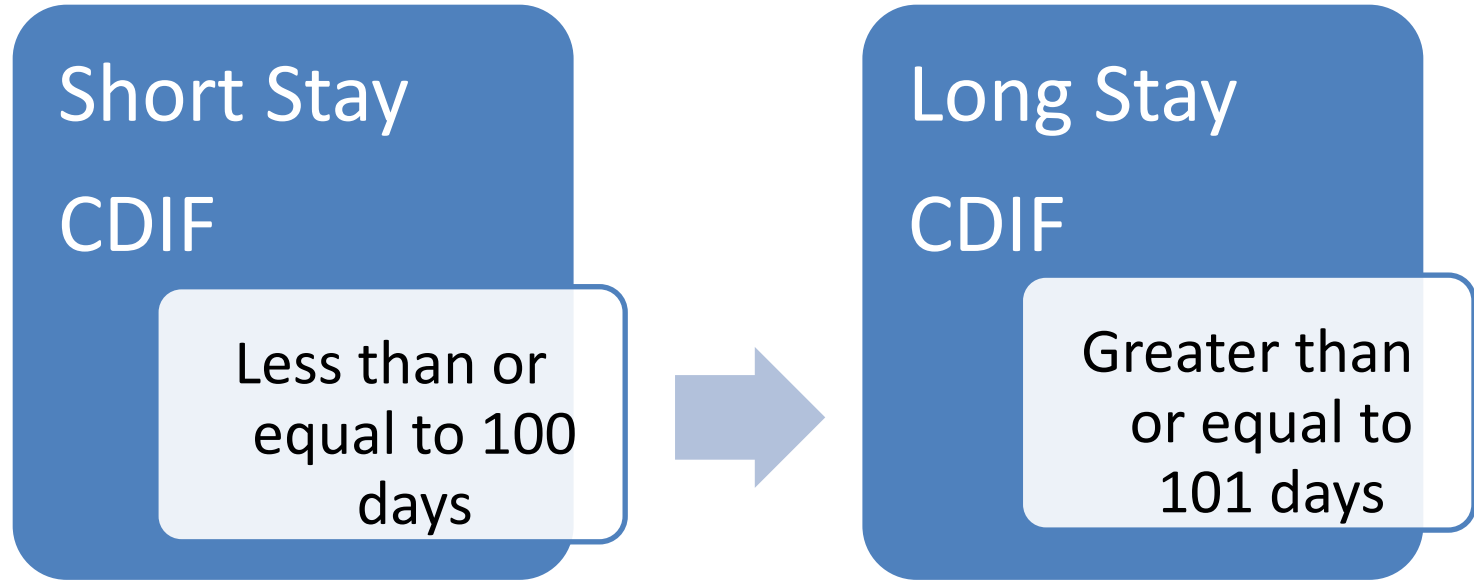
One episode (1 stay)  
CDIF = 59 days

# MDS 3.0 Quality Measures



One episode (2 stays)  
CDIF = 52 days

# MDS 3.0 Quality Measures



*\*Day of entry/reentry is counted as a day, but day of discharge is not.*

# MDS 3.0 Quality Measures

## Influenza

- Season is July 1 of the current year to June 30 of the following year
- Target period begins October 1 and ends on March 31 for a stay that is ongoing
- Selection period begins October 1 and ends June 30

Short Stay	Target Assessment	Initial Assessment	Look-Back Scan
Assessment Selected	Most recent <b>6</b> months	<b>First</b> assessment following admission entry record	<b>All</b> qualifying RFAs within current episode
Qualifying RFA's	Any OBRA 5-day PPS OBRA D/C	OBRA admit 5-day PPS OBRA D/C	Any OBRA 5-day PPS OBRA D/C
Selection Logic	Latest assessment: <ul style="list-style-type: none"> <li>• Contained within selected episode</li> <li>• Target date is <math>\leq</math> 120 days before end of episode</li> </ul>	<b>Earliest</b> assessment: <ul style="list-style-type: none"> <li>• Contained within selected episode</li> <li>• <b>Target date is <math>\leq</math> 130 days</b> before end of episode</li> </ul>	All qualifying RFAs: <ul style="list-style-type: none"> <li>• Contained within selected episode</li> <li>• <b>Target date is on or before target date of the target assessment</b></li> </ul>

Long Stay	Target Assessment	Prior Assessment	Look-Back Scan
Assessment Selected	Most recent <b>3</b> months	<b>Latest</b> assessment that is 46-165 days before the target assessment	RFA within current episode that have <b>target date &lt;/=275 days prior to target MDS.</b>
Qualifying RFA's	Any OBRA 5-day PPS OBRA D/C	Any admit 5-day PPS OBRA D/C	Any OBRA 5-day PPS OBRA D/C
Selection Logic	Latest assessment: <ul style="list-style-type: none"> <li>Contained within selected episode</li> <li>Target date is &lt;/= 120 days before end of episode</li> </ul>	<b>Latest</b> assessment: <ul style="list-style-type: none"> <li>Contained within selected episode</li> <li><b>Target date that is within 46-154 days before the target date</b></li> </ul>	All assessments: <ul style="list-style-type: none"> <li>Contained within selected episode</li> <li><b>Target date is no more than 275 days prior to the target assessment</b></li> </ul>

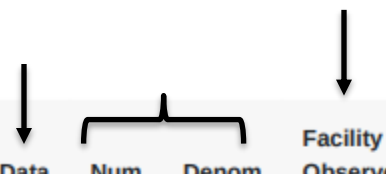
# Quality Measure Reports in iQIES

## Quality measure package

- Facility level quality measures
- Resident level quality measures
- Facility characteristics

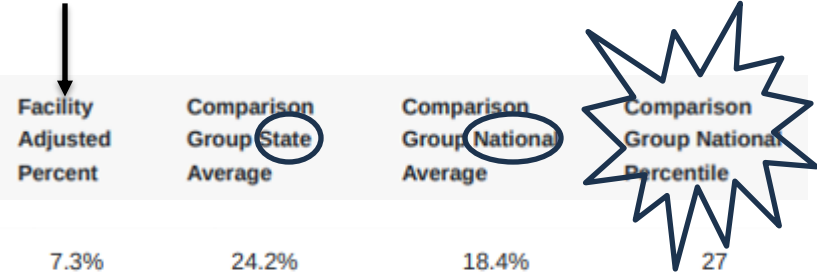
# Facility-Level

## MDS Measures



Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison Group National Percentile
Pressure Ulcers (L)	N045.01	C	0	49	0.0%	0.0%	6.3%	6.6%	0
Phys restraints (L)	N027.02	C	0	49	0.0%	0.0%	0.1%	0.1%	0
Falls (L)	N032.02	C	21	49	42.9%	42.9%	47.8%	44.2%	43
Falls w/Maj Injury (L)	N013.02	C	0	49	0.0%	0.0%	3.4%	3.5%	0
Antipsych Med (S)	N011.03	C	2	239	0.8%	0.8%	1.9%	1.8%	59
Antipsych Med (L)	N031.04	C	2	49	4.1%	4.1%	16.2%	14.9%	12
Antianxiety/Hypnotic Prev (L)	N033.03	C	0	28	0.0%	0.0%	8.1%	7.4%	0
Antianxiety/Hypnotic % (L)	N036.03	C	0	35	0.0%	0.0%	15.9%	20.1%	0

# Facility Level



Behav Sx affect Others (L)	N034.02	C	3	41	7.3%	7.3%	24.2%	18.4%	27
Depress Sx (L)	N030.03	C	2	45	4.4%	4.4%	5.3%	10.1%	60
UTI (L)	N024.02	C	2	49	4.1%	4.1%	3.6%	2.1%	82* ✓
Cath Insert/Left Bladder (L)	N026.03	C	4	45	8.9%	10.3%	3.6%	1.7%	98* ✓
New or Worsened B/B (L)	N046.01	C	9	38	23.7%	27.0%	27.9%	21.7%	68
Excess Wt Loss (L)	N029.03	C	0	35	0.0%	0.0%	5.2%	5.7%	0
Incr ADL Help (L)	N028.03	C	6	34	17.6%	17.6%	18.2%	17.1%	57
Move Indep Worsens (L)	N035.04	C	4	11	36.4%	39.8%	27.9%	22.6%	86* ✓

# Facility Level

## SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury <sup>1</sup>	S038.02	1	123	0.8%	0.9%	2.7%

<sup>1</sup> The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (01/01/2024 - 12/31/2024).


Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	National Average
Discharge Function Score <sup>2</sup>	S042.01; S042.02	54	113	47.79%	52.21%

<sup>2</sup> The Discharge Function Score measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (01/01/2024 - 12/31/2024).

# Resident Level

A0310A/B/F	Pressure Ulcers (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic % (L)	Behav Sx affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	New or Worsened BIB (L)	Excess WtLoss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Quality Measure Count
	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
01/01/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
99/99/01	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
99/99/01	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
99/99/01	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	X	b	b	b	2
02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
02/99/99	b	b	X	b	b	b	b	b	b	b	b	b	X	b	X	X	4

# Resident Level



Admission Date	Discharge Date	Pressure Ulcer/Injury <sup>1</sup>	Discharge Function Score <sup>2</sup>
09/09/2024	09/17/2024	b	X
03/21/2024	04/17/2024	b	b
01/31/2024	02/15/2024	b	b
07/09/2024	08/03/2024	b	X

# Facility Characteristics

Facility			Comparison Group	
Numerator	Denominator	Observed Percent	State Average	National Average

## DISCHARGE PLAN

Not already occurring	43	356	12.1%	49.2%	59.2%
Already occurring	313	356	87.9%	50.8%	40.8%

## REFERRAL

Referral HAS NOT been made to the Local Contact Agency (LCA)	344	356	96.6%	91.6%	91.5%
Referral HAS been made to the Local Contact Agency (LCA)	12	356	3.4%	8.4%	8.5%

# Facility Characteristics

## DISCHARGE PLAN

Not already occurring

43

356

12.1%



49.2%

59.2%

### Discharge Plan

Discharge planning IS NOT already occurring for the resident to return to the community.

**Description:** Resident is included if Item Q0400A (Discharge Plan) is coded **0** (No).

**Numerator:** Q0400A = [0] (No).

**Exclusions:** Q0400A missing

# Provider Preview Report

IQIES – “My reports”

QM related reports:

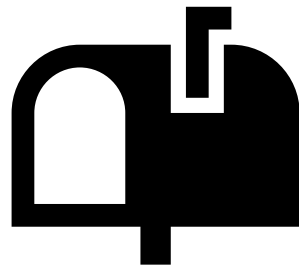
- MDS provider preview report – April 2025
- MDS resident preview report – April 2025

# Provider Preview Report

Reporting Period	Measure Type	Quality Measure	CMS ID	Numerator	Denominator	Reported %
July 2024 - September 2024	Long Stay Qua	Residents Whose Need	N028.03	2	15	199
July 2024 - September 2024	Long Stay Qua	Residents With Pressure	N045.01	0	19	199
July 2024 - September 2024	Long Stay Qua	Residents With Excessiv	N029.03	0	15	199
July 2024 - September 2024	Long Stay Qua	Residents with New or V	N046.01	2	18	199
July 2024 - September 2024	Long Stay Qua	Residents Who Have/Ha	N026.03	0	18	199
July 2024 - September 2024	Long Stay Qua	Residents With a Urinar	N024.02	0	19	199
July 2024 - September 2024	Long Stay Qua	Residents Who Have De	N030.03	0	15	199
July 2024 - September 2024	Long Stay Qua	Residents Who Were Ph	N027.02	0	19	199
July 2024 - September 2024	Long Stay Qua	Residents Experiencing	N013.02	0	19	199
October 2023 - March 2024	Long Stay Qua	Residents Who Were As	N016.03	24	25	199
October 2023 - March 2024	Long Stay Qua	Residents Who Receive	N017.03	16	25	199

# Resident Preview Report

Reporting Period	Measure Type	Quality Measure	CMS ID	Resident Name	Most Recent Assessment Ref Date	A0310A/A0310B/A0310F	Discharged In Report Period?	Admission Date	Discharge Date	Number of Residents Triggered
July 2024 -	Long Stay Qual	Residents Whose Ne	N028.03		8/8/2024	03/99/99	NO	-	-	2
July 2024 -	Long Stay Qual	Residents Whose Ne	N028.03		7/12/2024	04/99/99	NO	-	-	2
July 2024 -	Long Stay Qual	Residents With Exce	N029.03		-	-/-/-	-	-	-	0
July 2024 -	Long Stay Qual	Residents Who Have	N030.03		-	-/-/-	-	-	-	0
July 2024 -	Long Stay Qual	Residents Who Rece	N031.04		7/10/2024	02/99/99	YES	-	-	1
July 2024 -	Long Stay Qual	Residents Whose Ab	N035.04		8/8/2024	03/99/99	NO	-	-	1
July 2024 -	Long Stay Qual	Residents Who used	N036.03		8/8/2024	03/99/99	NO	-	-	8
July 2024 -	Long Stay Qual	Residents Who used	N036.03		8/3/2024	03/99/99	NO	-	-	8



# Great News!

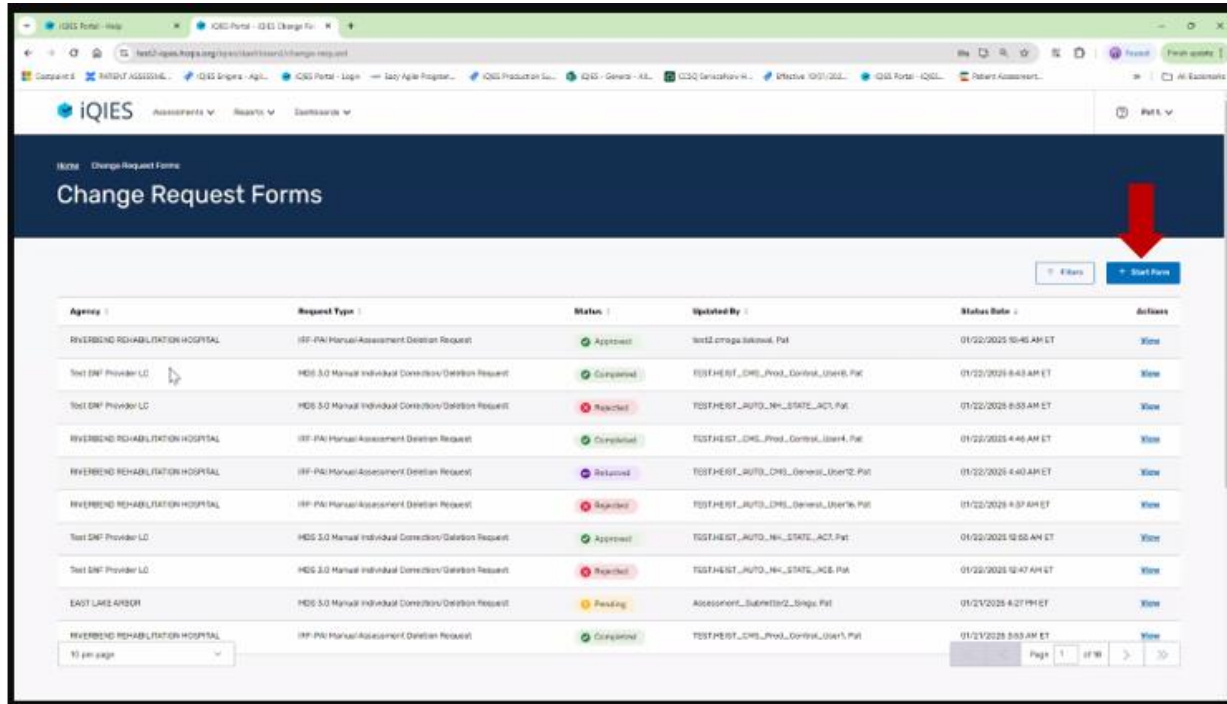
Manual Deletion Request

# Assessment Deletion in iQIES

The screenshot shows the iQIES dashboard interface. At the top, there's a navigation bar with the iQIES logo and tabs for Assessments, Reports, and Dashboards. Below this, a welcome message 'Welcome Back, Pati' is displayed. A dropdown menu for 'Provider' is set to 'WARM SPRING SPECIALITY HOSPITAL AT LULING'. Under the heading 'What do you want to do?', there are three buttons: 'Upload assessments', 'Create/manage assessment', and 'Create/manage change requests'. A black arrow points to the 'Create/manage change requests' button. Below this, a section titled 'Summary of Uploaded Assessments' shows a table with columns for status and count. The table is currently empty, showing 0 total assessments.

Status	Count
Accepted	0 assessments 0%
Rejected	0 assessments 0%
Duplicated	0 assessments 0%

# Assessment Deletion in iQIES



The screenshot shows the iQIES web application interface. The header includes the iQIES logo and navigation links for Assessments, Reports, and Databases. The main heading is "Change Request Forms". Below this, there are two buttons: "Edit" and "Start Form". A red arrow points to the "Start Form" button. Below the buttons is a table with columns: Agency, Request Type, Status, Updated By, Status Date, and Actions. The table contains 10 rows of data, each representing a change request. The status of each request is indicated by a colored icon: green for Approved, blue for Completed, red for Rejected, purple for Relocated, and yellow for Pending. The actions column contains a "View" link for each row.

Agency	Request Type	Status	Updated By	Status Date	Actions
REVEREND REHABILITATION HOSPITAL	IRF-PAI Manual Assessment Deletion Request	Approved	test2 change request, Pat	01/22/2025 10:45 AM ET	View
Test DMF Provider LO	HDS 3.0 Manual Individual Corrections/Deletion Request	Completed	TESTHEIST_CHS_Prod_Correl_User6, Pat	01/22/2025 8:43 AM ET	View
Test DMF Provider LO	HDS 3.0 Manual Individual Corrections/Deletion Request	Rejected	TESTHEIST_AUTO_NH_STATE_ACT, Pat	01/22/2025 8:53 AM ET	View
REVEREND REHABILITATION HOSPITAL	IRF-PAI Manual Assessment Deletion Request	Completed	TESTHEIST_CHS_Prod_Correl_User4, Pat	01/22/2025 4:49 AM ET	View
REVEREND REHABILITATION HOSPITAL	IRF-PAI Manual Assessment Deletion Request	Relocated	TESTHEIST_AUTO_CHS_General_User2, Pat	01/22/2025 4:40 AM ET	View
REVEREND REHABILITATION HOSPITAL	IRF-PAI Manual Assessment Deletion Request	Rejected	TESTHEIST_AUTO_CHS_General_User6, Pat	01/22/2025 4:37 AM ET	View
Test DMF Provider LO	HDS 3.0 Manual Individual Corrections/Deletion Request	Approved	TESTHEIST_AUTO_NH_STATE_ACT, Pat	01/22/2025 12:55 AM ET	View
Test DMF Provider LO	HDS 3.0 Manual Individual Corrections/Deletion Request	Rejected	TESTHEIST_AUTO_NH_STATE_NDS, Pat	01/22/2025 12:47 AM ET	View
EAST LARZ ARSON	HDS 3.0 Manual Individual Corrections/Deletion Request	Pending	Assessment_Submitter2, Ships, Pat	01/21/2025 4:27 PM ET	View
REVEREND REHABILITATION HOSPITAL	IRF-PAI Manual Assessment Deletion Request	Completed	TESTHEIST_CHS_Prod_Correl_User1, Pat	01/21/2025 5:03 AM ET	View

At the bottom left, there is a dropdown menu labeled "10 per page". At the bottom right, there is a pagination bar showing "Page 1 of 10" and navigation buttons.

# **PASRR/PASARR**

Preadmission Screening and Resident Review

# PASRR/PASARR Process

- Level I completed prior to admission
  - If STE, referral to county is required
    - If staying beyond STE period, is a level II referral needed
  - If no STE and requires a level II, NH is required to provide applicant/resident or resident rep a copy of level I
- Determine if SPRS or SS are needed based off the level II. Are those services provided internally or externally.
- Order for medications? Care plan?

# PASRR/PASARR

## A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

Enter Code

0

Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?

- 0. **No** → Skip to A1550, Conditions Related to ID/DD Status
- 1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
- 9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

## A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05



Check all that apply

☐

A. Serious mental illness

☐

B. Intellectual Disability

☐

C. Other related conditions

# PASRR and LOC

## Fee-for-service nursing home reimbursement

- Nursing facilities must submit a NH LOC request for a Medicaid fee-for-service member. The request must include a PASRR Level I screen. Effective January 2025, NH LOC requests will be automatically denied if nursing facilities do not submit a PASRR Level I screen within 30 days of the request. This will result in denied nursing home claims.

# PASRR and STE

## Short term exemption (STE) reimbursement impact

- If an individual will stay beyond the STE period, the nursing facility must update the individual's existing Level I screen in the PASRR Level I Wizard to "yes" before the last day of the STE period.
- Submit a new LOC request.

# Appendix PP Updates

Effective April 2025

# F677 ADL Care Provided for Dependent Residents

## Coding:

**Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by themselves with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

# F637 Comprehensive Assessment after Significant Change

Added example of decline related to ADL  
physical functioning (at least 1)

Newly coded as partial/moderate assist (03), substantial/maximal assist (02), dependent (01), resident refused (07), or not attempted (10 or 88) since last assessment and does not reflect normal fluctuations in that individual's functioning.

# F637 Comprehensive Assessment after Significant Change

Added example of improvement  
related to ADL physical functioning  
(at least 1)

Newly coded as independent (06), setup or clean up  
assistance (05), supervision or touching assistance (04)  
since last assessment and doesn't reflect normal  
fluctuations in that individual's functioning.

# F637 Comprehensive Assessment after Significant Change

1. Admission Performance

Enter Codes in Boxes

↓

<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The abi
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on a

5. OBRA/Interim Performance

Enter Codes in Boxes

↓

<input type="text"/>	<input type="text"/>	A. Roll left and right: The ability to roll from lying on
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on sid
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to mo
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to come to a standing pos
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to transfe
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to get on and off a toile

# F637 Comprehensive Assessment after Significant Change

Upper body dressing:

- 8/20/24 – coded as dependent (01)
  - 11/20/24 – coded as substantial/maximal assistance (02)
- 

Definition of improvement:

- **Newly** coded as independent (06), setup or clean up assistance (05), supervision or touching assistance (04)

# F641 Accuracy, Coordination, Certification

Intent: Assure each resident receives an **accurate** assessment, reflective of the resident's status at the time of the assessment, by **staff qualified** to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline.

- Now includes investigating MDS accuracy for insufficient documentation to support DSM diagnoses of Schizophrenia.
- F642 Coordination/Certification of assessment combined

## **F641**

### **Accuracy, Coordination, Certification**

Accuracy – RN must conduct or coordinate with appropriate participation

Certification – RN must sign and certify assessment complete

- Everyone who completes must sign and certify accuracy

# F641 Accuracy, Coordination, Certification

Appropriate certifications in place

## Section Z - Assessment Administration

### Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date Section Completed
-----------	-------	----------	------------------------

A. \_\_\_\_\_

### Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion

B. A. Signature: \_\_\_\_\_

B. Date RN Assessment Coordinator signed assessment as complete:

<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			

# F641 Accuracy, Coordination, Certification



Diagnosis of Schizophrenia (DSM) have sufficient supporting documentation that meets the criteria.



Record review and interview staff that completed assessment.

# F641 Accuracy, Coordination, Certification

Supporting documentation for new diagnosis should include, but not limited to:

- Evaluation of the resident's physical, behavioral, mental, psychosocial status and comorbid conditions,
- Ruling out physiological effects of a substance or other medical conditions,
- Indications of distress,

# F641 Accuracy, Coordination, Certification

- Changes in functional status,
- Resident complaints,
- Behaviors,
- Symptoms and/or,
- State PASRR evaluation



# F658 Services Provided



MENTAL DISORDERS  
DIAGNOSED BY  
PRACTITIONER?



EVIDENCE BASED CRITERIA  
UTILIZED I.E., DSM?



SUPPORTING  
DOCUMENTATION

# F658 Services Provided

Schizophrenia

Schizophreniform disorder

Schizoaffective disorder

# F658 Services Provided

## Examples of **insufficient** documentation:

- A situation where schizophrenia or another diagnosis is only mentioned as an indication in medication orders without supporting documentation.
- The addition of, or request by the facility to a practitioner for, a diagnosis of schizophrenia or another diagnosis without documentation supporting the diagnosis.
- A practitioner's note or transfer summary from a previous provider stating, "history of schizophrenia," "schizophrenia," or another diagnosis without supporting documentation confirming the diagnosis with a previous practitioner or family, and the facility failed to provide evidence that a practitioner conducted a comprehensive evaluation after admission.

# F658 Services Provided

- A diagnosis list stating schizophrenia or another diagnosis without supporting documentation.
- A note of schizophrenia or another diagnosis in an electronic health record (EHR) without supporting documentation which populates throughout the EHR.
- A note of schizophrenia or another diagnosis in the medical record by a nurse without supporting documentation by the practitioner.

# F658 Services Provided

Examples of insufficient documentation for a **NEW** mental health diagnosis:

- Documentation (e.g., nurses' notes) indicating the resident has had symptoms, disturbances, or behaviors consistent with those listed in the DSM criteria, and for the period of time in accordance with the DSM criteria.
- Documentation from the diagnosing practitioner indicating that the diagnosis was given based on a comprehensive assessment, such as notes from a practitioner's visit.

# F658 Services Provided

- Documentation from the diagnosing practitioner indicating that the symptoms, disturbances, or behaviors are not attributable to (i.e., ruled out) the effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., UTI or high ammonia levels).
- Documentation regarding the effect the disturbance is having on the resident's function, such as interpersonal relationships, or self-care, in comparison to their level of function prior to the onset of disturbance.

## Psychiatric/Mood Disorder

- ☐ I5700. Anxiety Disorder
- ☐ I5800. Depression (other than bipolar)
- ☐ I5900. Bipolar Disorder
- ☐ I5950. Psychotic Disorder (other than schizophrenia)
- ☐ I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
- ☐ I6100. Post Traumatic Stress Disorder

# MDS

## Section E - Behavior

### A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

Enter Code

☐

Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition?

- 0. No → Skip to A1550, Conditions Related to ID/DD Status
- 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
- 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status

### A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05



Check all that apply

☐

A Serious mental illness

1.

Is taking

2.

Indication noted

↓ Check all that apply ↓

A. Antipsychotic

☐☐

B. Antianxiety

☐☐

C. Antidepressant

☐☐

D. Hypnotic

☐☐

# Resident Assessment CEP

New: ***Does the resident assessment accurately reflect*** the resident's status (e.g. comprehensive, quarterly, significant change in status)?

Old: Did staff who have the skills and qualifications to assess relevant care areas and who are knowledgeable about the resident's status, needs, strengths, and areas of decline accurately complete the resident assessment (i.e., comprehensive, quarterly, significant change in status)?



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<https://www.dhs.wisconsin.gov/regulations/nh/rai-mds.htm>

# References

- iQIES [Reports Manual](#)
- MDS 3.0 QM [Users Manual V17.0](#)
- SNF QRP Measure Calculations and Reporting [User's Manual Change Table V6.0](#)
- Risk Adjustment [Appendix File v17](#)
- [Data.cms.gov](#)
- [Appendix PP](#) – State Operations Manual