



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Quarterly MDS Forum

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F645

PASARR process requires all applicants of a Medicaid-certified nursing facility to be screened (Level I) for possible serious MD, ID and related conditions **prior to admission** and that individuals identified with MD or ID are evaluated and receive care and services in the most integrated setting appropriate for their needs.

- Does the person have a major mental disorder under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DMS 5? Select the "Yes" option if the person's symptoms and behaviors could support an appropriate diagnosis of a major mental illness under DSM III-R or DSM 5. Select the "No" option if the person's mental illness symptoms/behaviors are directly cause by a medical condition (e.g., hypothyroidism can cause depressive symptoms; a stroke in the frontal lobe may cause decreased appetite and weight loss).*

Yes No

Medications

- Within the past six months, has this person received psychotropic medication(s) to treat symptoms or behaviors of a major mental disorder under the Diagnostic and Statistical Manual of Mental Disorders, 3rd edition, revised (DSM III-R) or DSM 5 (see the previous panel for clarification)? If the person received psychotropic medication(s) to treat a medical condition, symptoms or behaviors that are due to a medical condition, or otherwise do not suggest the presence of a major mental illness, then provide a progress note in the person's record identifying the medication(s) and medical reason (e.g., symptoms or behaviors) for which the medication(s) is prescribed. For example, Elavil, which is an antidepressant, may be prescribed to alleviate pain; Remeron, which an antidepressant, may be used to increase appetite that was diminished due to a stroke. Attach a copy of the progress note to this Level I Screen.
- Select all applicable medications below and select the name of the psychotropic medications the person has received within the past six months. The below list includes the trade names of the commonly used psychotropic medications and is not meant to be comprehensive. Some medications are approved for multiple purposes (e.g., Paxil may be used to treat anxiety or depression; Tegretol may be used as an anticonvulsant or a mood stabilizer).

Has the person displayed any of the following symptoms that may suggest the presence of a major mental illness?*

- a. Suicidal statements, gestures, or acts
- b. Hallucinations, delusions, or other psychotic symptoms
- c. Severe and extraordinary thought or mood disorders
- d. Depression or anxiety that interferes with daily living

Question 1

Is there a diagnosis or history of intellectual disabilities?* Yes No

Question 2

Is there a diagnosis of cerebral palsy, epilepsy, autism, brain injury or intellectual/developmental condition, other than mental illness, that results in impairment of general intellectual function or adaptive behavior similar to that of intellectually disabled persons, and requires treatment or services similar to those required for these persons and was manifested before the person was age 22?*

Yes No

Screening Results



- Based on your previous responses, is the following true:

Resident is NOT suspected of having a serious intellectual/developmental disability.* Agree Disagree

Resident is suspected of having a serious mental illness.* Agree Disagree

Previous

Next

Save

Exit

Hospital Discharge Exemption - 30 Day Maximum

Is this person entering the nursing facility from a hospital for the purpose of convalescing from a medical problem for 30 days or less?*

Yes No



Emergency Placement - 7 Day Maximum

Is this person entering the nursing facility because it appears probable that an individual will suffer irreparable physical or medical decline, injury or death if not immediately placed?*

Yes No

Respite Care - 7 Days Per Stay Maximum; 30 Days Per Year Maximum

Is this person entering the nursing facility to provide a planned respite to in-home caregivers after which the person is expected to return to his/her home?

Note: Medicaid payment for a nursing facility stay is not permissible for respite care, unless the person receives Medicaid Waiver funds (e.g., CIP) or is enrolled in a Medicaid managed care program (e.g., Family Care) and the funds from these sources includes respite care. *

Yes No

County Review F-20822

Brain injury that occurred after 22nd birthday

Recommendation regarding institutional placement: (Check the appropriate box.)

NURSING FACILITY - ADMISSION RECOMMENDED (Check the applicable boxes below.)

A short-term exemption from Level II Screening applies. (Note: Short-term exemptions may not be used consecutively to extend the time in a facility without a PASRR Level II Screen.)

- Hospital Discharge Exemption - 30 day maximum
- Emergency Placement - 7 day maximum
- Respite Care - 30 days per year maximum

The person may need nursing facility placement beyond the permitted timeframes of the short-term exemptions. Level II Screen required. It is permissible for the county PASRR liaison to check one of the boxes below along with one of the short-term exemptions above.

- County has received a recently completed Level II Screen summary from the PASRR evaluation team.
- Person needs a Level II Screen by area PASRR evaluation team.
- Person has a brain injury that occurred after 22nd birthday and does not have an additional developmental disability or an accompanying mental illness requiring a PASRR Level II Screen.

- Admission to a licensed nursing home that is not Medicaid certified. (Note: PASRR only applies to Medicaid certified nursing facilities.)
- ICF / IID (FDD) ADMISSION RECOMMENDED
- The county believes that the person does not have mental illness or developmental disability as defined in s. 51.01, Stats., and therefore, county approval is not necessary.

Severe Medical Condition



Question 1

Does the person have a severe medical condition, including but not limited to Chronic Obstructive Pulmonary Disease (COPD), Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis (ALS) or Congestive Heart Failure (CHF), or a terminal illness (a physician has indicated there is six months or less of life expectancy)?*

Yes No

Question 2

Does the person's medical condition substantially limit the person's ability to participate in activities?*

Yes No

Severe Cognitive Deficits



- Does the person have cognitive deficits due to dementia, Alzheimer's disease or similar degenerative process that substantially interferes with his/her independent functioning and results in a level of impairment that the person could not be expected to participate in or benefit from specialized services? For example, a person who can follow only one-step directions, scores low on the Brief Interview for Mental Status (BIMS), cannot remember a list of three items after five minutes, etc. generally should qualify for an Abbreviated Level II Screen. In addition, there must be documentation that provides a reasonable basis for concluding that these deficits are not due to a reversible condition (e.g., delirium or a long-standing history of a serious mental illness, it is essential to include information about prior functioning to demonstrate that there has been a decrease in functioning compared to prior levels.*

Yes No

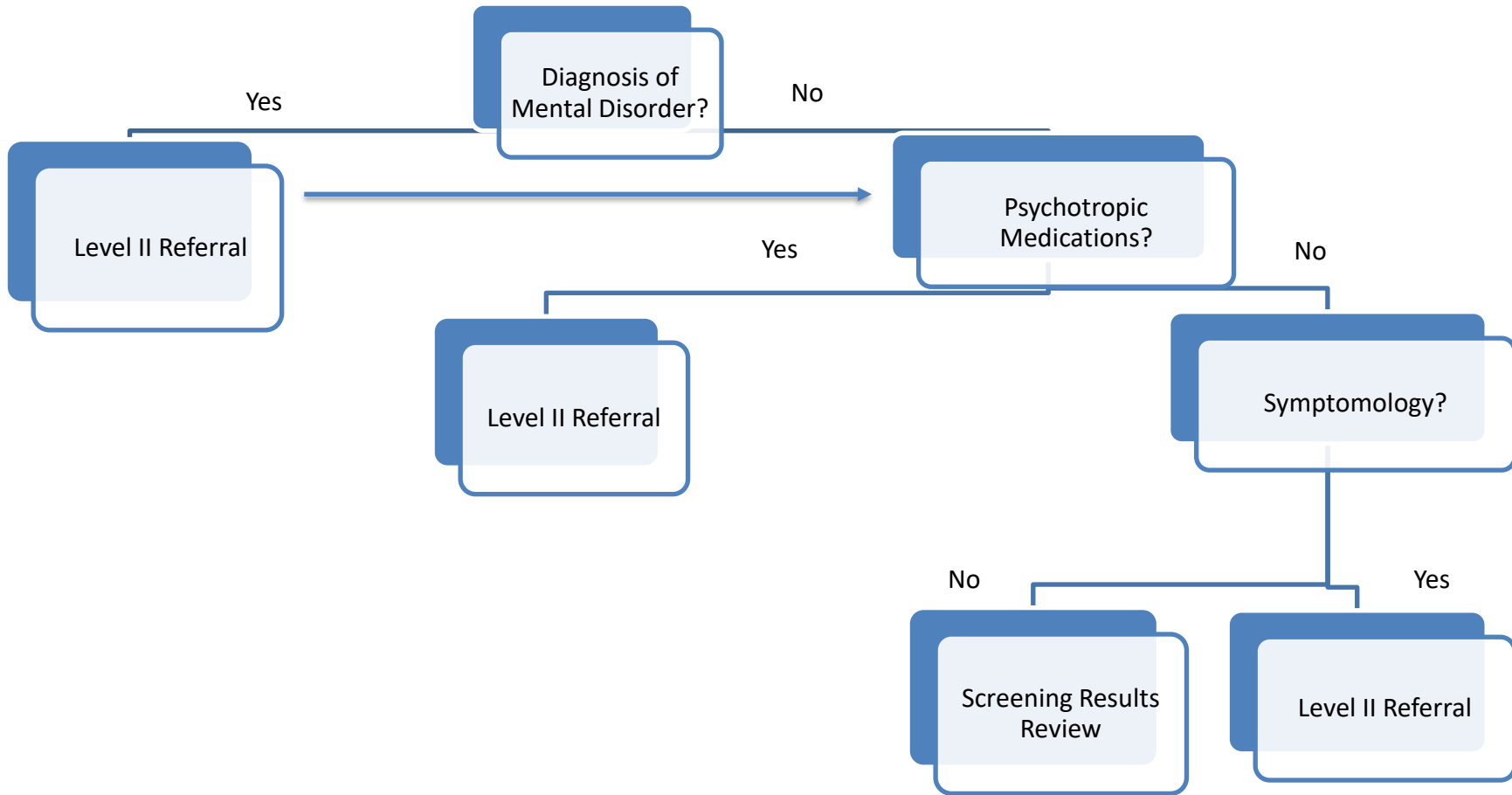
Referral Documentation

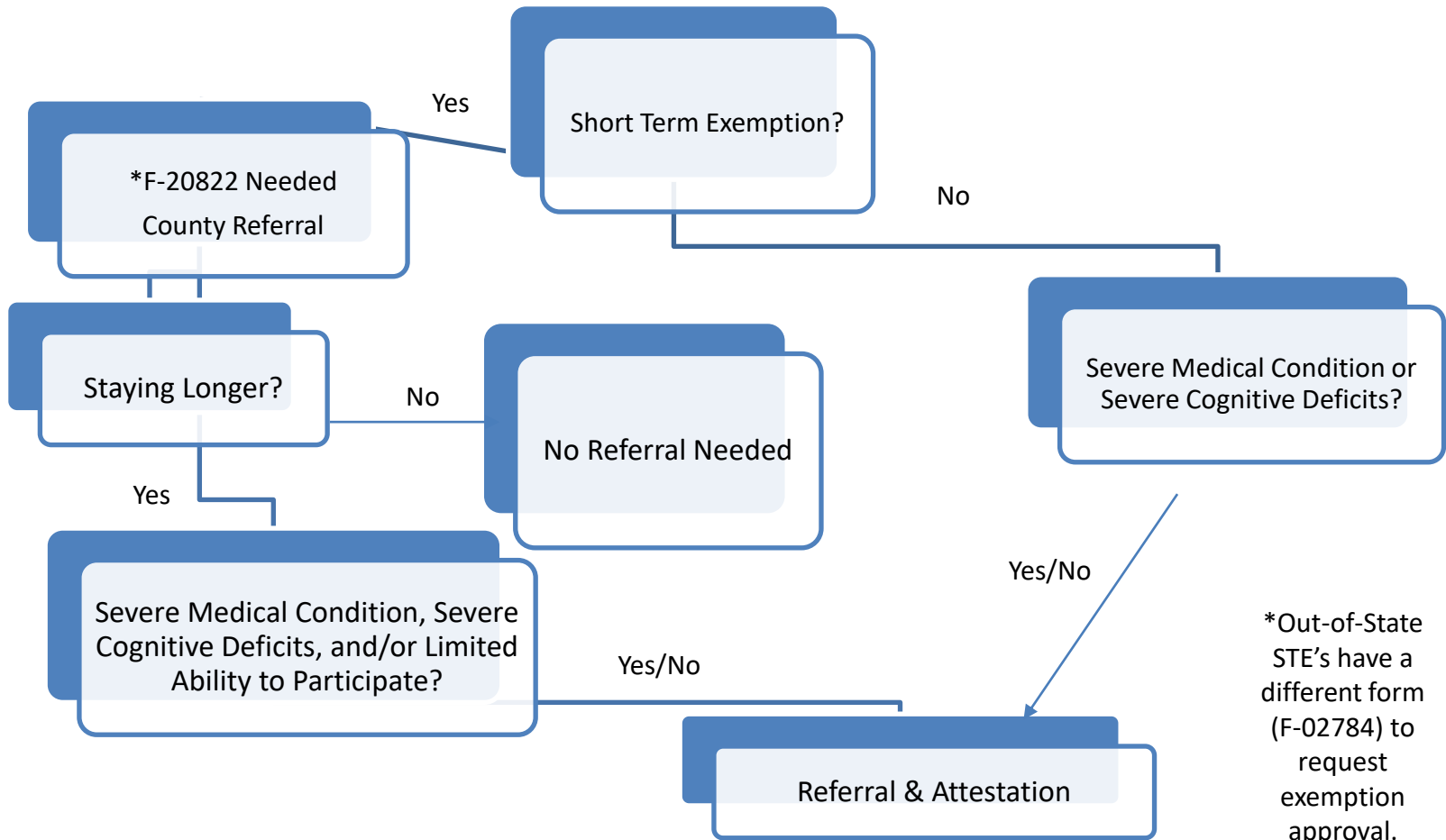


Please upload any documentation such as tests, other evaluations, and pertinent progress notes to verify the medical or cognitive condition and the severity of impact the condition has on the person's independent functioning. The PASRR contractor will determine if the documentation supports the criteria for an Abbreviated Level II Screen.

Suggested Documentation:

- Face Sheet
- Current Med List/Physician's Orders
- Diagnosis List
- History and Physical and/or Physician progress note
- Psychiatric Evaluation/Notes
- Current Nursing Notes
- Sections C, D and GG of MDS
- Most recent PT/OT and Speech Therapy





*Out-of-State STE's have a different form (F-02784) to request exemption approval.

Review the Following

- Section I – Active Diagnoses
 - Psychiatric/mood disorders (I5700-I6100)
- Section N – Medications (N0415)
- Section O – Special Treatments/Proc/Prog
 - Psychological therapy (O0400E)
- Physicians' orders
 - Psychoactive medications
 - Pertinent diagnoses/conditions

Level II Determination

- Yes, to NF and Yes to specialized services (SS) for intellectual disability or specialized psychiatric rehabilitative services (SPRS) for mental illness
- Yes, to NF and No to SS or SPRS or
- No to NF and Yes to SS or SPRS or
- No to NF and no to SS or SPRS; or
- No to NF but may need inpatient psychiatric services for serious mental illness (this is rare)

Level II Determination - SPRS

Includes but is not limited to:

- Physical therapy, speech-language pathology, occupational therapy, or respiratory therapy. Services must be provided by the facility or an outside resource and delivered by qualified personnel as defined below in the guidance under tag F826 and who are acting within the State's scope of practice laws and regulations.

Level II Determination - SS

Services specified by the State that **exceed the services** ordinarily provided by the nursing facility (NF) under its per diem rate. These services must be provided or arranged by the state and could include hiring additional staff or contractors such as qualified mental health/intellectual disability professionals.

F644

Coordinate assessments with the PASARR program and incorporate any recommendations from the PASARR level II determination, if applicable, and referring all level II residents with newly evident or possible serious mental disorder, ID, or related condition for a level II upon a SCSA.

Change of Status Includes

- Having a short-term exemption but the person needs to stay longer.
- Psychiatric improvement and no longer in need of SS or SPRS.
- Decline in psychiatric status and now in need of SS or SPRS.
- Diagnosed MI or ID after admission.
- A decline in medical or cognitive status and no longer in need of SS or SPRS.

F646

Nursing facility must notify BCS promptly after a significant change in the mental or physical condition of a resident who has MI or ID for resident review.



**Refer to 483.20(b)(2)(ii), F637, comprehensive assessment after significant change

New PASRR Level II Eval

- Transfer to a less restrictive setting that is somewhere other than a NH or hospital.
- Changes in status that could change the PASRR determination.

PASRR – A1500 and A1510

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

B. Intellectual Disability

C. Other related conditions



PASRR – A1550

A1550. Conditions Related to ID/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01

If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely

ID/DD With Organic Condition

- A. Down syndrome

- B. Autism

- C. Epilepsy

- D. Other organic condition related to ID/DD

ID/DD Without Organic Condition

- E. ID/DD with no organic condition

No ID/DD

- Z. None of the above

Understanding the Quality Reporting Program (QRP)

Data Derived From

- MDS data for Medicare Part A PPS assessments
- Fee for service (FFS) claims-based measures
- CDC National Healthcare Safety Network (NHSN)

- Data validation process *New



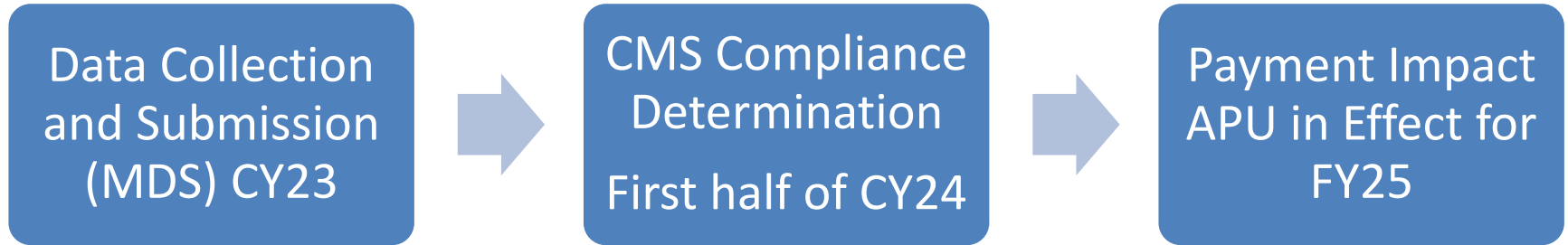
MDS Measures

- PPS 5-day admit through PPS discharge (Type 1 stay)
- PPS 5-day admit through death (Type 2 stay)
- Incomplete stay exclusions:
 - Unplanned discharge
 - Discharge to acute care
 - Discharge against medical advice
 - Less than three day stay or
 - Death

MDS Measures

- Target period is 12 calendar months or fiscal year.
- Measure calculations for the quarterly rates and the cumulative rates are refreshed weekly.
- FY2026 annual payment update (APU) threshold of no less than 90% of the MDS having 100% completion of the required SNF QRP data elements.

Collection/Submission of Data



MDS Data

MDS Data Elements Used for FY 2026 SNF QRP APU Determination		MDS 3.0 Assessment Type		Data Collection Periods (CY 2024)	
MDS Section & Number	Data Element Label/Description	PPS 5-Day A0310B=[01]	Part A PPS Discharge A0310H=[1]	Q1, Q2, Q3 2024 MDS 3.0 Version 1.18.11	Q4 2024 MDS 3.0 Version 1.19.1
A1005*	Ethnicity	X		X	X
A1010*	Race	X		X	X
A1110A	Language: What is your preferred language?	X		X	X
A1110B	Language: Need or want an interpreter to communicate with a doctor or health care staff?	X		X	X
A1250	Transportation	X	X	X	X

MDS Measures

- Application of percent of residents experiencing one or more falls with major injury
- Drug regimen review conduction with follow-up for identified issues
- Changes in skin integrity PAC: Pressure ulcer/injury
- **Application of IRF functional outcome measure: Discharge self-care score for medical rehabilitation patients**

MDS Measures

- **Application of IRF functional outcome measure: Discharge mobility score for medical rehabilitation patients**
- Transfer of health information to the provider post-acute care
- Transfer of health information to the patient post acute care
- **Discharge function score**
- **COVID-19 Vaccine: Percent of patients/residents who are up to date (Will begin October 1, 2024)**

Meeting Compliance

- Submission and accepting of data into iQIES
 - Chapter 2 of the RAI manual
 - [Data collection and final submission deadlines](#)

Measure Name	Data Collection Time Frame	Final Submission Deadlines
Changes in Skin Integrity Post- Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not-endorsed)]	January 1, 2024 – December 31, 2024	
	January 1 – March 31, 2024	August 15, 2024
	April 1 – June 30, 2024	November 18, 2024
	July 1 – September 30, 2024	February 18, 2025
	October 1 – December 31, 2024	May 15, 2025

Fee-for-Service Claims Based

- No additional data collection is needed as data is taken from both Medicare Parts A and B FFS claims and the master beneficiary summary file (MBSF).
- Two-year reporting period except for the SNF healthcare acquired infections measure (1 year)
- Refreshed annually
- No reporting deadlines

Fee-for-Service Claims Based

- Potentially preventable 30-day post discharge readmission measure*
- Discharge to community
- Medicare spending per beneficiary*
- SNF healthcare associated infections requiring hospitalizations

CDC NHSN

- 100% data collected and submitted using the CDC NHSN.
- COVID-19 vaccination coverage among healthcare personnel (HCP)
 - January 1 through December 31
- Influenza vaccination coverage among healthcare personnel (HCP)
 - October 1 through March 31

New!

Medical Record Submission Data Completeness Requirement

- Randomly select 1500 SNFs.
- Up to 10 medical records.
- Submit medical records within 45 days of the request.
- If fail to do so, subject to the 2% points on annual market basket.

Compliant Requirements

- MDS Data
 - 90% of data submitted to iQIES must contain 100% of the required measures and standardized patient assessment data.
- NHSN Data
 - 100% of data submitted to CDC's NHSN must contain 100% of the required data for the CDC NHSN measures.
- Data Validation Process
 - 100% for records selected

Reports

Review and Correct Report

▼ MDS 3.0 Quality Measure: Pressure Ulcer/Injury

Table Legend
Dash (-): Data not available or not applicable
X: Triggered
NT: Not Triggered
E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q2 2024	S038.02	04/01/2024	06/30/2024	11/18/2024	Open	1	59	1.7%
Q1 2024	S038.02	01/01/2024	03/31/2024	08/15/2024	Open	0	34	0.0%
Q4 2023	S038.02	10/01/2023	12/31/2023	05/15/2024	Closed	0	33	0.0%
Q3 2023	S038.02	07/01/2023	09/30/2023	02/15/2024	Closed	0	49	0.0%
Cumulative	-	07/01/2023	06/30/2024	-	-	1	175	0.6%

Reports

Provider Threshold Report

of MDS 3.0 Assessments Submitted: 244

of MDS 3.0 Assessments Submitted Complete: 229

% of MDS 3.0 Assessments Submitted Complete: 94%*

∨ HCP COVID-19 Vaccine

CDC Data Reported to CMS: 05/16/2024

Time Period ∨	Data Collection Start Date ∨	Data Collection End Date ∨	Data Submission Deadline ∨	Month 1 ∨	Month 2 ∨	Month 3 ∨
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
CY 2024 Q1	01/01/2024	03/31/2024	08/15/2024	No	No	No
CY 2024 Q2	04/01/2024	06/30/2024	11/18/2024	No	N/A	N/A
CY 2024 Q3	07/01/2024	09/30/2024	02/18/2025	N/A	N/A	N/A
CY 2024 Q4	10/01/2024	12/31/2024	05/15/2025	N/A	N/A	N/A

Reports

Quality Measure Facility Level

Data Calculation Date: 08/01/2024

Table Legend

Dash (-): Data not available or not applicable

Measure Name	Report Period	CMS ID	CMS ID Discharge Dates	Numerator	Denominator	Facility Observed Percent	Facility Risk-Adjusted Percent	National Average
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
Pressure Ulcer/Injury	07/01/2023 - 06/30/2024	S038.02	07/01/2023 - 06/30/2024	1	175	0.6%	0.6%	2.7%

Reports

Quality Measure Resident Level

		<i>Undesirable Outcomes</i>	
Admission Date	Discharge Date	QM 1	QM 2
<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>	<input type="text" value="Filter"/>
03/25/2024	04/08/2024	X	NT

QM #	Measure Name	Measure Interpretation	Report Period	CMS ID	CMS ID Discharge Dates
1	Pressure Ulcer/Injury	Undesirable Outcomes	07/01/2023 - 06/30/2024	S038.02	07/01/2023 - 06/30/2024

Reports

Final Validation

- Rejected/accepted
- Warnings (late/dashed)
 - -3897, -3908

MDS 3.0 Item(s):	J0510, J0520, J0530
Item Values:	-, -, -
Message Number:	-3897
Message Type:	Warning
Message:	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a payment reduction for your facility of two percentage points for the affected payment determination.

Reports

MDS Error Number Summary by Facility Dashboard or Error Detail Report

Wisconsin	-3897	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a ...	Warning	19	63.3%
Wisconsin	-3908	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a paymen...	Warning	16	53.3%
Wisconsin	-3897	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a ...	Warning	3	50.0%
Wisconsin	-3908	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a paymen...	Warning	3	50.0%
Wisconsin	-3897	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a ...	Warning	25	52.1%
Wisconsin	-3908	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a paymen...	Warning	25	52.1%
Wisconsin	-3897	Payment Reduction Warning: If A0310B equals 01, then a dash (-) submitted in this quality measure item may result in a ...	Warning	19	95.0%
Wisconsin	-3908	Payment Reduction Warning: If A0310H equals 1, a dash (-) submitted in this quality measure item may result in a paymen...	Warning	3	15.0%

Reports

Provider Preview Report

- 30 days to preview (from date made available).
- Correct any of the underlying data that is incorrect.
- Submit request via email for review of data by CMS if the quality measure results appear to be inaccurate.



Jeopardy!!

Rules:

- You must wait for the entire question to be answered and then you are to put the answer into the chat box.
- First person to put the correct answer in chat will receive the point value.
- Person with the most points wins!!

Good luck!

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

References

- [PASRR User's Guide](#)
- [PASRR Resources](#)
- [SNF QRP Claims-Based Measures Manual](#)
- [SNF QRP Measure Calculations and Reporting Manual V5](#)
- iQIES [Reports Manual](#)