



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND
HUMAN RESOURCES
Bureau for Medical Services**

Optional State Assessment (OSA)

Presented By:

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**MYERS AND
STAUFFER** LC
CERTIFIED PUBLIC ACCOUNTANTS



AGENDA

- ✓ Optional State Assessment
- ✓ West Virginia OSA Requirements

OSA Background

- ✓ The Centers for Medicare and Medicaid Services (CMS) is ending support for Resource Utilization Groups (RUG)-III and RUG-IV on federally required assessments for patients residing in Nursing Facilities (NF) and Skilled Nursing Facilities (SNF) as of Oct. 1, 2023.
- ✓ Effective Oct. 1, 2023, West Virginia will require a concurrent OSA be completed, with the same Assessment Reference Date (ARD), on each federally required assessment submitted for all Medicaid certified nursing facilities.
 - This will allow for a RUGs-based case mix score to be calculated and the current RUG-based reimbursement methodology to continue beyond Oct. 1, 2023.



OSA

- ✓ The OSA is not a Federally required assessment; rather, **it is required at the discretion of the State Agency for payment purposes.**
- ✓ Each state will determine whether the OSA is required and when the assessment must be completed.



Requirements

OSA

Intent: The Optional State Assessment (OSA) item set may be required by a State Medicaid Agency to calculate the Resource Utilization Group (RUG)-III or RUG-IV case mix group Health Insurance Prospective Payment System (HIPPS) code for state payment purposes.

Several items that have been removed from all Federally required item sets remain on the OSA for the purpose of calculating RUG-III/RUG-IV HIPPS codes, those include:



- | | | | | |
|---------|---------|---------|---------|---------|
| ✓ A0300 | ✓ D0300 | ✓ K0510 | ✓ O0450 | ✓ O0700 |
| ✓ D0200 | ✓ G0110 | ✓ O0100 | ✓ O0600 | ✓ X0570 |

OSA



Intent Cont.:

- ✓ Instructions for completing other items on the OSA can be found in the respective sections of Chapter 3 of the Minimum Data Set (MDS) Resident Assessment Instrument (RAI) 3.0 User's Manual. **The guidance in the OSA Manual should only be applied when completing an OSA for payment purposes.**
- ✓ Providers should use the guidance in the MDS RAI 3.0 User's Manual to guide their completion of Federally required assessments.



**WEST VIRGINIA
OPTIONAL
STATE ASSESSMENT
REQUIREMENTS**



WEST VIRGINIA OPTIONAL STATE ASSESSMENT (OSA)

When is the OSA Required for West Virginia?

- ✓ October 1, 2023 West Virginia will begin requiring OSAs.
- ✓ The OSA assessments **will be required** to be completed concurrently for all Federally required OBRA and PPS assessments.
 - **OSA assessments must always be completed concurrently with Federally required assessments – the OSA cannot be a “stand alone” assessment.**
 - **The OSA must share the same ARD as the Federally required assessment for which it is completed.**

WEST VIRGINIA OSA REQUIREMENTS

- ✓ The OSA will be required to be completed concurrently with all OBRA and PPS assessments that are federally required.
 - The OSA is **not required** with any discharge assessments unless the discharge assessment is combined with another OBRA or PPS assessment.
 - The OSA is **not required** to be completed with a stand-alone Part A PPS Discharge.
 - An OSA assessment **will be required** with every federally required assessment submission regardless of payer source.
 - OSAs **will only be** required with MDS assessments submitted through the iQIES/ASAP system (this would not include insurance/managed care).
 - Since an Interim Payment Assessment (IPA) is an optional assessment (not federally-required), the OSA is **not completed** with an IPA.
- ✓ Only facilities that accept Medicaid payments will be required to complete these assessments.
- ✓ The OSA is **always opened as a stand-alone assessment**, as it cannot be combined with any other assessment.



FACILITY PREPARATION



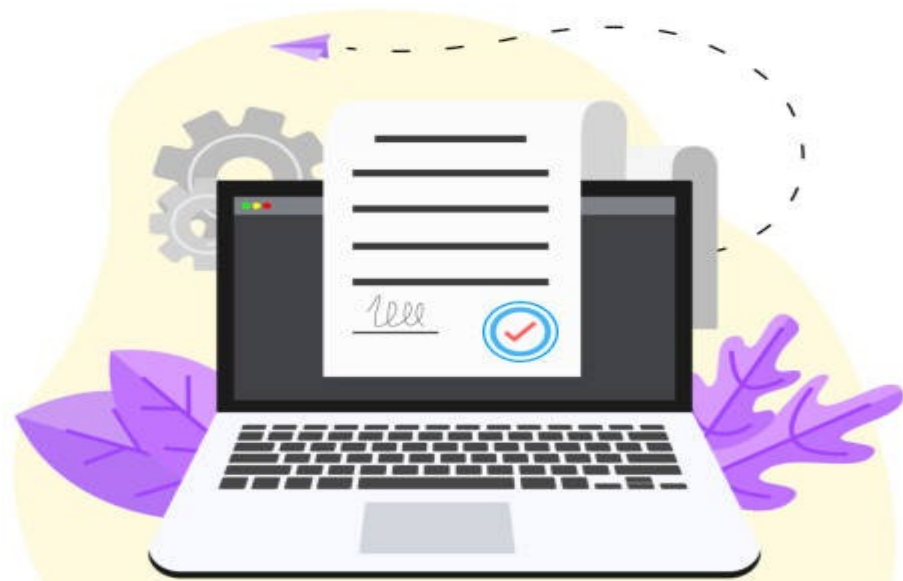
- ✓ It is recommended, nursing facilities start reviewing their internal software systems for OSA compatibility prior to Oct. 1, 2023, in preparation for the implementation of the OSA requirement.
- ✓ An OSA will be required with every federally required assessment with an ARD of 10-1-23 and after (until further notice).
 - Facilities do **NOT** have to “catch up” MDS assessments currently in progress on 10-1-23; however, all federally required assessments with an ARD of 10-1-23 and after must have an accompanying OSA.

WHAT WILL NOT CHANGE

- ✓ The CMI process
- ✓ The current reimbursement system will continue without change.
- ✓ Quality measures will not be obtained from MDS items on the OSA as the OSA is a state required assessment and not a federally required assessment.



OSA SUBMISSIONS



OSA SUBMISSIONS

- ✓ OSA submissions will follow the same submission requirements of the federally-required assessments they accompany.
- ✓ An OSA assessment would never be submitted without a corresponding OBRA or PPS assessment with the same ARD.
 - The OSA does not have to be submitted in the same transmission as the Federally required assessment.
- ✓ If an OSA **is not** submitted at the time of the federally required assessment (with the same ARD), there would be no valid assessment; therefore, the non-valid resident assessment RUG score and CMI value would be assigned.
- ✓ If an OSA **is submitted** without a federally required assessment, the OSA assessment submitted will not be considered valid for reimbursement purposes.

REIMBURSEMENT TRANSITION

- ✓ CMS has stated that the OSA will not be allowed after October 1, 2025.
- ✓ All states utilizing an OSA must transition to an alternate reimbursement system before or at that time as the OSA will no longer be supported.





KEY DIFFERENCES BETWEEN THE OSA ITEM SET AND V1.18.11 ITEM SETS

- ✓ The OSA item set is condensed to 20 pages.
 - In comparison, the v1.18.11 quarterly item set v1.18.11 is 51 pages and the comprehensive item set is 58 pages.
- ✓ Sections not on the OSA item set:
 - Section F
 - Section GG
 - Section L
 - Section P
 - Section Q
 - Section V



KEY DIFFERENCES BETWEEN THE OSA ITEM SET AND V1.18.11 ITEM SETS

- ✓ With the exception of three social determinants of health items in Section A, CMS has streamlined the OSA to focus on the RUG-based payment items.
 - Example: Section G only includes the four late-loss ADL items.
- ✓ OSA Manual is condensed
 - OSA Manual is 46 pages.
 - In comparison, the draft RAI User's Manual is more than 1,600 pages.
 - OSA Manual only contains coding instructions for MDS items that are not on the v1.18.11 item sets.
- ✓ No combination assessments are allowed
 - The OSA cannot ever be combined with any other MDS assessment – it must always be a standalone assessment.



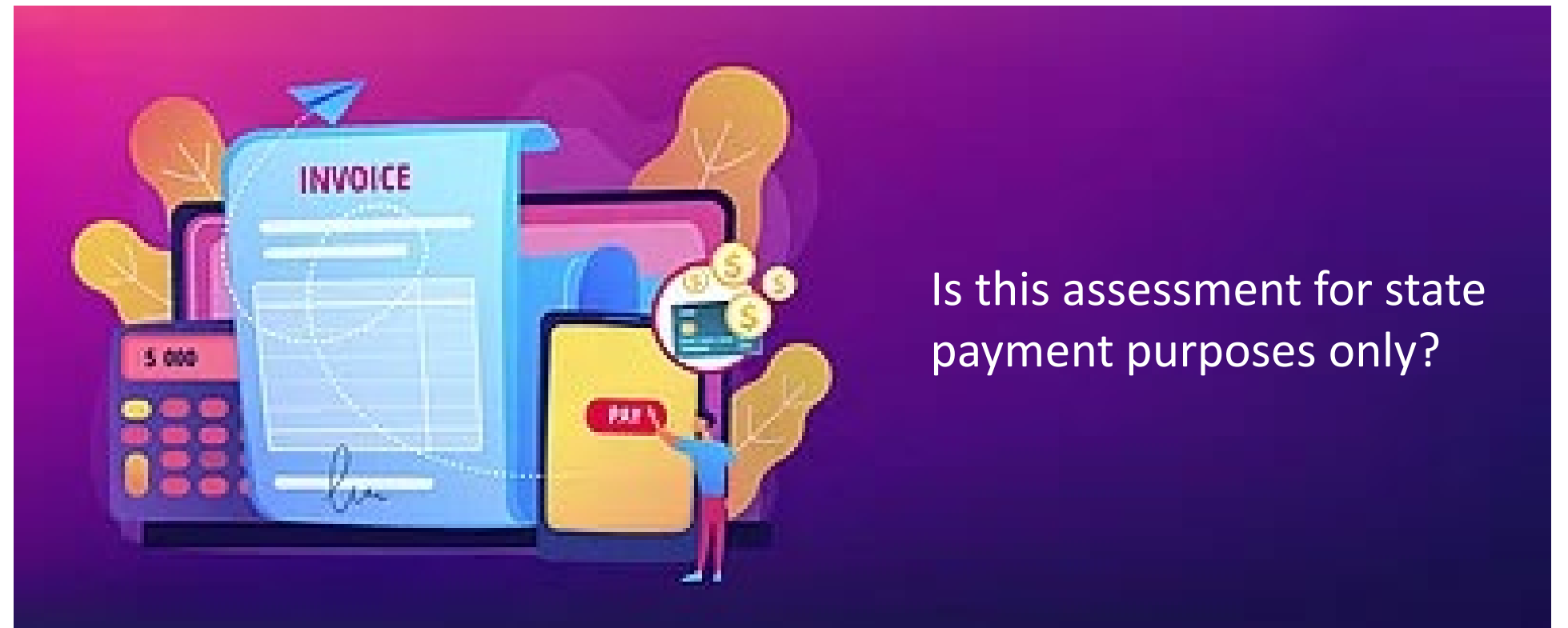
OPTIONAL STATE ASSESSMENT

Item Sets Differing from Federally Required Assessments



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A0300: OPTIONAL STATE ASSESSMENT



Is this assessment for state payment purposes only?



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A0300 OPTIONAL STATE ASSESSMENT

A0300B would typically be coded 5

A0300: Optional State Assessment

A0300. Optional State Assessment

Enter Code A. Is this assessment for state payment purposes only?
0. No
1. Yes

Enter Code B. Assessment type
1. Start of therapy assessment
2. End of therapy assessment
3. Both Start and End of therapy assessment
4. Change of therapy assessment
5. Other payment assessment

Coding Instructions for A0300, Optional State Assessment

- ✓ Enter the code identifying whether this is an optional payment assessment. This assessment is not required by CMS but may be required by your state.
- ✓ If the assessment is being completed for state-required payment purposes, complete items A0300A and A0300B.

D0200: RESIDENT MOOD INTERVIEW (PHQ-9)



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D0200: RESIDENT MOOD INTERVIEW (PHQ-9)

D0200: Resident Mood Interview (PHQ-9©)



D0200. Resident Mood Interview (PHQ-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)

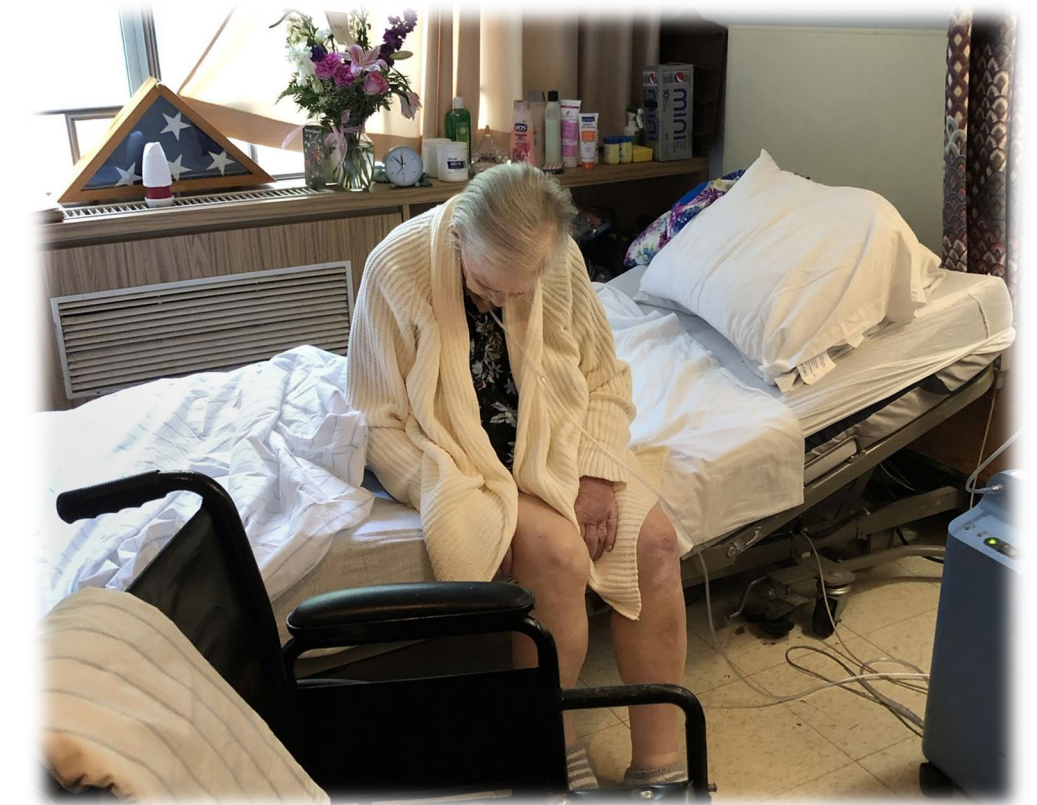
1.
Symptom
Presence

2.
Symptom
Frequency

↓ Enter Scores in Boxes ↓

D0200: RESIDENT MOOD INTERVIEW (PHQ-9)

	1. Symptom Presence	2. Symptom Frequency
↓ Enter Scores in Boxes ↓		
A. <i>Little interest or pleasure in doing things</i>	<input type="checkbox"/>	<input type="checkbox"/>
B. <i>Feeling down, depressed, or hopeless</i>	<input type="checkbox"/>	<input type="checkbox"/>
C. <i>Trouble falling or staying asleep, or sleeping too much</i>	<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Poor appetite or overeating</i>	<input type="checkbox"/>	<input type="checkbox"/>
F. <i>Feeling bad about yourself - or that you are a failure, or have let yourself or your family down</i>	<input type="checkbox"/>	<input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	<input type="checkbox"/>	<input type="checkbox"/>



PHQ-9

- ✓ The PHQ-9 process will be changing on the federally required MDS assessments as of October 1, 2023.
- ✓ For federally required assessments, there is a potential to end the PHQ depression screening after the completion of the PHQ-2.

**PLEASE NOTE:
THE OSA CONTINUES TO REQUIRE
A FULL PHQ-9.**



D0200A-I, Column 2 Resident Mood Interview (Symptom Frequency)	~Clinically Complex	Does require: <ul style="list-style-type: none">• Validation of completion of items D0200 A-I at Z0400 dated on or before the ARD and within the 14-day observation period.
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D0300: Total Severity Score

D0300: Total Severity Score

D0300. Total Severity Score

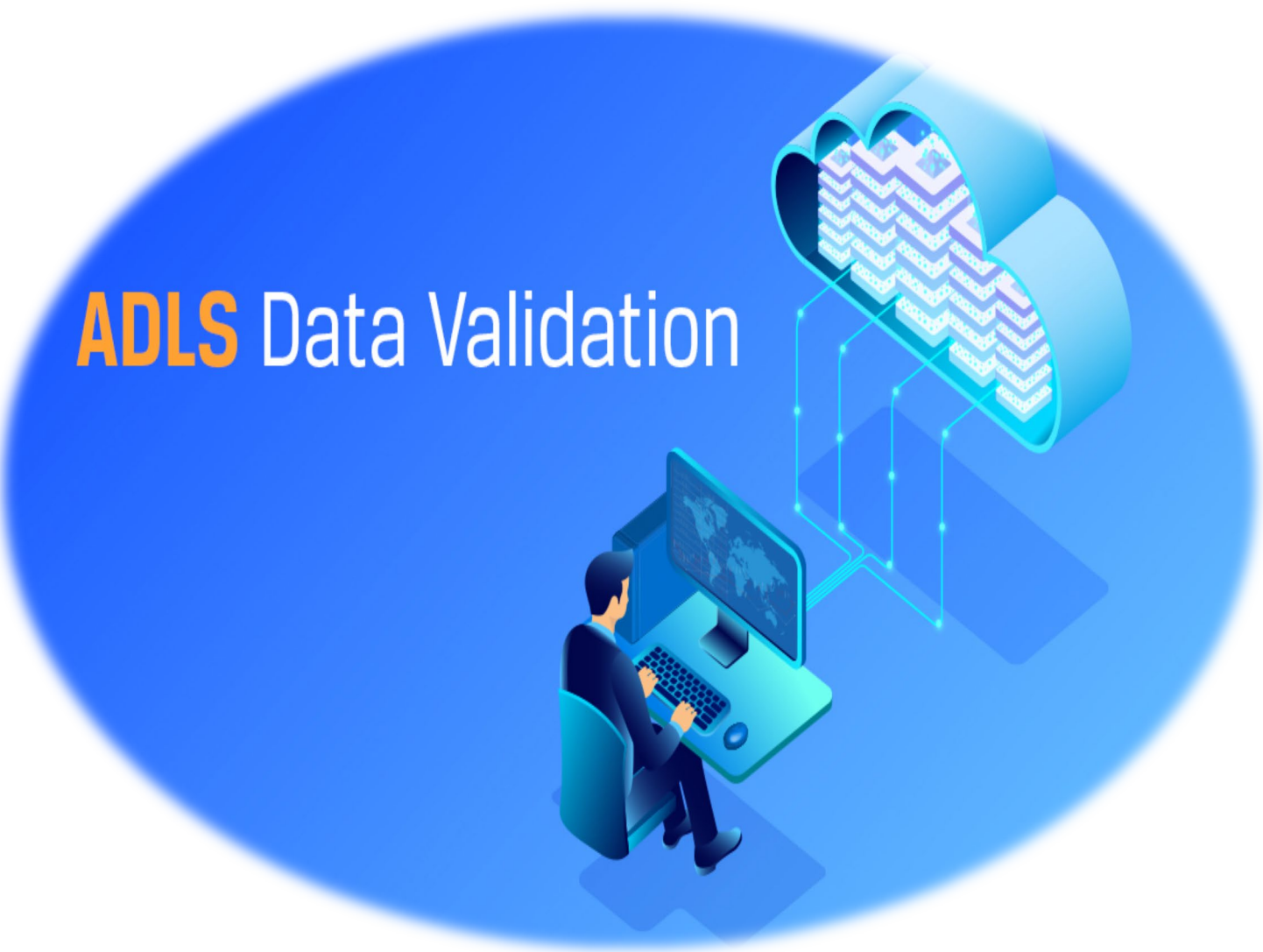
Enter Score

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 items).

Steps for Assessment

After completing D0200 A-I:

1. Add the numeric scores across all frequency items in **Resident Mood Interview** (D0200) Column 2.
2. Do not add up the score while you are interviewing the resident. Instead, focus your full attention on the interview.
3. The maximum resident score is 27 (3 x 9).



G0110: ACTIVITIES OF DAILY LIVING



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G0110: ACTIVITIES OF DAILY LIVING ASSISTANCE

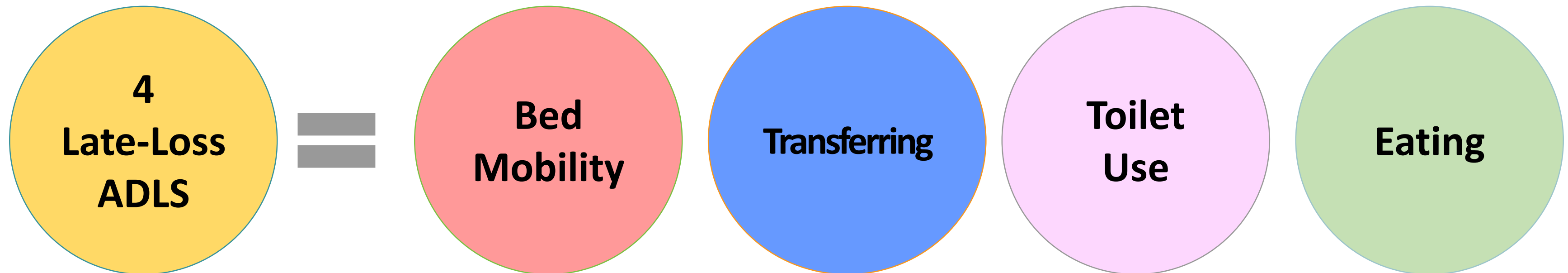
G0110. Activities of Daily Living (ADL) Assistance

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

Instructions for Rule of 3

- ✓ When an activity occurs three times at any one given level, code that level.
- ✓ When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- ✓ When an activity occurs at various levels, but not three times at any given level, apply the following:
 - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
 - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.



G0110: ACTIVITIES OF DAILY LIVING ASSISTANCE

Activities of Daily Living Definitions



- A. **Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture
-
- B. **Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)
-
- H. **Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)
-
- I. **Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag

1. Self- Performance	2. Support
↓ Enter Codes in Boxes ↓	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

G0110: Activities of Daily Living Assistance

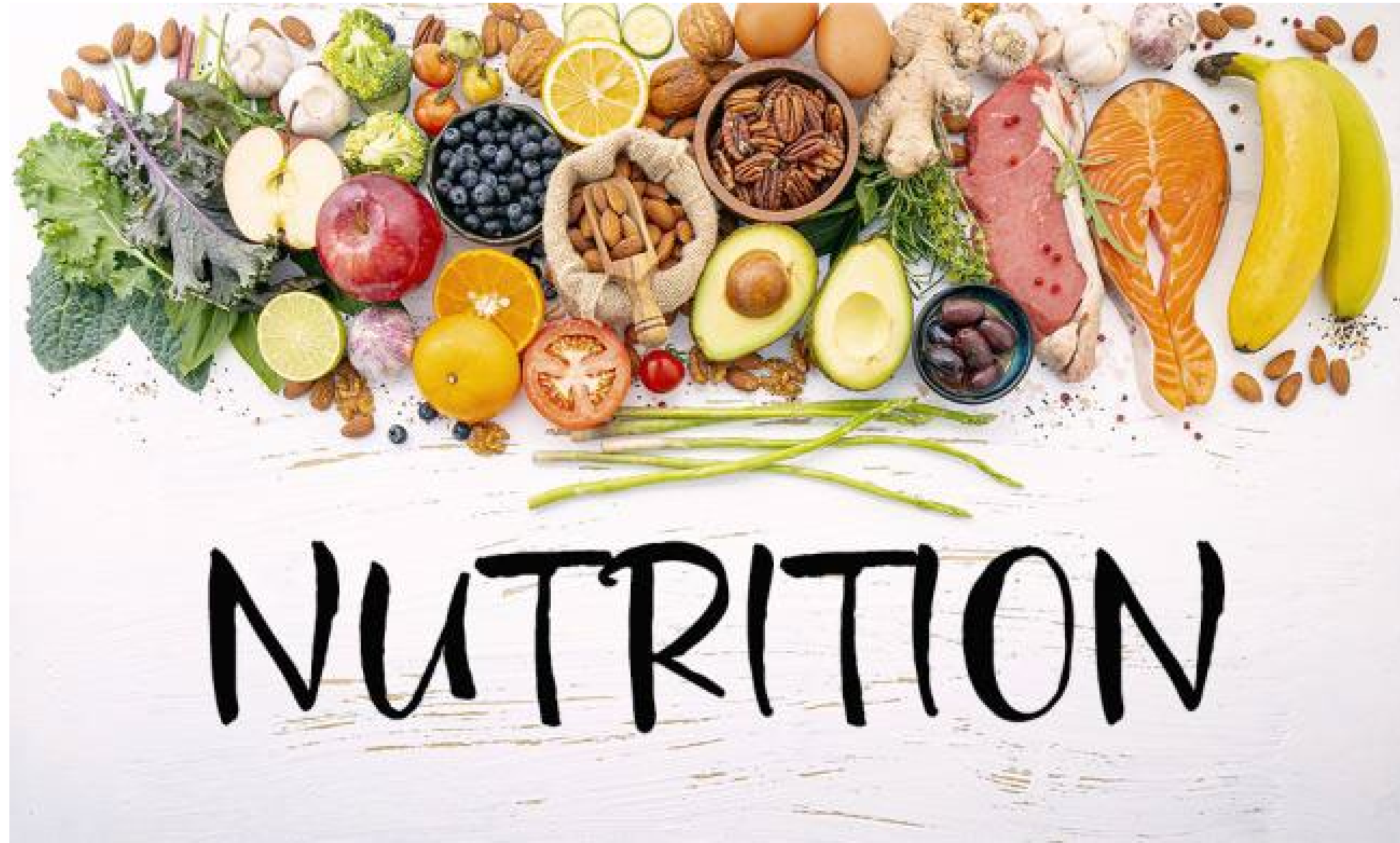
For each ADL activity:

- ✓ Consider **all episodes of the activity that occur over a 24-hour period during each day of the 7-day look-back period**, as a resident's ADL self-performance and the support required may vary from day to day, shift to shift, or within shifts.
- ✓ There are many possible reasons for these variations to occur, including but not limited to, mood, medical condition, relationship issues (e.g., willing to perform for a nursing assistant that they like), and medications.
- ✓ **The responsibility of the person completing the assessment**, therefore, is to capture the total picture of the resident's ADL self-performance over the 7-day period, 24 hours a day (i.e., not only how the evaluating clinician sees the resident, but how the resident performs on other shifts as well).



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K0510: NUTRITIONAL APPROACHES



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K0510: NUTRITIONAL APPROACHES

K0510: Nutritional Approaches

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 days

1. **While NOT a Resident**
Performed *while NOT a resident* of this facility and within the *last 7 days*. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank
2. **While a Resident**
Performed *while a resident* of this facility and within the *last 7 days*

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

Steps for Assessment

- ✓ Review the medical record to determine if any of the listed nutritional approaches were performed during the 7-day look-back period.

Coding Instructions for Column 1

- ✓ Check all nutritional approaches performed **prior** to admission/entry or reentry to the facility and within the 7-day look-back period. Leave Column 1 blank if the resident was admitted/entered or reentered the facility more than 7 days ago.



K0510: NUTRITIONAL APPROACHES

K0510: Nutritional Approaches

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 days

1. **While NOT a Resident**

Performed **while NOT a resident** of this facility and within the **last 7 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank

2. **While a Resident**

Performed **while a resident** of this facility and within the **last 7 days**

A. **Parenteral/IV feeding**

B. **Feeding tube - nasogastric or abdominal (PEG)**

Z. **None of the above**

	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Coding Instructions for Column 2

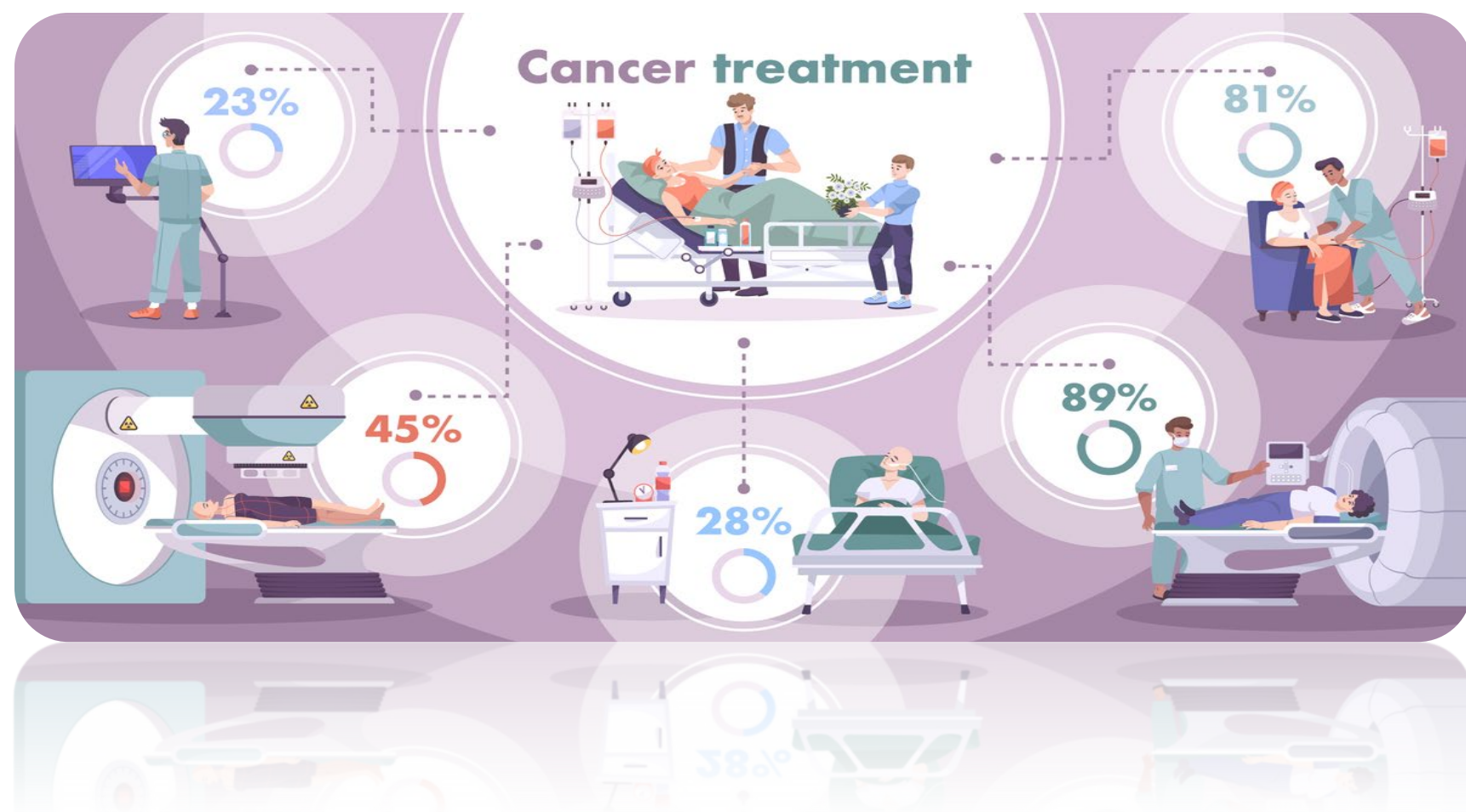
Check all nutritional approaches performed **after** admission/entry or reentry to the facility and within the 7-day look-back period.

Check all that apply. If none apply, check K0510Z, None of the above

- **K0510A**, parenteral/IV feeding
- **K0510B**, feeding tube – nasogastric or abdominal (PEG)
- **K0510Z**, none of the above

00100:

SPECIAL TREATMENTS, PROCEDURES AND PROGRAMS



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O0100: SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS

O0100: Special Treatments, Procedures, and Programs

Facilities may code treatments, programs and procedures that the resident performed themselves independently or after set-up by facility staff. Do not code services that were provided solely in conjunction with a surgical procedure or diagnostic procedure, such as IV medications or ventilators. Surgical procedures include routine pre- and post-operative procedures.

O0100. Special Treatments, Procedures, and Programs

Check all of the following treatments, procedures, and programs that were performed during the last 14 days

1. **While NOT a Resident**
Performed while NOT a resident of this facility and within the **last 14 days**. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank
2. **While a Resident.**
Performed while a resident of this facility and within the **last 14 days**

1. While NOT a Resident	2. While a Resident
-------------------------------	---------------------------

↓ Check all that apply ↓

Cancer Treatments

- | | | |
|-----------------|--------------------------|--------------------------|
| A. Chemotherapy | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Radiation | <input type="checkbox"/> | <input type="checkbox"/> |

Respiratory Treatments

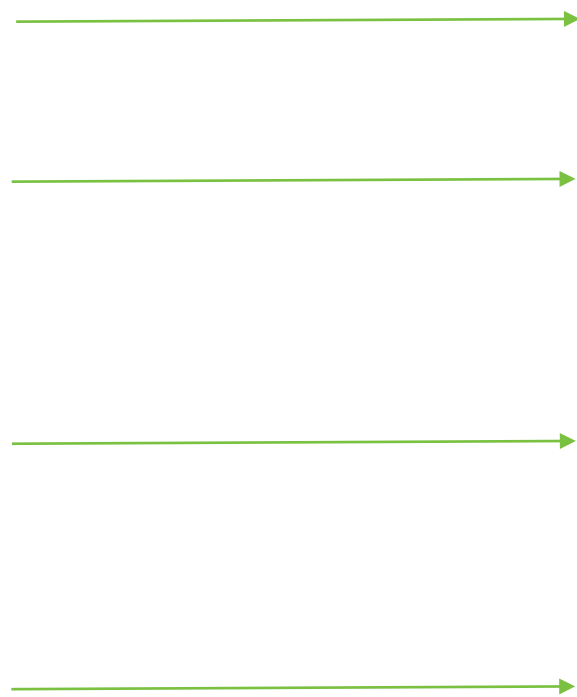
- | | | |
|--|--------------------------|--------------------------|
| C. Oxygen therapy | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Suctioning | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Tracheostomy care | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Invasive Mechanical Ventilator (ventilator or respirator) | <input type="checkbox"/> | <input type="checkbox"/> |

Other

- | | | |
|---|--------------------------|--------------------------|
| H. IV medications | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Transfusions | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Dialysis | <input type="checkbox"/> | <input type="checkbox"/> |
| M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) | <input type="checkbox"/> | <input type="checkbox"/> |

Other

- | | | |
|----------------------|--------------------------|--------------------------|
| Z. None of the above | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|





00600 AND 00700: PHYSICIAN EXAMINATIONS AND ORDERS



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O0600: PHYSICIAN EXAMINATIONS AND O0700: PHYSICIAN ORDERS

O0600. Physician Examinations

Enter Days

Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?

O0700. Physician Orders

Enter Days

Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?





X0570: OPTIONAL STATE ASSESSMENT A0300 A/B



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X0570: OPTIONAL STATE ASSESSMENT (A0300A/B ON EXISTING RECORD TO BE MODIFIED/INACTIVATED)

X0570: Optional State Assessment (A0300A/B on existing record to be modified/inactivated)

X0570. Optional State Assessment (A0300A/B on existing record to be modified/inactivated)

Enter Code

A. Is this assessment for state payment purposes only?

- 0. No
- 1. Yes

Enter Code

B. Assessment type

- 1. Start of therapy assessment
- 2. End of therapy assessment
- 3. Both Start and End of therapy assessment
- 4. Change of therapy assessment
- 5. Other payment assessment

**PREPARE NOW
FOR 10-1-23
CHANGES!**



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OVERALL 10-1-2023 PREPARATION TIPS

- ❖ Identify interdisciplinary team (IDT) members that will be working with the MDS and which sections/elements they will complete and assure training especially in those areas if time availability for training is limited.
- ❖ Include as many team members in training sessions as possible.
 - ✓ In-house and other trainings, e.g., CMS, vendors, consultants.
 - ✓ Accurate, equitable, and successful MDS completion increases with more trainings.
 - MDS Coordinators and the IDT should participate in as many trainings as feasible.
 - Competence and accuracy in completing each and every MDS item is critical.
 - Staff confidence is vital!
 - Make a list of available training dates and who can attend each training (have someone record the trainings if possible).
 - Monitor attendance as training approaches and is completed to ensure all attendees receive the appropriate training.
 - If the facility uses agency staff, consider their role in gathering MDS data and train accordingly.
 - If available, utilize the recorded trainings for attendees scheduled but unable to attend their respective training session.



OVERALL 10-1-2023 PREPARATION TIPS

- ❖ Encourage IDT members to ask questions (reiterate all questions are encouraged and not to be “afraid” to ask).
- ❖ Share those questions & answers with other members of the IDT working with the MDS.
- ❖ Include CNAs in pertinent trainings – they are an important part of the IDT!
- ❖ Network with other MDS Coordinators, organizational memberships, etc.
- ❖ Complete training sessions a little at a time.
- ❖ Review available data collection tools utilized by the facility.
 - ✓ Data collection tools may need updating and/or replacing.
 - ✓ Some facilities may choose to utilize outside vendors for assistance with data collection tool updates/replacements.
 - ✓ Assure documentation systems in place for RUG items are maintained.



OVERALL 10-1-2023 PREPARATION TIPS

- ❖ Stay abreast of MDS-related updates from CMS.
- ❖ Communicate with the state Medicaid agency as needed.
- ❖ Be certain that IDT members have access to the MDS 3.0 RAI User's Manual (draft at present)
- ❖ Review discharge process to ensure all necessary information is provided to the next provider or the resident.
 - ✓ Does the facility **provide** a current reconciled medication list at discharge?
 - ✓ Does the facility **document** the current reconciled medication list was distributed to the correct entity/individual(s)?
 - ✓ Does the facility document **how** the list was provided to the next provider or resident upon discharge?
- ❖ Does the facility provide access to the most current ICD-10 coding book each year to all appropriate staff?
- ❖ Do all physician orders, especially medications, ensure that there is a corresponding diagnosis/indication for each?
- ❖ Does the facility provide access to the most current drug handbook for all nursing staff administering medications?

FREQUENTLY ASKED QUESTIONS



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Frequently Asked Questions

- 1) Would the type of Optional State Assessment, coinciding with an OBRA assessment, typically be #5 at A0300B (Other payment assessment)?
 - **Yes. This is correct.**
- 2) What is the required OSA schedule?
 - **An OSA must be completed with each federally required OBRA and PPS assessment.**
- 3) What impacts to reimbursement can we expect with the utilization of an OSA?
 - **There will be no change in reimbursement impact. The OSA is simply being implemented to maintain the current RUG system.**
- 4) Will the OSA replace the IPA?
 - **No. The OSA is a state required assessment. The IPA is an optional PPS assessment.**
- 5) Can MDS sections be copied from the federally required MDS to the state required OSA?
 - **It is suggested that providers work with their software vendors to make these determinations.**
- 6) Will an OSA be required for all payer sources or only Medicaid?
 - **An OSA assessment will be required to be completed with every federally required assessment submission regardless of payer source.**
- 7) Is an OSA required to be completed with the 5-day MDS for insurance/managed care?
 - **No. Only MDS assessments that are submitted through the iQIES/ASAP system should have an accompanying OSA.**

Frequently Asked Questions



- 8) Is an OSA required with an IPA?
 - **No. The IPA is always an optional assessment; therefore, an OSA is not completed with an IPA.**
- 9) Will an OSA be needed for all residents on 10-1-23 or just when their next MDS assessment is required?
 - **An OSA assessment will be required with every federally required assessment with an ARD of 10-1-23 and beyond (until further notice).**
- 10) Will quality measures be pulled from the OSA or other MDS assessments?
 - **Quality measures will not be obtained from MDS items on the OSA. The OSA is a state required assessment and not a federally required assessment.**
- 11) Will the OSA have to be a stand-alone assessment or can it be combined with other assessments?
 - **An OSA is a stand-alone assessment and cannot be combined with any other assessments; however, it is completed concurrently with a federally required assessment.**
- 12) Will an OSA be required for discharge assessments?
 - **No. An OSA will not be required with discharge assessments unless the discharge assessment is combined with another OBRA or PPS assessment.**
- 13) Will the OSA follow the current RUG-IV Grouper?
 - **The OSA can support both RUG-III and RUG-IV Grouper calculations. The current RUG-IV Grouper will be maintained through the usage of the OSA.**



Frequently Asked Questions

14) Do OSA assessments need to be submitted?

- **Yes. OSA assessments must be submitted with every federally required MDS assessment.**

15) Can the OSA and OBRA MDS be combined?

- **No. OSA assessments are stand-alone assessments completed in conjunction with federally required assessments.**

16) Will the OSA count with the Part A PPS Discharge?

- **No. The OSA is not required to be completed concurrent to a stand-alone Part A PPS Discharge, and would not be utilized on the time-weighted rosters.**

17) Is the OSA submitted in the same manner as an OBRA assessment?

- **Yes. An OSA is submitted through iQIES the same as other federally required assessments.**

18) What is the purpose of the OSA?

- **Beginning October 1, 2023, the Optional State Assessment (OSA) will be the only assessment type that will include all Minimum Data Set (MDS) data elements required for Resource Utilization Group (RUG) classifications.**

19) Are modifications required for an OSA if the RUG score is not affected?

- **Any MDS item that is modified on a federally required assessment that has a corresponding item on the OSA must have the MDS item modified on both assessments.**
- **Section S does not have a corresponding section on the OSA; therefore, any modifications to Section S will be completed on a federally required assessment only.**

20) Is the OSA required for reimbursement purposes for Medicare?

- **No. The OSA is required for Medicaid reimbursement**

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Thank You!