Transition to the PDPM Classification System

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- Effective 10/1/2025

- DHS adopts PDPM Nursing Component for Medicaid/Private Pay

- Based on the current RUGs-IV structure with updates

  - Nursing Function Score → MDS Section GG

  - Nursing groups → Reduced to 25

  - Therapy services excluded

MDS Assessment Schedule Changes

- OSA retired as of 9/30/2025

- Changes Effective 10/1/25:

  - No OSA needed with OBRA Comprehensive or Quarterly Assessments

  - No OSA needed when therapy ends

  - SCSA required when isolation ends (if isolation was coded on the previous assessment)

    - ARD = Day 15 after isolation ends

- Prior to 9/30/25, if the most recent assessment was a standalone OSA for the end of therapy or isolation:

  - Must complete OBRA assessment + OSA with ARD on or before 9/30/25

  - Late submission penalty applies if missed:

    - Penalty effective 9/30/25 until the first of the month following submission and acceptance in iQIES

Example #1

- Therapy ended on 8/1/2025 and the prior assessment had a rehab RUG

- Options:

    1. OSA (ARD: 8/9/25) and a Quarterly/OSA (before 9/30/25) → Bill PDPM classification from Quarterly on 10/1/25

    2. SCSA + OSA (ARD: 8/9/25) → Bill PDPM classification from SCSA on 10/1/25

Example #2

- Isolation was coded on the prior assessment and Isolation ended on 9/1/25

- Options:

  1. Standalone OSA (ARD: 9/16/25) and a Quarterly/OSA (before 9/30/25) → Bill the PDPM classification from Quarterly on 10/1/25

  2. SCSA + OSA (ARD: 9/16/25) → Bill the PDPM classification from SCSA on 10/1/25

Example #3

- Prior assessment had a rehab RUG and the last day of therapy was 9/23/25

  - Day 8 = 10/1/25

  - No new assessment needed

  - Bill the PDPM classification from the most recent assessment on 10/1/25

Classification Notices Change

- Effective July 2025: Notices will report both RUG-IV and PDPM classifications

- Applies to all assessments with ARDs 7/1/25 and later

- RUG-IV classification: Applies on the date indicated in the Notice

- PDPM classification: Begins on October 1, 2025

iQIES User Interface Tool Update

- iQIES User Interface Tool Support ends on 10/1/25

- Facilities can't use the tool to complete or submit assessments with an ARD of Oct 1, 2025 or later

- Impact: Facilities who currently use this tool to complete and submit assessments must transition to vendor or third-party XML format software

- Most providers unaffected

Shower/Bathe Self & Tub/Shower Transfer (GG0130E/GG0170FF)

- If the resident did not receive a bath/shower in the 3-day observation period because the resident did not attempt the activity and a helper did not complete the activity for the resident, use one of the Activity Not Attempted codes 7, 9, 10, 88

- If the resident did not receive a bath in the 3d observation period because it was not their scheduled bath day, these items must be dashed

- Can be a bed bath, sponge bath at the sink

- Must be a full body bath

Height (K0200A)

- Based on most recent measurement since entry or reentry

- Follow facility policy aligned with standard practice

- Measure again if last measurement is over 1 year old

GG items used to calculate the Nursing Function Score:

- GG0130A, Eating
- GG0130C, Toileting Hygiene
- GG0170B, Sit to Lying
- GG0170C, Lying to Sitting on Side of Bed

- GG0170D, Sit to Stand
- GG0170E, Chair/Bed to Chair Transfer
- GG0170F, Toilet Transfer

The Nursing Function Score impacts all PDPM classifications

- Assessments must accurately reflect resident's status

- The assessment is conducted/coordinated by RN with appropriate staff participation

- Includes direct observation and staff communication from all shifts

- Nursing homes define process and documentation method

- Code the resident's usual performance, not their best or worst performance

- Allow the resident to perform activities as independently as possible, if they are safe

- The staff who provide the assistance should supply data

- Collect data from all three shifts during the observation period

- Document what occurred in the 3- day observation period

- If MDS nurse disagrees with documentation or there are inconsistencies in the documentation, add a clarification note to the medical record

- The clarification note must explain:

  - Rationale for coding decision

  - How this information was obtained

  - Who provided it

- Clarification should be obtained from original documenting staff

- The clarification note can be written after ARD, but must be before MDS completion date

- Submit questions via email: Health.mds@state.mn.us

- Frequently Asked Questions will be compiled and posted on the CMR Program website post-webinar