

Submission of MDS 3.0 Assessments

October 2025

Revised 9/3/2025

These guidelines identify the requirements for submission of MDS 3.0 assessments to the North Dakota Department of Health & Human Services to establish classifications for a nursing facility resident effective January 1, 2026 for Payment Driven Payment Model (PDPM) classifications.

These requirements are in addition to filing requirements set forth in the Resident Assessment Instrument (RAI) Manual. An assessment that is completed solely to meet these submission requirements should not be sent to CMS iQIES Internet Quality Improvement and Evaluation System (iQIES).

Emails questions to LeeAnn Thiel lthiel@nd.gov.

Order and Timing of Assessments

Assessments must be submitted in sequential order. The entry tracking record (NT) must be accepted before the assessment is submitted.

An assessment should be submitted within 14 calendar days of completion of the assessment. This is in line with the RAI Manual and will ensure the resident receives their classification notice(s) in a timely manner. An assessment submitted more than 14 calendar days of completion will still be accepted at this time. We will monitor submission timelines.

All completed assessments should be submitted to the state system.

Discharge assessments and death in facility notices should be submitted timely also.

Completion of Assessments

North Dakota follows the RAI Manual for completion of specific assessment fields. Any additional information is identified below.

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HIPPS Code

The State Medicaid Billing field (Z0200) should contain the complete 5-digit HIPPS code.

I0020B

This primary ICD10 diagnosis field is required on all assessments used for state classification. North Dakota will follow the CMS ICD-10 clinical category mapping. The mapping can be found at

<https://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/patient-driven-model>

Section S

Section S fields are required on all assessments used for state classification.

Submission of OSAs

The Optional State Assessment Item Set (OSA) must be submitted to set classifications through December 31, 2025. You may need to talk with your software vendor to ensure the OSA can continue to be completed and submitted to the State based on the October 2023 guidelines that are included at the end of this document for reference. The ARD of the OSA may be after January 1, 2026 depending on the admission date.

Example:

- Admission is 12/27/2025
 - OSA with ARD 1/2-1/9/2026 for RUG IV classification 12/27-12/31/2025
 - NC or NQ with ARD 1/2-1/9/2026 for PDPM classification 1/1-3/26/2026

Submission of OSAs may differ from guidance in the RAI Manual. Follow the RAI Manual on submission of OSAs to CMS iQIES.

Submission of Assessments for PDPM

All assessments should be coded with the Submission Requirement field as a Federal

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required submission (A0410 = 3). This question refers to the facility's certification and does not correspond to whether the assessment is sent to CMS iQIES.

The start and stop of therapies will not change the PDPM classification.

An assessment for PDPM must be submitted when the classification will cross January 1, 2026.

Example #1

- Admission is 7/22/2023, RUG IV classification start date is 10/22/2025
 - OSA with ARD 10/15-10/22/2025 for RUG IV classification 10/22-12/31/2025
 - NC or NQ with ARD 10/15-10/22/2025 for PDPM classification 1/1-1/21/2026

Example #2

- Admission is 12/2/2025
 - OSA with ARD 12/8-12/15/2025 for RUG IV classification 12/2-12/31/2025
 - NC or NQ with ARD 12/8-12/15/2025 for PDPM classification 1/1-3/1/2026

Setting the Assessment Reference Date (ARD)

- The ARD (A2300) must be within the assessment reference period to be used for classification. The only Item Sets that will be used for classification are:
 - Comprehensive Item Set (NC) within the assessment reference period
 - This can be an admission, annual, or significant change assessment
 - Quarterly Item Set (NQ) within the assessment reference period
- The only dates used in establishing a resident's classification are:
 - Entry Date (A1600) – this establishes the classification period start date and the assessment reference period
 - Assessment Reference Date (A2300) – this determines whether the assessment will be used for classification based on the Item Set
 - Discharge Date (A2000)

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- To set a PDPM classification on admission or reentry, the ARD (A2300) of the assessment must be between day 7 and day 14 of the Entry Date (A1600).
- The classification start date can only change with a discharge from the facility (A0310F=10 or 11).
- When the resident returns to the facility the Entry Date (A1600) will establish the new classification start date.

Entry Tracking Records

The Tracking Item Set (NT) entry tracking record must correctly report the Type of Entry (A1700).

An admission NT (A1700=1) must be used for the resident's first admission to the facility or following a DRNA (A0310F=10).

A reentry NT (A1700=2) must follow a DRA (A0310F=11).

Discharge Assessments

Submission and coding (A0310F) of discharge assessments may differ from guidance in the RAI Manual.

A discharge assessment may be combined with the following assessments:

- Comprehensive (NC)
- Quarterly (NQ)

The Discharge Item Set (ND) is used to report two types of discharge assessments:

- DRA – discharge return anticipated (A0310F=11)
 - Must be used when the bed is being held for the resident's return
- DRNA – discharge return not anticipated (A0310F=10)
 - Must be coded when the resident is not expected to return;
 - Must be coded when the resident is not expected to return after a DRA; or
 - The bed is not being held for the resident's return

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DRA to DRNA

Reporting the notification of the change in discharge status from DRA to DRNA is required. If a resident is DRA and the facility learns that the resident will not be returning, a second discharge assessment must be submitted to change the resident's status from DRA (A0310F=11) to DRNA (A0310F=10).

The Discharge Date (A2000) and ARD (A2300) of the second discharge assessment (ND) is the date that the facility learns the resident will not be returning.

The DRA and DRNA cannot have the same Discharge Date (A2000) or ARD (A2300).

If a resident is DRA and subsequently expires in the hospital, a second discharge assessment (ND) with the status of DRNA must be submitted with the date of death as the Discharge Date (A2000) and Discharge Status of deceased (A2105=13).

On the 2nd discharge assessment (ND) (DRNA) all fields in section A must be completed, other fields may be dashed.

Do not send the second discharge assessment to CMS iQIES.

Death in Facility

If the resident expires in the facility, a Tracking Item Set (NT) with A0310F=12, Discharge Status (A2105=13) and Discharge Date (A2000) equal to the death date.

A death in facility cannot follow a DRA.

Classifications

A resident's classification is based on an assessment occurring within 7-14 days of admission or reentry, and assessments occurring every 3 months thereafter.

The ARD (A2300) must occur within a fixed assessment reference period for an assessment to be used for classification.

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The acceptable assessment reference period for an initial classification period starts on day 7 of the Entry Date (A1600) and continues through day 14.

If multiple assessments are accepted with an ARD between day 7-14, then the assessment with an ARD on or closest to the 14th day is used for classification.

After the initial classification period, the assessment reference period is the start date of the next classification period and the 7 days immediately preceding it. Any date within the assessment reference period can be used for an ARD for classification purposes.

If multiple assessments are accepted with an ARD within the 8-day assessment reference period, the assessment with an ARD on or closest to the classification start date will be used for classification.

Classifications are established every 3 months on the same day of the month as the entry date. The classification start date does not change based on the ARD; or with a change in payer status (i.e. Medicare to private pay).

The classification start date will only change when the calculated start date is a nonsensical date. All future classification periods will be reset to the 1st of the month.

Examples are:

<u>Calculated Start Date</u>	<u>New Classification Start Date</u>
February 30	March 1
April 31	May 1
June 31	July 1
September 31	October 1
November 31	December 1

Classification Notices

Multiple classification notices may be generated in the initial classification period or during an assessment reference period depending on the number of assessments that have been submitted. It is the facility's responsibility to provide the resident with the notice that contains the classification that will be used for payment purposes.

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If the resident is discharged or expires prior to day 7, the classification notice will be generated after the assessment and the ND/NT are accepted by HHS.

The classification notice must be provided to the resident or the resident's representative within three business days. This is required by North Dakota Century Code 50-24.4-01.1(4).

The classification notice will contain a three-digit code. The SLP code will be the first value, the Nursing code will be the second value and the NTA code will be the third value.

Classification Order

- 1 – Speech Language Pathology (SLP)
- 2 – Nursing
- 3 – Non-Therapy Ancillaries (NTA)

Respite Days

Submission of assessments for respite residents may differ from guidance in the RAI Manual.

Do not submit the entry tracking (NT) and discharge assessment (ND) for a resident who is in the facility on short term respite. Short term respite is defined as less than 14 days in the facility. If the resident stays 14 days or longer an Entry Tracking Item Set (NT) and an assessment for classification (NC or NQ) must be submitted.

Short Stay – Discharge Prior to Day 7

If a resident is discharged (DRA) prior to day 7 in the facility, submit a discharge assessment (ND) and use the date of discharge for both the ARD (A2300) and Discharge Date (A2000).

An admission assessment is not required. However, the assessment (NC or NQ) submitted for classification must have all the required fields completed for classification.

The classification notice will be generated when the discharge assessment is accepted.

If a resident expires prior to day 7 in the facility, submit the Tracking Item Set (NT) with

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(A0310F=12) and the death date for the Discharge Date (A2000). This cannot follow a DRA.

If a resident is DRA and the facility learns that the resident will not be returning, submit a second discharge assessment (DRNA with A0310F=10) and use date of discharge from the facility for both the ARD (A2300) and Discharge Date (A2000).

- If a discharge is prior to day 7 and the resident will not be returning, submit the Discharge Item Set (ND) with A0310F=10, with the discharge date in A2000 and A2300 after the assessment for classification (NC or NQ) has been accepted by HHS.
- If a discharge is prior to day 7 and the resident is expected to return, submit the Discharge Item Set (ND) with A0310F=11 with the discharge date in A2000 and A2300 after the assessment for classification (NC or NQ) has been accepted by HHS.

Assessments for Interrupted Stay

North Dakota does not follow the Medicare Interrupted Stay policy. Refer to the Discharge Assessments section If a resident is discharged.

Assessments and Facility Census

Submission of assessments, particularly entry tracking (NT) and discharge assessments (ND) affect the facility census days. The guidelines above may differ from guidance in the RAI Manual. This is so the facility census will be accurate for in-house days and hospital leave days.

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Legend

A0310A – Federal OBRA Reason for Assessment

A0310F – Entry/discharge reporting

10 = Discharge return not anticipated

11 = Discharge return anticipated

12 = Death in Facility

A0410 – Unit Certification or Licensure Designation

3 = Unit is Medicare and/or Medicaid certified

A1600 – Entry Date

A1700 – Type of Entry

1 = Admission

2 = Reentry

A2000 – Discharge Date

A2105 – Discharge Status

13 = Deceased

A2300 – Assessment Reference Date (ARD)

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Submission of MDS 3.0 Assessments October 2023

These guidelines identify the requirements for submission of MDS 3.0 assessments to the North Dakota Department of Health & Human Services for purposes of establishing classifications for a nursing facility resident effective January 1, 2020.

These requirements are in addition to filing requirements set forth in the Resident Assessment Instrument (RAI) Manual.

Clarification on October 1, 2023 changes:

- Section D0200 Resident Mood Interview
 - all 9 questions will need to be answered, this is the same as prior to October 1st.
- Because RUG IV classification continues to use Section G, the classification may be different on an OSA than the classification on OBRA assessment with the same ARD.
- Make sure to use the State Accepted Assessment and Resident Classification reports and notices.

Submission

ND Medicaid will use the Optional State Assessment (OSA) Item Set for classification starting January 1, 2020. Assessments must be submitted in sequential order.

- OSAs should be submitted with these fields:
 - A0300A must = 1
 - A0300B must = 5 for an Admission, Reentry or Quarterly OSA submitted within the assessment reference period.
 - A0300B cannot equal 1 or 3 within the first 14 days after admission/reentry. The therapy start dates must be reported on an OSA with A0300B = 5.
 - A0410 must = 3
- The only dates used in establishing a resident's classification are:
 - Entry Date (A1600)

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- Therapy Start Dates (O0400A5, O0400B5, and/or O0400C5)
- Therapy End Dates (O0400A6, O0400B6, and/or O0400C6)
- The Entry Date (A1600) establishes the classification period start date and the assessment reference period.
- To set a RUG-IV classification on an admission or reentry, A2300 of the OSA must be between day 7 and day 14 of A1600.
- Section G still needs to be completed on OSAs even though that section was removed from the OBRA assessments. You may need to talk with your software vendor to ensure the OSA can continue to be completed and submitted based on these guidelines.
- If a discharge is prior to day 7, submit the Discharge Item Set (ND) with A0300 = 0, with the discharge date in A2300 and A2000 after submitting the OSA. This will generate a classification notice.
- If a death is prior to day 7, submit the Tracking Item Set (NT) with A0300A = 0, and the death date in A2000 after submitting the OSA. This will generate a classification notice.
- OSAs for therapy should be submitted with these fields:
 - A0300B must = 5 if the therapy starts within the first 14 days after admission/reentry. An OSA that meets the Rehabilitation criteria for therapy days and minutes, will generate a therapy classification notice.
 - A0300B must = 1 or 3 for an OSA submitted to identify the SOT.
 - A0300B must = 2 or 3 for an OSA submitted to identify the EOT.

Classifications within a classification period may change only at the start or end of therapies. Start and end of therapy OSAs do not affect the regularly scheduled classification period assessment guidelines.

The classification start date can only change with a discharge from the facility (A0310F=10 or 11).

When the resident returns to the facility the Entry Date (A1600) will establish the new classification start date.

Classifications

A resident's classification is based on an OSA occurring within 7-14 days of admission or

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reentry, and OSAs occurring every 3 months thereafter.

If an OSA is to be used for a classification, the ARD (A2300) must occur within a fixed assessment reference period.

The acceptable assessment reference period for an initial classification period starts on day 7 of the Entry Date (A1600) and continues through day 14.

If multiple OSAs are accepted with an ARD between day 7-14, then the OSA with an ARD on or closest to the 14th day is used for classification.

After the initial classification period, the assessment reference period is the start date of the next classification period and the 7 days immediately preceding it. Any date within the assessment reference period can be used for an ARD for classification purposes.

If multiple OSAs are accepted with an ARD within the 8-day assessment reference period, the OSA with an ARD on or closest to the classification start date will be used for classification.

Classifications are established every 3 months on the same day of the month as the entry date. The classification start date does not change based on the ARD; or with a change in payer status (i.e. Medicare to private pay).

The classification start date will only change when the calculated start date is a nonsensical date. All future classification periods will be reset to the 1st of the month.

Examples are:

<u>Calculated Start Date</u>	<u>New Classification Start Date</u>
February 30	March 1
April 31	May 1
June 31	July 1
September 31	October 1
November 31	December 1

Classification Notices

Multiple classification notices may be generated in the initial classification period or during

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an assessment reference period depending on the number of OSAs that have been submitted. It is the facility's responsibility to provide the resident with the notice that contains the classification that will be used for payment purposes.

If the resident is discharged or expires prior to day 7, the classification notice will be generated after the OSA and the ND/NT are accepted.

Entry Tracking Records

The entry tracking record must correctly report the Type of Entry (A1700).

An Admission (A1700=1) must be used for the resident's first admission to the facility or following a DRNA (A0310F=10).

A Reentry (A1700=2) must follow a DRA (A0310F=11).

Discharge Assessments

There are two types of discharge assessments:

- DRA – discharge return anticipated (A0310F=11)
- DRNA – discharge return not anticipated (A0310F=10)

DRA to DRNA

Reporting the notification of the change in discharge status from DRA to DRNA is required. If a resident is DRA and the facility learns that the resident will not be returning, a second discharge assessment must be submitted to change the resident's status from DRA (A0310F=11) to DRNA (A0310F=10).

The discharge date (A2000) and ARD (A2300) of the second discharge assessment is the date that the facility learns the resident will not be returning.

The DRA and DRNA cannot have the same discharge date (A2000) or ARD (A2300).

If a resident is DRA and subsequently expires in the hospital, a second discharge assessment with the status of DRNA must be submitted with the date of death as the

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discharge date and discharge status of deceased (A2100=08).

On the 2nd discharge (DRNA) all fields in section A must be completed, other fields may be dashed.

Do not send the second discharge assessment to CMS iQIES.

Death in Facility

If the resident expires in the facility, a NT with A0300A=0, A1800=08 and A2000=death date.

A death in facility cannot follow a DRA.

Discharge Prior to Day 7

If a resident is discharged (DRA) prior to day 7, submit a discharge assessment (A0300A=0) and use the date of discharge for both ARD and discharge date.

If a resident is DRA and the facility learns that the resident will not be returning, submit a second discharge assessment (DRNA with A0300A=1) and use date of discharge from the facility for both the ARD and discharge date.

If a resident expires prior to day 7 in the facility, submit the Tracking Item Set (NT) (A0300A=0) and the death date for discharge date. This cannot follow a DRA.

Interrupted Stay Policy

If a resident meets the Interrupted Stay policy criteria under PDPM, submit a discharge assessment (A0300A=0) with a DRA and the resident's discharge date. These are not Medicaid covered days.

When the resident returns to the facility, submit an entry tracking with (A1700=2) Reentry.

Start of Therapy (SOT)

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The date entered in the start of therapy fields (O0400A5, O0400B5, and/or O0400C5) should be the first day each therapy discipline was provided during the look back period. Treatment must be provided – not only an evaluation.

The therapy classification will be effective based on the date(s) entered in the start of therapy fields in Section O (O400A5, O0400B5, and/or O0400C5) and when the resident meets the Rehabilitation Criteria.

Distinct Calendar Days of Therapy (O0420) will be used for therapy classification purposes.

Reporting the start of therapy is required even if the therapy classification may not be assigned due to case mix index maximizing.

Within the First 14 Days

If therapy begins within the first 14 days after admission/reentry, the therapy start dates must be reported on an OSA with assessment type (A0300B = 5),

Assessment type (A0300B) cannot equal 1 or 3 within the first 14 days after admission/reentry.

For an OSA completed on admission/reentry with A0300B=5 with therapy start dates reported, the therapy classification will start when the resident meets the Rehabilitation Criteria and will not automatically go back to the admission/reentry date.

Within the Quarter

Reporting the start of therapy for a resident is required if the resident meets the Rehabilitation Criteria after the start of any classification period.

Assessment type (A0300B) must = 1 or 3 for an OSA submitted to identify the SOT.

On a start of therapy OSA, the following must be completed:

Section A	all fields
Section G	all fields
Section H	all fields

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Section O	O0400A, B, C for each discipline provided,
Section O	O0420, Distinct Calendar Days of Therapy
Section O	O0500, Restorative Nursing Programs
Section Z	Z0200C, Z0500B

A resident should be evaluated at least every 7 days to see if they meet the Rehabilitation Criteria in the previous 7 days (look back period).

The ARD must be within 7 calendar days of the start of therapy date(s) (O0400A5, O0400B5, and/or O0400C5). The ARD of the SOT will set the schedule for a 7-day lookback period to determine if a resident continues to meet Rehabilitation Criteria.

If the ARD of a SOT OSA is after the first day of a classification period but the start of therapy date is before the first day of the classification period, a second SOT OSA must be submitted with the start of therapy date equal to the first day of the classification period.

The ARD of the second OSA should be within 7 calendar days of the first day of the classification period but should be after the ARD of the first SOT OSA.

Rehabilitation Criteria

Rehabilitation Criteria (section O0400 [a. ST b. OT c. PT]) In the last 7 days:

- Received 150 or more minutes **AND**
- Distinct Calendar Days (O0420=5) or greater

A calendar day of therapy requires 15 minutes or more of therapy per discipline.

When both 150 minutes and 5 distinct calendar days have been met the therapy classification will begin.

If multiple therapy disciplines with different start dates occurs, the discipline with the earliest start date must meet the Rehabilitation Criteria alone in order for the therapy classification to be effective that date. Otherwise the therapy classification will take effect on the date the combination of disciplines meet the Rehabilitation Criteria.

OR

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Alternative Rehabilitation Criteria (section O0400 [a.ST b. OT c. PT] and H0200C, H0500 and/or O0500) In the last 7 days:

- Received 45 or more minutes **AND**
- Distinct Calendar Days (O0420=3) or greater **AND**
- 2 or more nursing rehabilitation services* received for at least 15 minutes each with each administered for 6 or more days

Nursing Rehabilitation Services

*H0200C Urinary toileting / bladder training program or
or H0500 Bowel training program
*O0500A Passive or
or O0500B Active ROM
O0500C Splint or brace assistance
*O0500D Bed mobility or
or O0500F Walking
O0500E Transfer training
O0500G Dressing or grooming training
O0500I Amputation / prosthesis care
O0500J Communication training

*Count as one service even if both provided.

End of Therapy (EOT)

A resident should be evaluated at least every 7 days to see if they meet the Rehabilitation Criteria in the previous 7 days (look back period).

The ARD of the SOT will set the schedule for a 7-day lookback period to determine if a resident continues to meet Rehabilitation Criteria.

If the resident has not received the required 150 minutes or 5 distinct calendar days during the 7-day lookback period, then an EOT OSA must be submitted.

If the resident qualified for rehab under the Alternative Rehabilitation Criteria and has not received the required 45 minutes and 3 distinct calendar days and 2 or more nursing

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rehabilitation services administered 6 or more days, during the 7-day lookback period, then an EOT OSA must be submitted.

Assessment type (A0300B) must = 2 or 3 for an OSA submitted to identify the EOT.

On an end of therapy OSA, the following must be completed:

Section A	all fields
Section O	O0400 for each discipline provided,
Section O	O0420, Distinct Calendar Days of Therapy
Section Z	Z0200C, Z0500B

The therapy classification will be discontinued based on the dates entered in end of therapy fields in Section O (O0400A6, O0400B6, and/or O0400C6).

When multiple end dates occur within the 7-day look back period, the date entered in the end of therapy fields should be the last date that each discipline was provided during the look back period.

The ARD of an EOT OSA should be the last day that Rehabilitation Criteria was met.

When the therapy does not meet the requirement for either the 150 minutes or 5 distinct calendar days through the last date of actual therapy; the end of therapy will occur at the earliest date that the Rehabilitation Criteria was not met.

If there are no minutes or days in the look back period do not enter previous dates of therapy.

The resident's classification will revert to the non-therapy classification from the original OSA used to set the classification for the period.

Do not submit an EOT OSA if the resident was not in a therapy classification prior to the end of therapies.

Requalifying for Rehabilitation Criteria

If an EOT OSA is submitted due to the resident not meeting the Rehabilitation Criteria and all therapies have not discharged, therapies must be monitored to determine if the resident

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meets the Rehabilitation Criteria again.

A SOT OSA must be submitted if the resident qualifies again. The start dates cannot overlap the end dates reported on the EOT OSA.

A new 7-day lookback period will be established, depending on the start date of therapy.

Legend

A0300A – Is this assessment for state payment purposes only?

0 = No

1 = Yes

A0300B – Assessment Type

1 = Start of Therapy

2 = End of Therapy

3 = Both Start and End of Therapy

5 = Other Payment assessment

A0310F – Entry/discharge reporting

10 = Discharge return not anticipated

11 = Discharge return anticipated

A0410 – Unit Certification or Licensure Designation

A1600 – Entry Date

A1700 – Type of Entry

1 = Admission

2 = Reentry

A2000 – Discharge Date

A2100 – Discharge Status

08 = Deceased

A2300 – Assessment Reference Date (ARD)

O0420 – Distinct Calendar Days of Therapy

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