

**MEDICAID POLICY INFORMATION SHEET**

**Policy Analyst:** Michael Daeschlein

**Phone Number:**

Initial

Public Comment

Final

**Brief description of policy:**

This policy requires Medicaid-certified nursing facilities to complete and submit specific Minimum Data Set (MDS) item set fields associated with Patient Driven Payment Model (PDPM) on all Omnibus Budget Reconciliation Act (OBRA) nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions for each resident regardless of payer source.

**Reason for policy (problem being addressed):**

The Michigan Department of Health and Human Services (MDHHS) is investigating different reimbursement methodologies, and requires this acuity data to test potential models of reimbursement.

**Budget implication:**

- budget neutral
- will cost MDHHS \$ \_\_\_\_\_, and (select one) budgeted in current appropriation
- will save MDHHS \$ \_\_\_\_\_

**Is this policy change mandated per federal requirements?**

No, this policy is necessary to test models of reimbursement.

**Does policy have operational implications on other parts of MDHHS?**

No.

**Does policy have operational implications on other departments?**

No.

**Summary of input:**

- controversial
- acceptable to most/all groups
- limited public interest/comment

**Supporting Documentation:**

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date:                      Approval                      Date:	

<b>DRAFT FOR PUBLIC COMMENT</b>  <b>Michigan Department of Health and Human Services</b>		
	<b>Project Number:</b> 2061-NF	<b>Date:</b> December 1, 2020

**Comments Due:** January 5, 2021  
**Proposed Effective Date:** January 1, 2021  
**Direct Comments To:** Michael Daeschlein  
**Address:**  
**E-Mail Address:** [DaeschleinM@michigan.gov](mailto:DaeschleinM@michigan.gov)  
**Phone:**

**Fax:**

<p><b>Policy Subject:</b> Nursing Facility Minimum Data Set (MDS) Submission</p> <p><b>Affected Programs:</b> Medicaid</p> <p><b>Distribution:</b> Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, State Veterans' Homes, Ventilator-Dependent Care Units</p> <p><b>Summary:</b> This policy requires Medicaid-certified nursing facilities to complete and submit specific MDS item set fields associated with Patient Driven Payment Model (PDPM) on all Omnibus Budget Reconciliation Act (OBRA) nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions for each resident regardless of payer source.</p> <p><b>Purpose:</b> The Michigan Department of Health and Human Services (MDHHS) is investigating different reimbursement methodologies, and requires this acuity data to test potential models of reimbursement.</p> <p><b>Cost Implications:</b> None</p> <p><b>Potential Hearings &amp; Appeal Issues:</b> Minimal</p>
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<b>State Plan Amendment Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, date submitted:</b>	<b>Public Notice Required:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Submitted date:</b>
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**Tribal Notification:** Yes  No  - **Date:**

**THIS SECTION COMPLETED BY RECEIVER**

<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>No Comments</b>
<input type="checkbox"/> <b>Disapproved</b>	<input type="checkbox"/> <b>See Comments Below</b>
	<input type="checkbox"/> <b>See Comments in Text</b>

<b>Signature:</b>	<b>Phone Number</b>
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**Signature Printed:**

**Bureau/Administration** *(please print)*

**Date**

**Comment001**

**Revised 6/16**

**Bulletin Number:** MSA 20-70

**Distribution:** Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, State Veterans' Homes, Ventilator-Dependent Care Units

**Issued:** December 1, 2020

**Subject:** Nursing Facility Minimum Data Set (MDS) Submission

**Effective:** January 1, 2021

**Programs Affected:** Medicaid

This bulletin is necessitated by Finding 1 in the Office of the Auditor General (OAG) performance audit of the Michigan Department of Health and Human Services (MDHHS) administration of Medicaid nursing facility rate setting, cost reporting and cost settlement processes, titled "Administration of Medicaid Payments to Nursing Facilities for Long-Term Care (LTC)." A copy of the OAG performance audit is located at [audgen.michigan.gov](http://audgen.michigan.gov) >> Completed Projects >> 2020.

In response to the OAG performance audit, beginning January 1, 2021, MDHHS will require Medicaid-certified nursing facilities to complete and submit specific MDS item set fields associated with Patient Driven Payment Model (PDPM) on all Omnibus Budget Reconciliation Act (OBRA) nursing home comprehensive (NC) and quarterly (NQ) MDS assessment submissions for each resident regardless of payer sources. This includes sections GG0130, GG0170, I0020, J2100 and Z0200A and any other MDS items necessary to determine a PDPM score.

Michigan nursing facilities should follow the Resident Assessment Instrument (RAI) User's Manual guidance for coding these items. The RAI manual can be accessed at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual>.

For additional assistance or questions on how to complete the MDS, please contact Haideh Najafi at the Michigan Department of Licensing and Regulatory Affairs at [NajafiH@michigan.gov](mailto:NajafiH@michigan.gov).

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michael Daeschlein via e-mail at [DaeschleinM@michigan.gov](mailto:DaeschleinM@michigan.gov).

Please include "Nursing Facility Minimum Data Set (MDS) Submission" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 800-292-2550.

### **Approved**

A handwritten signature in black ink, appearing to read "K. Massey", followed by a horizontal line extending to the right.

Kate Massey, Director  
Medical Services Administration