

Greetings,

The following information is being provided by the Virginia Department of Health (VDH) Office of Licensure and Certification (OLC) in collaboration with the Department of Medical Assistance Services (DMAS (Virginia Medicaid)).

- On 10/01/2019, Virginia will be changing to the Patient Driven Payment Model (PDPM) for Medicare Part A SNF Residents.
- Effective 10/01/2019, Virginia will be utilizing the LTC RAI User's Manual, version 1.17. which can be accessed at the following link:  
[https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-RAI-Manual-v117\\_October-2019.zip](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-RAI-Manual-v117_October-2019.zip)
- Section S will continue to be submitted with the following OBRA assessments: NC, NQ, NT and ND. The information collected on Section S (State specific items) has not changed and can be found at the following link:  
<http://www.dmas.virginia.gov/#/nursingfacilities>

The following guidance has been provided by DMAS:

- DMAS will not use the Optional State Assessment for SFY 20. Please refer to the Nursing Facility Provider Manual for DMAS MDS requirements.
- DMAS will pay claims that cross over from CMS and contain Medicare PDPM codes.
- DMAS will continue to require OBRA RUG codes for Medicaid claims (custodial care).
- DMAS will maintain RUG-IV Grouper 48 for Medicaid Claims. Please see the MDS 3.0 Guidance Document posted under the Reporting and Information Ribbon on the nursing facility website <http://www.dmas.virginia.gov/#/nursingfacilities> for existing settings.
- DMAS will require OBRA Assessments for Medicaid RUG billing.