

MEDICARE PDP CMI MADE SIMPLE: 101 OVERVIEW

CRYSTAL PLANK, BSN, RN, RAC-CTA, DNS-CT, IP
QIPMO Clinical Consultant/Quality Educator

plankcl@missouri.edu

573-819-0173

RAI Process: MDS

Federally Mandated for Medicare/Medicaid certified beds.

RAI Process affects:

Nurse Processes:

GDR

DRR

Antipsychotic/Psychotropic medications

High Risk Medications- anticoagulants,
hypoglycemics, opioids, antiplatelets

Antibiotic Stewardship

Influenza/Pneumococcal/COVID

Survey Process

Interviews: Depressive Symptoms, Pain,
Activities/Customary Preference,
Cognition.

Reimbursement:

Medicare PDPM

Medicaid CMI

QRP

Community:

Quality Measures

Care Compare

5-star

Post D/C- transportation,
communication or providers,
referrals to contact agency

PDPM

Patient Driven Payment Model

Required for reimbursement under Medicare Part A

ARD in the right time frame

5-day assessment

IPA (Interim Payment Assessment)



Reminder:

Medicaid

Nursing
Component Only

Medicaid Quality Measures Add-On

Long stay:

- Pressure ulcers
- Falls with major injury
- Antipsychotic medications
- Urinary tract infections
- Catheter inserted and left in bladder
- Increased assistance with ADLs
- Moving independently has worsened



Medicare PDPM Components

PT Base Rate X PT CMI X VPD Adjustment Factor



OT Base Rate X OT CMI X VPD Adjustment Factor



SLP Base Rate X SLP CMI



Nursing Base Rate X Nursing CMI X 18% Adjustment Factor for HIV/AIDS



NTA Base Rate X NTA CMI X VPD Adjustment Factor



Non-Case-Mix Base Rate



TOTAL PDPM RATE

HIPPS Code:

Character 1: PT/OT

Character 2: SLP

Character 3: Nursing

Character 4: NTA

Character 5: Assessment Indicator

2026 PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN

TABLE 6: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—URBAN

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.45	\$109.81	1.41	\$99.39	0.64	\$18.10	ES3	3.84	\$506.88	3.06	\$304.75
B	1.61	\$121.93	1.54	\$108.55	1.72	\$48.64	ES2	2.90	\$382.80	2.39	\$238.02
C	1.78	\$134.80	1.60	\$112.78	2.52	\$71.27	ES1	2.77	\$365.64	1.74	\$173.29
D	1.81	\$137.07	1.45	\$102.21	1.38	\$39.03	HDE2	2.27	\$299.64	1.26	\$125.48
E	1.34	\$101.48	1.33	\$93.75	2.21	\$62.50	HDE1	1.88	\$248.16	0.91	\$90.63
F	1.52	\$115.11	1.51	\$106.44	2.82	\$79.75	HBC2	2.12	\$279.84	0.68	\$67.72
G	1.58	\$119.65	1.55	\$109.26	1.93	\$54.58	HBC1	1.76	\$232.32	-	-
H	1.10	\$83.30	1.09	\$76.83	2.7	\$76.36	LDE2	1.97	\$260.04	-	-
I	1.07	\$81.03	1.12	\$78.95	3.34	\$94.46	LDE1	1.64	\$216.48	-	-
J	1.34	\$101.48	1.37	\$96.57	2.83	\$80.03	LBC2	1.63	\$215.16	-	-
K	1.44	\$109.05	1.46	\$102.92	3.50	\$98.98	LBC1	1.35	\$178.20	-	-
L	1.03	\$78.00	1.05	\$74.01	3.98	\$112.55	CDE2	1.77	\$233.64	-	-
M	1.20	\$90.88	1.23	\$86.70	-	-	CDE1	1.53	\$201.96	-	-
N	1.40	\$106.02	1.42	\$100.10	-	-	CBC2	1.47	\$194.04	-	-
O	1.47	\$111.32	1.47	\$103.62	-	-	CA2	1.03	\$135.96	-	-
P	1.02	\$77.24	1.03	\$72.60	-	-	CBC1	1.27	\$167.64	-	-
Q	-	-	-	-	-	-	CA1	0.89	\$117.48	-	-
R	-	-	-	-	-	-	BAB2	0.98	\$129.36	-	-
S	-	-	-	-	-	-	BAB1	0.94	\$124.08	-	-
T	-	-	-	-	-	-	PDE2	1.48	\$195.36	-	-
U	-	-	-	-	-	-	PDE1	1.39	\$183.48	-	-
V	-	-	-	-	-	-	PBC2	1.15	\$151.80	-	-
W	-	-	-	-	-	-	PA2	0.67	\$88.44	-	-
X	-	-	-	-	-	-	PBC1	1.07	\$141.24	-	-
Y	-	-	-	-	-	-	PA1	0.62	\$81.84	-	-

Character 1: PT/OT Payment Group
 Character 2: SLP Payment Group
 Character 3: Nursing Payment Group
 Character 4: NTA Payment Group
 Character 5: Assessment Indicator

2026 PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—Rural

TABLE 7: PDPM Case-Mix Adjusted Federal Rates and Associated Indexes—RURAL

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate	SLP CMI	SLP Rate	Nursing CMG	Nursing CMI	Nursing Rate	NTA CMI	NTA Rate
A	1.45	\$125.18	1.41	\$111.80	0.64	\$22.80	ES3	3.84	\$484.30	3.06	\$291.16
B	1.61	\$138.99	1.54	\$122.11	1.72	\$61.28	ES2	2.90	\$365.75	2.39	\$227.41
C	1.78	\$153.67	1.60	\$126.86	2.52	\$89.79	ES1	2.77	\$349.35	1.74	\$165.56
D	1.81	\$156.26	1.45	\$114.97	1.38	\$49.17	HDE2	2.27	\$286.29	1.26	\$119.89
E	1.34	\$115.68	1.33	\$105.46	2.21	\$78.74	HDE1	1.88	\$237.11	0.91	\$86.59
F	1.52	\$131.22	1.51	\$119.73	2.82	\$100.48	HBC2	2.12	\$267.37	0.68	\$64.70
G	1.58	\$136.40	1.55	\$122.90	1.93	\$68.77	HBC1	1.76	\$221.97	-	-
H	1.10	\$94.96	1.09	\$86.43	2.7	\$96.20	LDE2	1.97	\$248.46	-	-
I	1.07	\$92.37	1.12	\$88.80	3.34	\$119.00	LDE1	1.64	\$206.84	-	-
J	1.34	\$115.68	1.37	\$108.63	2.83	\$100.83	LBC2	1.63	\$205.58	-	-
K	1.44	\$124.32	1.46	\$115.76	3.50	\$124.71	LBC1	1.35	\$170.26	-	-
L	1.03	\$88.92	1.05	\$83.25	3.98	\$141.81	CDE2	1.77	\$223.23	-	-
M	1.20	\$103.60	1.23	\$97.53	-	-	CDE1	1.53	\$192.96	-	-
N	1.40	\$120.86	1.42	\$112.59	-	-	CBC2	1.47	\$185.40	-	-
O	1.47	\$126.91	1.47	\$116.56	-	-	CA2	1.03	\$129.90	-	-
P	1.02	\$88.06	1.03	\$81.67	-	-	CBC1	1.27	\$160.17	-	-
Q	-	-	-	-	-	-	CA1	0.89	\$112.25	-	-
R	-	-	-	-	-	-	BAB2	0.98	\$123.60	-	-
S	-	-	-	-	-	-	BAB1	0.94	\$118.55	-	-
T	-	-	-	-	-	-	PDE2	1.48	\$186.66	-	-
U	-	-	-	-	-	-	PDE1	1.39	\$175.31	-	-
V	-	-	-	-	-	-	PBC2	1.15	\$145.04	-	-
W	-	-	-	-	-	-	PA2	0.67	\$84.50	-	-
X	-	-	-	-	-	-	PBC1	1.07	\$134.95	-	-
Y	-	-	-	-	-	-	PA1	0.62	\$78.19	-	-

Character 1: PT/OT Payment Group
 Character 2: SLP Payment Group
 Character 3: Nursing Payment Group
 Character 4: NTA Payment Group
 Character 5: Assessment Indicator

Diagnosis

Sets the pathway for everything else that follows in each of the components.

Must be an approved diagnosis from CMS.

Impact PT/OT, SLP & Nursing components.

NTA (Non-Therapy Ancillary)

Variable Per Diem

Impacts PT/OT & NTA

To account more accurately for the variability in patient costs over the course of a stay, under PDPM, an adjustment factor is applied (for certain components) and changes the per diem rate over the course of the stay: Similar to what exists under the Inpatient Psychiatric Facility PPS

For the PT, OT, and NTA components, the case-mix adjusted per diem rate is multiplied against the variable per diem adjustment factor, following a schedule of adjustments for each day of the patient's stay

NTA is 3x higher the first 3 days

PT/OT, after day 20, this component's reimbursement is reduced by 2% every 7 days

Patient Classification

Under PDPM, each patient is classified into a group for each of the five case-mix adjusted components: PT, OT, SLP, Nursing and NTA

Each component utilizes different criteria as the basis for patient classification:

PT: Clinical Category, Functional Score

OT: Clinical Category, Functional Score

SLP: Presence of Acute Neurologic Condition, SLP-related Comorbidity or Cognitive Impairment, Mechanically-altered Diet, Swallowing Disorder

Nursing: Same characteristics as under RUG-IV

NTA (Non-Therapy Ancillary): NTA Comorbidity Score

Components Overview PT/OT

Case-mix has 2 primary elements used to determine classification:

Clinical Category for SNF stay: I0020B

Functional Status: Score derived from 10 items in Section GG

Primary Medical Condition

I0020. Indicate the resident's primary medical condition category

Complete only if A0310B = 01 or if state requires completion with an OBRA assessment

Enter Code

--	--

Indicate the resident's primary medical condition category that best describes the primary reason for admission

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions

I0020B. ICD Code

--	--	--	--	--	--	--	--

Coding Instructions

Code 01, Stroke, Examples include ischemic stroke, subarachnoid hemorrhage, cerebral vascular accident (CVA), and other cerebrovascular disease.

Code 02, Non-Traumatic Brain Dysfunction, Examples include Alzheimer's disease, dementia with or without behavioral disturbance, malignant neoplasm of brain, anoxic brain damage.

Code 03, Traumatic Brain Dysfunction, Examples include traumatic brain injury, severe concussion, and cerebral laceration and contusion.

Code 04, Non-Traumatic Spinal Cord Dysfunction, Examples include spondylosis with myelopathy, transverse myelitis, spinal cord lesion due to spinal stenosis, and spinal cord lesion due to dissection of aorta.

Code 05, Traumatic Spinal Cord Dysfunction, Examples include paraplegia and quadriplegia following trauma.

Code 06, Progressive Neurological Conditions, Examples include multiple sclerosis and Parkinson's disease.

Code 07, Other Neurological Conditions, Examples include cerebral palsy, polyneuropathy, and myasthenia gravis.

Coding Instructions

Code 08, Amputation, An example is acquired absence of limb.

Code 09, Hip and Knee Replacement, An example is total knee replacement. If hip replacement is secondary to hip fracture, code as fracture.

Code 10, Fractures and Other Multiple Trauma, Examples include hip fracture, pelvic fracture, and fracture of tibia and fibula.

Code 11, Other Orthopedic Conditions, An example is unspecified disorders of joint.

Code 12, Debility, Cardiorespiratory Conditions, Examples include chronic obstructive pulmonary disease (COPD), asthma, and other malaise and fatigue.

Code 13, Medically Complex Conditions, Examples include diabetes, pneumonia, chronic kidney disease, open wounds, pressure ulcer/injury, infection, and disorders of fluid, electrolyte, and acid-base balance.

PDPM Clinical Categories

Major Joint Replacement or Spinal Surgery
Cancer
Non-Surgical Orthopedic/Musculoskeletal
Pulmonary
Orthopedic -Surgical Extremities not Major Joint
Cardiovascular and Coagulations
Acute Infections
Acute Neurologic
Medical Management
Non-Orthopedic Surgery

Components Overview PT/OT

These 10 categories will be broken down further into 4 categories to influence PT/OT case mix component:

Major joint replacement or spinal surgery

Other orthopedic

Medical management

Non-orthopedic surgery and acute neurologic

Functional Status

Pulled from items in Section GG:

2 bed mobility items	3 transfer items
1 eating item	1 toileting item
1 oral hygiene item	2 walking items

Items are scored based on dependence

The **higher** the number, the more **independent** the resident

The **lower** the number, the more **dependent** the resident

Section GG Items Included in PT and OT Functional Score

Item	Description	Score Range
GG0130A1	Self-care: Eating	0-4
GG0130B1	Self-care: Oral Hygiene	0-4
GG0130C1	Self-care: Toileting Hygiene	0-4
GG0170B1	Mobility: Sit to lying	0-4
GG0170C1	Mobility: Lying to sitting on side of bed	(average of 2 items)
GG0170D1	Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1	Mobility: Chair/bed-to-chair transfer	
GG0170F1	Mobility: Toilet transfer	
GG0170J1	Mobility: Walk 50 feet with 2 turns	0-4
GG0170K1	Mobility: Walk 150 feet	(average of 2 items)

Functional Score Item Response Crosswalk

PT & OT and Nursing Functional Score Construction

Item Response	Score
05, 06 –Set-up Assistance, Independent	4
04 –Supervision or touching assistance	3
03–Partial/Moderate assistance	2
02–Substantial/Maximal assistance	1
01,07, 09, 10, 88, missing –Dependent, Refused, Not applicable, Not attempted due to environmental limitations, Not Attempted due to medical condition or safety concerns	0

Admission or Interim Performance (Column 1 or 5)=	Function Score =
05, 06	4
04	3
03	2
02	1
01,07,09. 10, 88, missing	0

Function Score for PT/OT Payment

ADL self-care/Mobility Activity	Performance	Functional Score	Functional score tally
Eating: independent	06	4	4
Oral Hygiene: Set up only	05	4	4
Toileting Hygiene: moderate assistance	03	2	2
Sit to Lying: Max assist	02	1	1+1=2
Lying to Sitting: Max Assist	02	1	Average of two items 2/2=1
Sit to Stand: Max Assist	02	1	1+1+1=3
Chair/Bed to chair Transfer: max assist	02	1	Average of 3 items 3/3=1
Toileting Transfer: Max assist	02	1	
Walking 50 Feet with 2 turns: Max assist with 2 assistants	01	0	
Walking 150 feet: 88: (not attempted due to medical condition or safety concerns)	88	0	
TOTAL			12

Nursing component functional score does not include the 2 walking items

PT & OT COMPONENTS: PAYMENT GROUPS

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group
Major Joint Replacement or Spinal Surgery	0-5	TA
Major Joint Replacement or Spinal Surgery	6-9	TB
Major Joint Replacement or Spinal Surgery	10-23	TC
Major Joint Replacement or Spinal Surgery	24	TD
Other Orthopedic	0-5	TE
Other Orthopedic	6-9	TF
Other Orthopedic	10-23	TG
Other Orthopedic	24	TH
Medical Management	0-5	TI
Medical Management	6-9	TJ
Medical Management	10-23	TK
Medical Management	24	TL
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO
Non-Orthopedic Surgery and Acute Neurologic	24	TP

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate
A	1.45	\$125.18	1.41	\$111.80
B	1.61	\$138.99	1.54	\$122.11
C	1.78	\$153.67	1.60	\$126.86
D	1.81	\$156.26	1.45	\$114.97
E	1.34	\$115.68	1.33	\$105.46
F	1.52	\$131.22	1.51	\$119.73
G	1.58	\$136.40	1.55	\$122.90
H	1.10	\$94.96	1.09	\$86.43
I	1.07	\$92.37	1.12	\$88.80
J	1.34	\$115.68	1.37	\$108.63
K	1.44	\$124.32	1.46	\$115.76
L	1.03	\$88.92	1.05	\$83.25
M	1.20	\$103.60	1.23	\$97.53
N	1.40	\$120.86	1.42	\$112.59
O	1.47	\$126.91	1.47	\$116.56
P	1.02	\$88.06	1.03	\$81.67
Q	-	-	-	-
R	-	-	-	-
S	-	-	-	-
T	-	-	-	-
U	-	-	-	-
V	-	-	-	-
W	-	-	-	-
X	-	-	-	-
Y	-	-	-	-

Examples of How Diagnosis Can Impact PT/OT Component Reimbursement

Diagnosis of: Parkinson- Acute Neurological
 Stress fracture right femur-Major Joint Replacement or Spinal Surgery
 Aftercare Surgical Amputation- Orthopedic Surgery
 Pressure ulcer right elbow- Medical Management

PT/OT

Parkinson- Non-Orthopedic Surgery & Acute Neurologic
 Stress Fracture- Major Joint Replacement or Spinal Surgery
 Aftercare Surgical Amputation- Other Orthopedic
 Pressure Ulcer right elbow- Medical Management

Functional Score is consistent (10-23)

Parkinson Case Mix 1.47/1.47 \$126.91/ \$116.56

Stress Fracture Case Mix 1.78/1.60 \$153.67/ \$126.86

Aftercare Surgical Amputation Case Mix 1.58/1.55 \$136.40/ \$122.90

Pressure Ulcer right elbow Case Mix 1.44/1.46 \$124.32/ \$115.76

HIPPS	PT/OT
O	\$243.47
C	\$280.53
G	\$259.30
K	\$240.08

PDPM Group	PT CMI	PT Rate	OT CMI	OT Rate
A	1.45	\$125.18	1.41	\$111.80
B	1.61	\$138.99	1.54	\$122.11
C	1.78	\$153.67	1.60	\$126.86
D	1.81	\$156.26	1.45	\$114.97
E	1.34	\$115.68	1.33	\$105.46
F	1.52	\$131.22	1.51	\$119.73
G	1.58	\$136.40	1.55	\$122.90
H	1.10	\$94.96	1.09	\$86.43
I	1.07	\$92.37	1.12	\$88.80
J	1.34	\$115.68	1.37	\$108.63
K	1.44	\$124.32	1.46	\$115.76
L	1.03	\$88.92	1.05	\$83.25
M	1.20	\$103.60	1.23	\$97.53
N	1.40	\$120.86	1.42	\$112.59
O	1.47	\$126.91	1.47	\$116.56
P	1.02	\$88.06	1.03	\$81.67
Q	-	-	-	-
R	-	-	-	-
S	-	-	-	-
T	-	-	-	-
U	-	-	-	-
V	-	-	-	-
W	-	-	-	-
X	-	-	-	-
Y	-	-	-	-



Difference from low to high:
 \$40.45 a day
 30 days is \$1,213.50

Examples of How Functional Score Can Impact PT/OT Component Reimbursement

Diagnosis of: Parkinson- Acute Neurological
PT/OT: Parkinson- Non-Orthopedic Surgery & Acute Neurologic
Functional Score: 0-5 \$ 201.13
6-9 \$ 233.45
10-23 \$ 243.47
24 \$ 169.73

Diagnosis of: Stress fracture right femur-Major Joint Replacement or Spinal Surgery
PT/OT: Stress Fracture- Major Joint Replacement or Spinal Surgery
Functional Score: 0-5 \$ 236.98
6-9 \$ 261.10
10-23 \$ 280.53
24 \$ 271.23

Diagnosis of: Pressure ulcer right elbow- Medical Management
PT/OT: Pressure Ulcer right elbow- Medical Management
Functional Score: 0-5 \$ 181.17
6-9 \$ 224.31
10-23 \$ 240.08
24 \$ 172/17

Speech- Language Pathology Component

SLP Component

SLP category is influenced by:

1. Primary clinical category (neurologic and non-neurologic) and other diagnoses listed under this item set as co-morbidities.
2. Plus conditions captured in Section K for swallowing disorders and mechanically altered diets.
3. As well as cognitive impairment derived from BIMS score.

Examples of How Diagnosis Can Impact SLP Component Reimbursement

Primary diagnosis is broken into Neurological versus Non-Neurological

SLP related co-morbidities (diagnosis)

Cognition, Mechanically Altered Diet & Swallowing Disorder

SLP CO-MORBIDITIES	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy (while Resident)	Oral Cancers
Ventilator (while Resident)	Speech & Language Deficits

SLP Component: Payment Groups

Presence of Acute Neurologic Condition, SLP Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group
None	Neither	SA
None	Either	SB
None	Both	SC
Any one	Neither	SD
Any one	Either	SE
Any one	Both	SF
Any two	Neither	SG
Any two	Either	SH
Any two	Both	SI
All three	Neither	SJ
All three	Either	SK
All three	Both	SL

PDPM Group	SLP CMI	SLP Rate
A	0.64	\$22.80
B	1.72	\$61.28
C	2.52	\$89.79
D	1.38	\$49.17
E	2.21	\$78.74
F	2.82	\$100.48
G	1.93	\$68.77
H	2.7	\$96.20
I	3.34	\$119.00
J	2.83	\$100.83
K	3.50	\$124.71
L	3.98	\$141.81
M	-	-
N	-	-
O	-	-
P	-	-
Q	-	-
R	-	-
S	-	-
T	-	-
U	-	-
V	-	-
W	-	-
X	-	-
Y	-	-

Speech Language Pathology Component

Non-Neurological	Neurological	Neurological
No SLP dx	Same	Same
No cognition impair	Same	Same
No mechanically altered diet	Same	Yes
No swallowing disorder	Same	Same
CMI 0.64	CMI 1.38	CMI 2.21
\$22.80	\$49.17	\$78.74

PDPM Group	SLP CMI	SLP Rate
A	0.64	\$22.80
B	1.72	\$61.28
C	2.52	\$89.79
D	1.38	\$49.17
E	2.21	\$78.74
F	2.82	\$100.48
G	1.93	\$68.77
H	2.7	\$96.20
I	3.34	\$119.00
J	2.83	\$100.83
K	3.50	\$124.71
L	3.98	\$141.81
M	-	-
N	-	-
O	-	-
P	-	-
Q	-	-
R	-	-
S	-	-
T	-	-
U	-	-
V	-	-
W	-	-
X	-	-
Y	-	-

Non-Neurological versus Neurological difference a day \$26.37/ \$791.10 in 30 days

Neurological & no SLP co-morbidity versus just Neurological with mechanical altered difference a day is \$29.57/ \$887.10 in 30 day

Nursing Component: Payment Groups

PDPM Nursing Component: Extensive Services

Extensive Services included tracheostomy, and/or ventilator or respirator, or infection isolation

Clinical Conditions None

Depression None

Restorative Nursing Services None

Function Score 0-14

CMG ES3, ES2, ES1

Extensive Service Conditions	PDPM Nursing Classification	HIPPS Code
Tracheostomy care AND ventilator/respirator	ES3	A
Tracheostomy care OR ventilator/respirator	ES2	B
Isolation or quarantine for active infectious disease (without tracheostomy care, without ventilator/respirator)	ES1	C

Nursing CMG	Nursing CMI	Nursing Rate
ES3	3.84	\$484.30
ES2	2.90	\$365.75
ES1	2.77	\$349.35

Function score of 15-16 would be clinically complex

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Serious Medical Conditions (Special Care High)

Clinical Conditions:

- Comatose,
- Septicemia,
- DM with daily injections (7days) & insulin order changes 2+days
- Quadriplegia
- COPD & SOB when lying flat
- Fever with (1 of the following) Pneumonia/vomiting/wt loss/feeding tube with intake requirements
- Parenteral/IV feedings
- Respiratory therapy (daily)

Depression Yes or No

Restorative Nursing Services None

Function Score 0-14

CMG HDE2, HDE1, HBC2, HBC1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS
0 to 5	Yes	HDE2	D
0 to 5	No	HDE1	E
6 to 14	Yes	HDC2	F
6 to 14	No	HDC1	G

Nursing CMG	Nursing CMI	Nursing Rate
HDE2	2.27	\$286.29
HDE1	1.88	\$237.11
HBC2	2.12	\$267.37
HBC1	1.76	\$221.97

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Conditions requiring complex medical care (Special Care Low)

Clinical Conditions:

- Cerebral Palsy
- Multiple Sclerosis
- Parkinson's Disease
- Respiratory failure & Oxygen therapy
- Feeding tube with intake requirements
- 2+ Stage 2 PU with 2+ skin treatments
- Stage 3 or 4 PU or unstageable with slough or eschar with 2+ skin treatments
- 2+ venous/arterial ulcers with 2+ skin treatments
- Stage 2 PU (I) and venous/arterial ulcer (I) with 2+ skin treatments
- Foot infection, diabetic foot ulcer, or other open lesion of foot with dressing
- Radiation therapy while a resident
- Dialysis while a resident

Depression Yes or No

Restorative Nursing Services None

Function Score 0-14

CMG LDE2, LDE1, LBC2, LBC1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS	Nursing CMG	Nursing CMI	Nursing Rate
0 to 5	Yes	LDE2	H	LDE2	1.97	\$248.46
0 to 5	No	LDE1	I	LDE1	1.64	\$206.84
6 to 14	Yes	LBC2	J	LBC2	1.63	\$205.58
6 to 14	No	LBC1	K	LBC1	1.35	\$170.26

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Conditions requiring Complex Medical Care (Clinically Complex)

Clinical Conditions:

Pneumonia

Hemiplegia/hemiparesis with Nursing Function Score ≤ 11

Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatments* or surgical wounds

Burns

Chemotherapy while a patient

Oxygen while a patient

IV Medications while a patient

Transfusions while a patient

Depression Yes or No

Restorative Nursing Services

Function Score 0-16

CMG CDE2, CDE1, CBC2, CA2, CBC1, CA1

Nursing Function Score	Depressed?	PDPM Nursing Classification	HIPPS
0 to 5	Yes	CDE2	L
0 to 5	No	CDE1	M
6 to 14	Yes	CBC2	N
15 to 16	Yes	CA2	O
6 to 14	No	CBC1	P
15-16	No	CA1	Q

Nursing CMG	Nursing CMI	Nursing Rate
CDE2	1.77	\$223.23
CDE1	1.53	\$192.96
CBC2	1.47	\$185.40
CA2	1.03	\$129.90
CBC1	1.27	\$160.17
CA1	0.89	\$112.25

*Selected Skin Tx: Surgical wound care, Application of nonsurgical dressing (other than feet), Application of ointment/medications (other than feet).

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Behavioral Symptoms & Cognitive Performance

Clinical Conditions:

PDPM Nursing Functional Score is >11

Cognitive impairment (BIMS \leq 9) per staff interview

Staff assessment (one of three conditions):

1. Coma & completely dependent or activity did not occur at
GG0130 Self Care-Eating & Toileting hygiene
GG0170 Mobility-Sit to lying, lying to sitting, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer & toilet transfer.
2. Severely impaired cognitive skills for daily decision making
3. (Two or more of the following impairments)
Usually, sometimes or rarely/never understood, Short-term memory problem, impaired cognitive skills for daily decision making AND
(One or both of the severe impairments)
Sometimes or rarely/never makes self understood, Moderately or severely impaired cognitive skills for daily decision making

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Behavioral Symptoms & Cognitive Performance CONTINUED

Clinical Conditions:

Hallucinations

Delusions

Physical behavioral symptoms directed towards others (behavior occurred 4-6 days or daily)

Verbal behavioral symptoms directed towards others (behavior occurred 4-6 days or daily)

Rejections of care (behavior occurred 4-6 days or daily)

Wandering ((behavior occurred 4-6 days or daily)

Depression No

Restorative Nursing Services YES

Function Score 11-16

PDPM Nursing Function Score is <11 skip to Reduced Physical Function Category

CMG BAB2 BAB1

Nursing CMG	Nursing CMI	Nursing Rate
BAB2	0.98	\$123.60
BAB1	0.94	\$118.55

Nursing Function Score	Restorative Nursing	PDPM Nursing Classification	HIPPS
11 to 16	2 or more	BAB2	R
11 to 16	0 or 1	BAB1	S

Nursing Component: Payment Groups

PDPM Nursing Component:

Extensive Services included Assistance with daily living and general supervision

Clinical Conditions:

Any resident that does not meet the conditions of the previous categories. Also includes those who meet criteria for Behavioral Symptoms & Cognitive Performance category but have a PDPM Nursing Function of less than 11.

Depression No

Restorative Nursing Services YES

Function Score 0-16

CMG PDE2,PDE1,PBC2, PA2,PBC1,PA1

Nursing Function Score	Restorative Nursing	PDPM Nursing Classification	HIPPS
0 to 5	2 or more	PDPE2	T
0 to 5	0 or 1	PDE1	U
6 to 14	2 or more	PBC2	V
15 to 16	2 or more	PA2	W
6 to 14	0 or 1	PBC1	X
15-16	0 or 1	PA1	Y

Nursing CMG	Nursing CMI	Nursing Rate
PDE2	1.48	\$186.66
PDE1	1.39	\$175.31
PBC2	1.15	\$145.04
PA2	0.67	\$84.50
PBC1	1.07	\$134.95
PA1	0.62	\$78.19

Nursing Component: Payment Groups

PDPM Group	Nursing CMG	Nursing CMI	Nursing Rate	
A	ES3	3.84	\$484.30	Extensive Services
B	ES2	2.90	\$365.75	
C	ES1	2.77	\$349.35	
D	HDE2	2.27	\$286.29	Special Care High
E	HDE1	1.88	\$237.11	
F	HBC2	2.12	\$267.37	
G	HBC1	1.76	\$221.97	Special Care Low
H	LDE2	1.97	\$248.46	
I	LDE1	1.64	\$206.84	
J	LBC2	1.63	\$205.58	Clinically Complex
K	LBC1	1.35	\$170.26	
L	CDE2	1.77	\$223.23	
M	CDE1	1.53	\$192.96	Cognition/Behavior
N	CBC2	1.47	\$185.40	
O	CA2	1.03	\$129.90	
P	CBC1	1.27	\$160.17	ADL/General Supervision
Q	CA1	0.89	\$112.25	
R	BAB2	0.98	\$123.60	
S	BAB1	0.94	\$118.55	
T	PDE2	1.48	\$186.66	
U	PDE1	1.39	\$175.31	
V	PBC2	1.15	\$145.04	
W	PA2	0.67	\$84.50	
X	PBC1	1.07	\$134.95	
Y	PA1	0.62	\$78.19	

Examples of How Diagnosis Can Impact Nursing Component Reimbursement

Special Care High

Comatose

Septicemia

Quadriplegia

Special Care High			
HIPPS	CMG	CMI	Reimbursement
D	HDE2	2.27	\$286.29
E	HDE1	1.88	\$237.11
F	HBC2	2.12	\$267.37
G	HBC1	1.76	\$221.97

Special Care Low

Cerebral Palsy

Multiple Sclerosis

Parkinson's Disease

Special Care Low			
HIPPS	CMG	CMI	Reimbursement
H	LDE2	1.97	\$248.46
I	LDE1	1.64	\$206.84
J	LBC2	1.63	\$205.58
K	LBC1	1.35	\$170.26

Clinically Complex

Pneumonia

Burns

Clinically Complex			
HIPPS	CMG	CMI	Reimbursement
L	CDE2	1.77	\$223.23
M	CDE1	1.53	\$192.96
N	CBC2	1.47	\$185.40
O	CA2	1.03	\$129.90
P	CBC1	1.27	\$160.17
Q	CA1	0.89	\$112.25

Examples of How Treatments/Services Can Impact Nursing Component Reimbursement

Extensive Services

Tracheostomy
Ventilator
Isolation

Extensive Services			
HIPPS	CMG	CMI	Reimbursement
A	ES3	3.84	\$484.30
B	ES2	2.9	\$365.75
C	ES1	2.77	\$349.35

Special Care High

Parenteral/IV feedings
Respiratory therapy (daily)

Special Care Low

Radiation therapy while a resident
Dialysis while a resident

Clinically Complex

Chemotherapy while a patient
Oxygen while a patient
IV Medications while a patient
Transfusions while a patient

Behavioral Symptoms/Cognitive Performance

Hallucinations
Delusions
Physical behavioral symptoms directed towards others
(behavior occurred 4-6 days or daily)
Verbal behavioral symptoms directed towards others
(behavior occurred 4-6 days or daily)
Rejections of care
(behavior occurred 4-6 days or daily)
Wandering
(behavior occurred 4-6 days or daily)

Behavior/Cognitive			
HIPPS	CMG	CMI	Reimbursement
R	BAB2	0.98	\$123.60
S	BAB1	0.94	\$118.55

Examples of How Diagnosis & Treatments/Services Can Impact Nursing Component Reimbursement

Special Care High

DM with daily injections (7days) & insulin order changes 2+days

COPD & SOB when lying flat

Fever with (1 of the following) Pneumonia/vomiting/wt loss/feeding tube with intake requirements

Special Care Low

Respiratory failure & Oxygen therapy

Feeding tube with intake requirements

2+ Stage 2 PU with 2+ skin treatments

Stage 3 or 4 PU or unstageable with slough or eschar with 2+ skin treatments

2+ venous/arterial ulcers with 2+ skin treatments

Stage 2 PU (1) and venous/arterial ulcer (1) with 2+ skin treatments

Foot infection, diabetic foot ulcer, or other open lesion of foot with dressing

Next page for skin treatments

Clinically Complex

Hemiplegia/hemiparesis with Nursing Function Score ≤ 11

Open lesions (other than ulcers, rashes, and cuts) with any selected skin treatments* or surgical wounds

*Selected Skin Tx: Surgical wound care, Application of nonsurgical dressing (other than feet), Application of ointment/medications (other than feet).

Tube Feeding and Skin Treatments

Tube Feeding classification requirements:

51% or more of total calories

OR

26%-50% of total calories and 501cc or more per day fluid enteral intake in the last 7 days

Skin Treatments include:

Pressure relieving chair and/or bed (count as 1 even if both are present)

Turning/repositioning

Nutrition or hydration intervention

Pressure ulcer care

Application of dressings (not to feet)

Application of ointment (not to feet)

Assistance with Daily Living and General Supervision

ADL/Supervision			
HIPPS	CMG	CMI	Reimbursement
T	PDE2	1.48	\$186.66
U	PDE1	1.39	\$175.31
V	PBC2	1.15	\$145.04
W	PA2	0.67	\$84.50
X	PBC1	1.07	\$134.95
Y	PA1	0.62	\$78.19

With Restorative				
Function Score	HIPPS	CMG	CMI	Reimbursement
0-5	U	PDE1	1.39	175.31
6-14	X	PBC1	1.07	134.95
15-16	Y	PA1	0.62	78.19

Without Restorative				
Function Score	HIPPS	CMG	CMI	Reimbursement
0-5	T	PDE2	1.48	186.66
6-14	V	PBC2	1.15	145.04
15-16	W	PA2	0.67	84.5

Difference between with & without Restorative 0-5 \$11.35 6-14 \$10.19 15-16 \$6.31
 Difference between function scores with Restorative 0-5 / 6-14 \$40.36 6-14 / 15-16 \$56.76
 Difference between function scores without Restorative 0-5 / 6-14 \$41.62 6-14 / 15-16 \$60.54

Nursing Functional Score: GG items

Extensive Services drops down to clinically complex if functional score is between 15-16

Special Care High drops down to clinically complex if functional score is between 15-16
Quadriplegia Functional Score ≤ 11

Special Care Low drops down to clinically complex if functional score is between 15-16
Multiple Sclerosis Functional Score ≤ 11
Parkinson's Functional Score ≤ 11
Cerebral Palsy Functional Score ≤ 11

Clinically Complex

Hemiplegia/Hemiparesis Functional Score ≤ 11

Behavioral & Cognitive Performance Functional Score > 11

ADL & General Supervision 0-16

Cognition

Brief Interview for Mental Status (BIMS) or Staff Observation

Affects the SLP component as one of the 3 major categories (Acute Neurological/Non-Neurological, Cognitive Impairment and at least 1 of the co-morbidities). Cognitive impairment increases reimbursement.

Affects Nursing component in the Behavioral Symptoms/Cognitive Performance payment group if no extensive, special care high or low or clinically complexity groups are triggered.

Depression and Behaviors

Impacts Nursing Component

Depressive symptoms come from the PHQ-2/9 interview/assessment.

Increases reimbursement if they have depressive symptoms versus no depressive symptoms.

Depression symptoms affects the Serious Medical Condition, and Clinically Complex 1&2 categories.

Affects Nursing component in the Behavioral Symptoms/Cognitive Performance payment group if no extensive, special care high or low or clinically complexity groups are triggered.

Restorative Nursing

Impacts Nursing Component

Affects the Behavioral Symptoms/Cognitive Performance and the ADL/General Supervision payment categories.



HIV/AIDS

Affects Nursing component and NTA

Nursing component receives 18% increase in reimbursement

NTA component receives 8 points. The highest number of points for diagnosis/ extensive services.

What time can be included in Respiratory Therapy?

Only minutes that the respiratory therapist or respiratory nurse spends with the resident shall be recorded on the MDS. This time includes resident evaluation/assessment, treatment administration and monitoring, and setup and removal of treatment equipment.

Time that a resident self-administers a nebulizer treatment without supervision of the respiratory therapist or respiratory nurse is not included in the minutes recorded on the MDS.

Do not include administration of metered-dose and/or dry powder inhalers in respiratory minutes.

What is the criteria for coding isolation on the MDS?

Code for “single room isolation” only when all of the following conditions are met:

- ✓ The resident has active infection with highly transmissible or epidemiologically significant pathogens that have been acquired by physical contact or airborne or droplet transmission.
- ✓ Precautions are over and above standard precautions. That is, transmission-based precautions (contact, droplet, and/or airborne) must be in effect.
- ✓ The resident is in a room alone because of active infection and cannot have a roommate. This means that the resident must be in the room alone and not cohorted with a roommate regardless of whether the roommate has a similar active infection that requires isolation.
- ✓ The resident must remain in their room. This requires that all services be brought to the resident (e.g. rehabilitation, activities, dining, etc.).

*While a resident within 14 days

What criteria must be done to capture our Restorative Nursing Program?

The following criteria must be met to code on the MDS:

Measurable objective and interventions must be documented in the care plan and in the medical record.

Evidence of periodic evaluation by the licensed nurse must be present in the resident's medical record.

Nursing assistants/aides must be trained in the techniques that promote resident involvement in the activity.

A registered nurse or a licensed practical (vocational) nurse must supervise the activities in a restorative nursing program. Restorative nursing does not require a physician's order. Although therapists may participate, members of the nursing staff are still responsible for overall coordination and supervision of restorative nursing programs.

This category does not include groups with more than four residents per supervising helper or caregiver.

NTA (Non-Therapy Ancillary) Component

Based on points assigned for 50 MDS items including diagnoses or extensive services to account for complex medical conditions and co-morbidities.

The higher the total number of points, the increased value of this component.



NTA (Non-Therapy Ancillary) Component

Condition/Extensive Service	Source	Points
HIV/AIDS	SNF Claim	8
Parenteral IV Feeding: Level High	MDS Item K0510A2, K0710A2	7
Special Treatments/Programs: Intravenous Medication Post-admit Code	MDS Item O0100H2	5
Special Treatments/Programs: Ventilator or Respirator Post-admit Code	MDS Item O0100F2	4
Parenteral IV feeding: Level Low	MDS Item K0510A2, K0710A2, K0710B2	3
Lung Transplant Status	MDS Item I8000	3
Special Treatments/Programs: Transfusion Post-admit Code	MDS Item O0100I2	2
Major Organ Transplant Status, Except Lung	MDS Item I8000	2
Active Diagnoses: Multiple Sclerosis Code	MDS Item I5200	2
Opportunistic Infections	MDS Item I8000	2
Active Diagnoses: Asthma COPD Chronic Lung Disease Code	MDS Item I6200	2
Bone/Joint/Muscle Infections/Necrosis - Except Aseptic Necrosis of Bone	MDS Item I8000	2
Chronic Myeloid Leukemia	MDS Item I8000	2
Wound Infection Code	MDS Item I2500	2
Active Diagnoses: Diabetes Mellitus (DM) Code	MDS Item I2900	2
Endocarditis	MDS Item I8000	1
Immune Disorders	MDS Item I8000	1
End-Stage Liver Disease	MDS Item I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer Code	MDS Item M1040B	1
Narcolepsy and Cataplexy	MDS Item I8000	1
Cystic Fibrosis	MDS Item I8000	1
Special Treatments/Programs: Tracheostomy Care Post-admit Code	MDS Item O0100E2	1
Active Diagnoses: Multi-Drug Resistant Organism (MDRO) Code	MDS Item I1700	1
Special Treatments/Programs: Isolation Post-admit Code	MDS Item O0100M2	1
Specified Hereditary Metabolic/Immune Disorders	MDS Item I8000	1
Morbid Obesity	MDS Item I8000	1
Special Treatments/Programs: Radiation Post-admit Code	MDS Item O0100B2	1
Highest Stage of Unhealed Pressure Ulcer - Stage 4	MDS Item M0300D1	1
Psoriatic Arthropathy and Systemic Sclerosis	MDS Item I8000	1

Condition/Extensive Service	Source	Points
Chronic Pancreatitis	MDS Item I8000	1
Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Other Foot Skin Problems: Foot Infection Code, Other Open Lesion on Foot Code, Except Diabetic Foot Ulcer Code	MDS Item M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device or Graft	MDS Item I8000	1
Bladder and Bowel Appliances: Intermittent Catheterization	MDS Item H0100D	1
Inflammatory Bowel Disease	MDS Item I1300	1
Aseptic Necrosis of Bone	MDS Item I8000	1
Special Treatments/Programs: Suctioning Post-admit Code	MDS Item O0100D2	1
Cardio-Respiratory Failure and Shock	MDS Item I8000	1
Myelodysplastic Syndromes and Myelofibrosis	MDS Item I8000	1
Systemic Lupus Erythematosus, Other Connective Tissue Disorders, and Inflammatory Spondylopathies	MDS Item I8000	1
Diabetic Retinopathy - Except Proliferative Diabetic Retinopathy and Vitreous Hemorrhage	MDS Item I8000	1
Nutritional Approaches While a Resident: Feeding Tube	MDS Item K0510B2	1
Severe Skin Burn or Condition	MDS Item I8000	1
Intractable Epilepsy	MDS Item I8000	1
Active Diagnoses: Malnutrition Code	MDS Item I5600	1
Disorders of Immunity - Except : RxCC97: Immune Disorders	MDS Item I8000	1
Cirrhosis of Liver	MDS Item I8000	1
Bladder and Bowel Appliances: Ostomy	MDS Item H0100C	1
Respiratory Arrest	MDS Item I8000	1
Pulmonary Fibrosis and Other Chronic Lung Disorders	MDS Item I8000	1

NTA Component Payment Groups

NTA Score Range	NTA Case Mix Group
12+	NA
9 – 11	NB
6 – 8	NC
3 – 5	ND
1 – 2	NE
0	NF

Difference between A & B	\$63.75
B&C	\$61.85
C&D	\$45.67
D&E	\$33.30
E&F	\$21.89

PDPM Group	NTA CMI	NTA Rate
A	3.06	\$291.16
B	2.39	\$227.41
C	1.74	\$165.56
D	1.26	\$119.89
E	0.91	\$86.59
F	0.68	\$64.70
G	-	-
H	-	-
I	-	-
J	-	-
K	-	-
L	-	-
M	-	-
N	-	-
O	-	-
P	-	-
Q	-	-
R	-	-
S	-	-
T	-	-
U	-	-
V	-	-
W	-	-
X	-	-
Y	-	-

Putting IT All Together



PDPM HIPPS Coding

Based on responses on the MDS, patients are classified into payment groups, which are billed using a 5-character HIPPS code

In order to accommodate the payment groups, the PDPM HIPPS algorithm is as follows:

- Character 1: PT/OT Payment Group
- Character 2: SLP Payment Group
- Character 3: Nursing Payment Group
- Character 4: NTA Payment Group
- Character 5: Assessment Indicator

PDPM HIPPS Grids

PDPM HIPPS CODE METHODOLOGY
Character 1- PT/OT Payment Group
Character 2- SLP Payment Group
Character 3- Nursing Payment Group
Character 4- NTA Payment Group

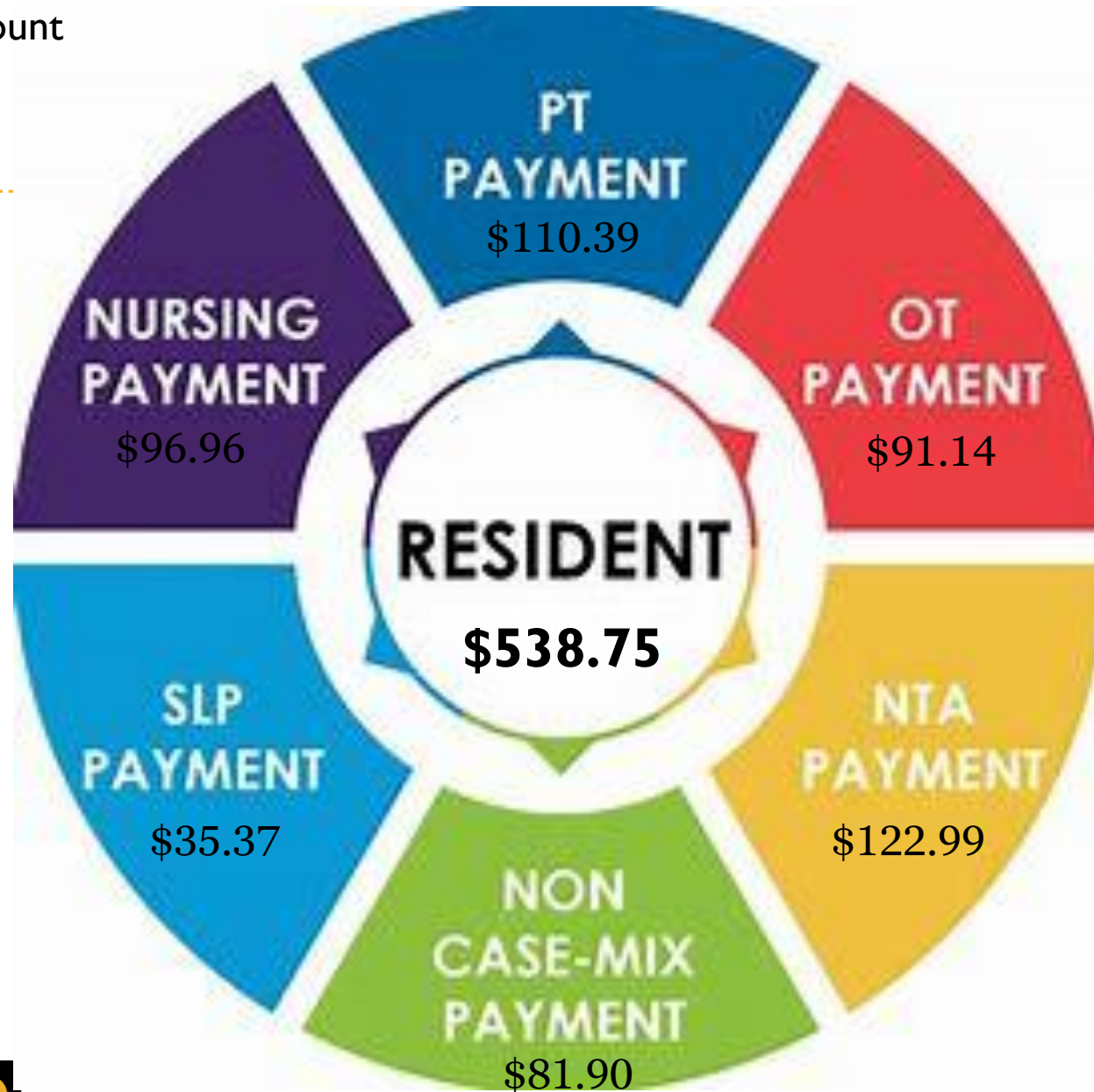
ASSESSMENT TYPE	HIPPS CHARACTER
IPA	0
5 Day	1
OBRA	6

PT/OT	SLP	NTA	HIPPS
TA	SA	NA	A
TB	SB	NB	B
TC	SC	NC	C
TD	SD	ND	D
TE	SE	NE	E
TF	SF	NF	F
TG	SG		G
TH	SH		H
TI	SI		I
TJ	SJ		J
TK	SK		K
TL	SL		L
TM	SM		M
TN	SN		N
TO	SO		O
TP	SP		P

NURSING GROUP	HIPPS
ES3	A
ES2	B
ES1	C
HDE2	D
HDE1	E
HBC2	F
HBC1	G
LDE2	H
LDE1	I
LBC2	J
LBC1	K
CDE2	L
CDE1	M
CBC2	N
CA2	O
CBC1	P
CA1	Q
BAB2	R
BAB1	S
PDE2	T
PDE1	U
PBC2	V
PA2	W
PBC1	X
PA1	Y

HIPPS Default is ZZZZZ which is calculated on the MDS at Z0100A

2026 Rural highest amount
DLAAI =\$1,188.50
ZZZZZ =\$335.42



CONTACT

Crystal Plank QIPMO Clinical Educator plankcl@missouri.edu
Cell 573-819-0173

QIPMO: www.nursinghomehelp.org

Jessica Mueller Senior Program/QIPMO Project Support Coordinator:
573-882-0241 musonqipmo@missouri.edu

Missouri League of Nursing www.mlnmonursing.org

RESOURCES

ICD-10 mapping available on the PDPM webpage

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM>

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM Fact Sheet NTAComororbidityScoring v2 508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_NTAComororbidityScoring_v2_508.pdf)

PDPM Case Mix Index <https://www.govinfo.gov/content/pkg/FR-2023-08-07/pdf/2023-16249.pdf>

<https://www.govinfo.gov/content/pkg/FR-2023-08-07/pdf/2023-16249.pdf>

<https://www.federalregister.gov/documents/2025/08/04/2025-14679/medicare-program-prospective-payment-system-and-consolidated-billing-for-skilled-nursing-facilities>

CLINICAL EDUCATION NURSES

www.nursinghomehelp.org/qipmo-program
musonqipmo@missouri.edu



Julie Tootle
tootlej@missouri.edu
Region 1



Wendy Boren
borenw@missouri.edu
Region 2



Carolyn Gasser
gasserc@missouri.edu
Region 3, 4



Crystal Plank
plankc@missouri.edu
Regions 5, 6



LEADERSHIP COACHES AND ADMIN TEAM

www.nursinghomehelp.org/leadership-coaching
musonqipmo@missouri.edu



Mark Francis
francismd@missouri.edu
Regions 1, 3



Penny Kampeter
kampeterp@missouri.edu
Region 7



Nicky Martin
martincaro@missouri.edu
du
Region 2



Marilyn Rantz
Project Director



Jessica Mueller
Sr. Project Coordinator
muellerjes@missouri.edu