



# 20/20 vision

What's in store for  
PDPM, RoPs, and  
the MDS

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# Purpose

- How are we doing with PDPM implementation – how do we keep the momentum going?
- When will we see the updated Appendix PP for Phase 3 Requirements of Participation?
- What new items will be included on the MDS 3.0 Item Sets for Oct. 1?



# Objectives

- ✓ Identify two (2) areas that could use additional education/assistance to improve your PDPM expertise
- ✓ Discuss when CMS is expected to post the updated Appendix PP to provide guidance for Phase 3 RoPs and name at least two (2) guidances to watch for
- ✓ Describe at least three (3) changes to the MDS 3.0 Item Set for Oct. 1, 2020 implementation

# Poll #1

What's your view of PDPM implementation at your facility?

- It was a smashing success!
- It was OK – not eventful
- It wasn't pretty (that's all I'm saying)

# PDPM – Diagnosis Coding

- Choosing the primary diagnosis/reason for SNF admission and coding in I0020B...this sets payment
- RTP codes can be used in I8000 but NOT in I0020B
- Is this diagnosis (and any other dx codes used in the MDS and on the UB) documented by the physician in the resident's medical record?
- Does your team collaborate and select the primary diagnosis/reason for the SNF admission?

# PDPM – Diagnosis Coding

- Pre-admission screening including documentation; work closely with hospital discharge planners/case managers...share with SNF team
    - Additionally, screening should provide what skilled services will be needed and why; also why these services need qualified nurse or qualified therapist
    - Do these services meet the level of skilled care? What services are going to be done daily?
    - Don't forget administrative level-of-care presumption
- [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Fact\\_Sheet\\_AdminPresumption\\_v6\\_508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_AdminPresumption_v6_508.pdf)
- Thorough initial assessment needed to determine co-morbidities and level of functional impairment
  - Pay attention to medications – they may provide clues as to diagnoses that are not found in current physician documentation

# Know Your NTA

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

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Fact\\_Sheet\\_NTAComorbidityScoring\\_v2\\_508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_NTAComorbidityScoring_v2_508.pdf)

# ICD-10 Coding Resources



OUTSOURCED CODING SERVICES FOR  
SKILLED NURSING & HOME CARE

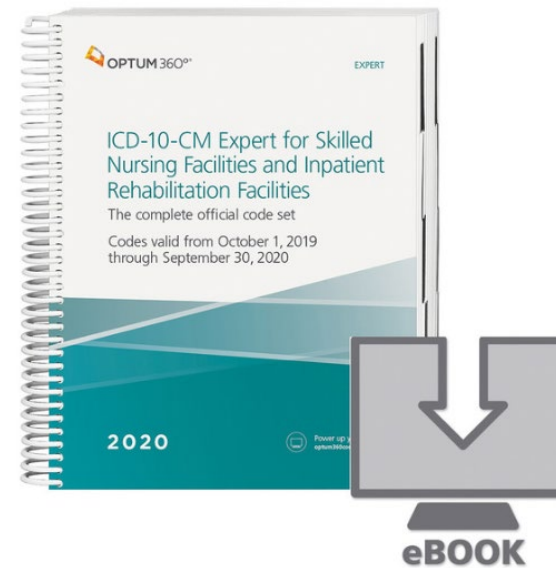
CoDR (Coding Done Right) is a full-service coding and quality review agency. Our staff consists of the nation's foremost diagnosis coders and quality assurance consultants, with access to top industry resources.

CoDR is your first choice for success when you need access to only the best resources in order to keep up with fast-paced changes. If you are ready to manage ICD-10 diagnosis coding processes like never before, it's time to call CoDR.

With the industry's best coding and specialists on hand, CoDR is dedicated to improving the performance of skilled nursing, home health and hospice agencies nationwide. When you work with CoDR, you gain access to the advice and services of the industry's top coding and compliance consultants dedicated to your unique needs.

As a leader in developing techniques for coding, OASIS and MDS review, and quality assurance, the CoDR team is dedicated to leading your agency towards success. Concerned with compliance, cost, efficiency or time management? Our team is dedicated to optimizing your processes to help your agency function efficiently and successfully.

[selmanholman.com/codr/](https://selmanholman.com/codr/)



[briggshealthcare.com/2020-ICD-10-Expert-for-SNF-IRF-eBook-Optum360](https://briggshealthcare.com/2020-ICD-10-Expert-for-SNF-IRF-eBook-Optum360)



# PDPM Diagnosis Explorer Tool



[simpleltc.com/free-pdpm-diagnosis-tool/](https://simpleltc.com/free-pdpm-diagnosis-tool/)

Search For Diagnoses...

View:

› <b>A00-B99</b>	Certain infectious and parasitic diseases (A00-B99)	<b>Non-Billable</b>
› <b>C00-D49</b>	Neoplasms (C00-D49)	<b>Non-Billable</b>
› <b>D50-D89</b>	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)	<b>Non-Billable</b>
› <b>E00-E89</b>	Endocrine, nutritional and metabolic diseases (E00-E89)	<b>Non-Billable</b>

# PDPM – MDS Coding

- Utilize the October 2019 RAI User's manual for MDS coding directions
  - Chapters 3 and 6
    - Pay attention to Cognition interviews: BIMS or Staff Assessment for Mental Status
    - Pay attention to Mood interviews – depression classification
    - Conduct resident interview whenever possible
    - Accurately code Section J2100 – J5000
    - Accurately code Section K0100 – K0710
- Accurately (and timely) code Section GG
- Pay attention to interrupted stays
- Watch for IPA opportunities daily (IPA is optional)

# PDPM – SLP Component

**SLP Case-Mix Classification Groups**

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case- Mix Group	SLP Case-mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.67
Any one	Neither	SD	1.46
Any one	Either	SE	2.34

Presence of Acute Neurologic Condition, SLP-Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case- Mix Group	SLP Case-mix Index
Any one	Both	SF	2.98
Any two	Neither	SG	2.04
Any two	Either	SH	2.86
Any two	Both	SI	3.53
All three	Neither	SJ	2.99
All three	Either	SK	3.70
All three	Both	SL	4.21

**SLP-Related Comorbidities**

Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy Care (While a Resident)	Oral Cancers
Ventilator or Respirator (While a Resident)	Speech and Language Deficits

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Fact\\_Sheet\\_Template\\_Payment-Overview\\_v5.zip](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_Template_Payment-Overview_v5.zip)

# PDPM – Supportive Documentation

- Documentation *must* support assessment of resident status, care provided & resident response to care – every component of PDPM
- Review nurses notes daily – do they reflect LOC provided
- Care plans continue to be important; also discharge planning
- Functional status and therapy provision are important but don't forget the overall condition of the resident: patient-driven and -centered is key

# PDPM – SNF Requirements

- Medicare eligibility didn't change – only the classification/reimbursement system  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf>
- Must have physician orders for skilled care; also for therapy services
- Physician Certification and Recertifications for SNF care...not done, no payment!
- Don't submit claims until PPS assessment(s) transmitted & accepted at QIES ASAP
- Issue beneficiary notices as required

<https://www.cms.gov/Medicare/Medicare-General-Information/BNI/index?redirect=/bni/>

# PDPM – Triple Check



Doing Triple Check in your facility?

Triple Check provides for:

- ✓ Verification of accurate ICD-10 coding for primary and other active diagnoses
- ✓ Validation of physician orders for skilled care; presence, timeliness & completeness of certs & recerts
- ✓ Pertinent billing information
  - UB-04, Medicare Secondary Payor checks, beneficiary identification, HIPPS/AI, HIV/AIDS on claim, etc.
- ✓ Verification of key dates
  - Admission, interrupted stays, discharge, ARD(s)
- ✓ Presence of documentation to validate PDPM classification, support medical necessity, therapy, etc.
- ✓ IPA monitoring

[briggshealthcare.com/Triple-Check](https://briggshealthcare.com/Triple-Check)  
[briggshealthcare.com/Medicare-Secondary-Payer-MSP-Worksheet](https://briggshealthcare.com/Medicare-Secondary-Payer-MSP-Worksheet)

A sample of a 'TRIPLE CHECK' form. The form is tilted and contains several sections. At the top, it says 'INSTRUCTIONS: Review each item and select the appropriate observation. Record comments as needed. IDT members should sign and date. Retain completed form in the resident's Business Office file.' Below this are checkboxes for 'New admission', 'Pre-Billing submission', 'Interrupted stay', 'Payment denied', 'Austn', 'ICD code questioned', 'LOS < 30 days', and 'Other'. The form is divided into 'PART A' and 'PART B'. 'PART A' includes 'Beneficiary Identifiers' with sub-sections for Name, DOB, Gender, MBI number, and Secondary payor information. 'PART B' includes 'Date of admission correct', 'Physically available to receive care confirmed', and 'Resident left AMA'. A 'COMMENTS' section is at the bottom. The form has a watermark for 'Briggs Healthcare' and a phone number '(800) 477-7275'.

# PDPM - Reimbursement

- Assume 5-day PPS assessment pays for entire skilled stay
- Watch for IPA opportunities
- Remember the VPD schedule

**Variable Per-diem Adjustment Factors and Schedule – PT and OT Components**

Medicare Payment Days	Adjustment Factor	Medicare Payment Days	Adjustment Factor
1-20	1.00	63-69	0.86
21-27	0.98	70-76	0.84
28-34	0.96	77-83	0.82
35-41	0.94	84-90	0.80
42-48	0.92	91-97	0.78
49-55	0.90	98-100	0.76
56-62	0.88		

**Variable Per-diem Adjustment Factors and Schedule – NTA Component**

Medicare Payment Days	Adjustment Factor
1-3	3.0
4-100	1.0

[https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM\\_Fact\\_Sheet\\_VPD\\_v3\\_508.pdf](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/PDPM_Fact_Sheet_VPD_v3_508.pdf)

# PDPM – Overall Considerations

- How is your facility doing these past 4 months compared to same time period in 2018-19 under RUGs? Are you monitoring reimbursement for trends – good and bad?
- “Provider per diem rates are up under PDPM more than expected, but it’s all heavily impacted by local market conditions...PDPM is one part of a rapidly changing environment that is unevenly distributed across the U.S.” Zimmet report shows opposite of CMS predictions – 68% would lose; 31% would gain  
<https://www.mcknights.com/news/expert-says-pdpm-pay-rates-continue-to-rise-up-but-warns-about-over-exuberance/>  
<https://www.zcoreanalytics.com/pdpmanalysis-jan2020/>
- Remember CMS’ statement re: budget neutrality...past history suggests rate adjustments may/will be coming
- Keep the resident out of the hospital for 30 days! Follow up with resident post-discharge. Discharge to appropriate setting.



# PDPM - Therapy

- Keep an eye on your therapy provision – CMS is!
- Monitor trends and resident conditions for changes from past experience
- Track group & concurrent therapy
- Track therapy outcomes
  - Functional
  - Average minutes/week/resident episode
  - Discharge to community
  - LOS
  - Readmission rates

Section O Special Treatments, Procedures, and Programs	
<b>00425. Part A Therapies</b> Complete only if A03101 = 1	
Enter Number of Minutes [ ][ ] [ ][ ]	<b>A. Speech-Language Pathology and Audiology Services</b>
Enter Number of Minutes [ ][ ] [ ][ ]	1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Days [ ][ ] [ ][ ]	<b>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425B, Occupational Therapy</b>
Enter Number of Minutes [ ][ ] [ ][ ]	4. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	5. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes a day</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	<b>B. Occupational Therapy</b>
Enter Number of Minutes [ ][ ] [ ][ ]	1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	<b>If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy</b>
Enter Number of Days [ ][ ] [ ][ ]	4. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	5. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes a day</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	<b>C. Physical Therapy</b>
Enter Number of Minutes [ ][ ] [ ][ ]	1. <b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	2. <b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	3. <b>Group minutes</b> - record the total number of minutes this therapy was administered to the resident as <b>part of a group of residents</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Minutes [ ][ ] [ ][ ]	<b>If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy</b>
Enter Number of Days [ ][ ] [ ][ ]	4. <b>Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
Enter Number of Days [ ][ ] [ ][ ]	5. <b>Days</b> - record the <b>number of days</b> this therapy was administered for <b>at least 15 minutes a day</b> since the start date of the resident's most recent Medicare Part A stay (A24008)
<b>00430. Distinct Calendar Days of Part A Therapy</b> Complete only if A03101 = 1	
Enter Number of Days [ ][ ] [ ][ ]	Record the number of <b>calendar days</b> that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for <b>at least 15 minutes</b> since the start date of the resident's most recent Medicare Part A stay (A24008)

# Poll #2

**My facility and I need help with...** *(select all that apply - we can help!)*

- MDS scrubbing/workflow for QMs and Five-Star
- PDPM analytics for reimbursement optimization
- ICD-10 coding services for skilled nursing/PDPM
- Payroll Based Journal (PBJ) scrubbing/reporting

# FY2020 MPD



- Quality, Safety & Oversight Group, formerly known as the Survey & Certification (S&C) program
- More than 200,000 providers, suppliers and laboratories are subject to survey & certification. Approximately 85,000 onsite, unannounced recertification surveys are conducted each year, and more than 85,000 onsite complaint investigations.
- Fiscal Year (FY) 2020 Mission & Priority document (MPD) – Action
- QSOG Mission and Priority Information

# FY2020 MPD - LTC Priorities

- CMS to continue focus on reducing antipsychotics in late adopters through FY 2020 – no new target set yet
- CMS plans for federal contract surveyors to conduct additional focused dementia care surveys in some states
- In FY2020 states will conduct at least 50% of their required off-hours (10% currently) surveys on weekends using the list of facilities with potential issues provided by CMS
- Watch for release of guidance in Chapter 5 of the SOM related to management of facility-reported incidents & complaints

# Appendix PP Updates

“CMS will be releasing updated Interpretive Guidance and training for the Requirements for Participation for Long-Term Care (LTC) Facilities. However, this guidance will not be released by the November 28, 2019 implementation date of the regulations. We will be releasing the guidance in the **second quarter of calendar year 2020**, along with information on training and implementing related changes to The Long Term Care Survey Process (LTCSP). While the regulations will be effective, our ability to survey for compliance with these requirements will be limited until the Interpretive Guidance is released.”

<https://www.cms.gov/files/document/qso-20-03-nh.pdf>

# Current Appendix PP

[https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap\\_pp\\_guidelines\\_ltcf.pdf](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf)

## **State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities Table of Contents**

*(Rev. 173, 11-22-17)*

### **Transmittals for Appendix PP**

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*§483.5 Definitions*

*§483.10 Resident Rights*

*§483.12 Freedom from Abuse, Neglect, and Exploitation*

*§483.15 Admission Transfer and Discharge Rights*

*§483.20 Resident Assessment*

*§483.21 Comprehensive Person-Centered Care Plans*



## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

<p>F540 Definitions</p> <p><b>483.10 Resident Rights</b></p> <p>F550 *Resident Rights/Exercise of Rights</p> <p>F551 Rights Exercised by Representative</p> <p>F552 Right to be Informed/Make Treatment Decisions</p> <p>F553 Right to Participate in Planning Care</p> <p>F554 Resident Self-Admin Meds-Clinically Appropriate</p> <p>F555 Right to Choose/Be Informed of Attending Physician</p> <p>F557 Respect, Dignity/Right to have Personal Property</p> <p>F558 *Reasonable Accommodations of Needs/Preferences</p> <p>F559 *Choose/Be Notified of Room/Roommate Change</p> <p>F560 Right to Refuse Certain Transfers</p> <p>F561 *Self Determination</p> <p>F562 Immediate Access to Resident</p> <p>F563 Right to Receive/Deny Visitors</p> <p>F564 Inform of Visitation Rights/Equal Visitation Privileges</p> <p>F565 *Resident/Family Group and Response</p> <p>F566 Right to Perform Facility Services or Refuse</p> <p>F567 Protection/Management of Personal Funds</p> <p>F568 Accounting and Records of Personal Funds</p> <p>F569 Notice and Conveyance of Personal Funds</p> <p>F570 Surety Bond - Security of Personal Funds</p> <p>F571 Limitations on Charges to Personal Funds</p> <p>F572 Notice of Rights and Rules</p> <p>F573 Right to Access/Purchase Copies of Records</p> <p>F574 Required Notices and Contact Information</p> <p>F575 Required Postings</p> <p>F576 Right to Forms of Communication with Privacy</p> <p>F577 Right to Survey Results/Advocate Agency Info</p> <p>F578 Request/Refuse/Discontinue Treatment;Formulate Adv Di</p> <p>F579 Posting/Notice of Medicare/Medicaid on Admission</p> <p>F580 Notify of Changes (Injury/Decline/Room, Etc.)</p> <p>F582 Medicaid/Medicare Coverage/Liability Notice</p> <p>F583 Personal Privacy/Confidentiality of Records</p> <p>F584 *Safe/Clean/Comfortable/Homelike Environment</p> <p>F585 Grievances</p> <p>F586 Resident Contact with External Entities</p>	<p><b>483.12 Freedom from Abuse, Neglect, and Exploitation</b></p> <p>F600 *Free from Abuse and Neglect</p> <p>F602 *Free from Misappropriation/Exploitation</p> <p>F603 *Free from Involuntary Seclusion</p> <p>F604 *Right to be Free from Physical Restraints</p> <p>F605 *Right to be Free from Chemical Restraints</p> <p>F606 *Not Employ/Engage Staff with Adverse Actions</p> <p>F607 *Develop/Implement Abuse/Neglect, etc. Policies</p> <p>F608 *Reporting of Reasonable Suspicion of a Crime</p> <p>F609 *Reporting of Alleged Violations</p> <p>F610 *Investigate/Prevent/Correct Alleged Violation</p> <p><b>483.15 Admission, Transfer, and Discharge</b></p> <p>F620 Admissions Policy</p> <p>F621 Equal Practices Regardless of Payment Source</p> <p>F622 Transfer and Discharge Requirements</p> <p>F623 Notice Requirements Before Transfer/Discharge</p> <p>F624 Preparation for Safe/Orderly Transfer/Discharge</p> <p>F625 Notice of Bed Hold Policy Before/Upon Transfer</p> <p>F626 Permitting Residents to Return to Facility</p> <p><b>483.20 Resident Assessments</b></p> <p>F635 Admission Physician Orders for Immediate Care</p> <p>F636 Comprehensive Assessments &amp; Timing</p> <p>F637 Comprehensive Assmt After Significant Change</p> <p>F638 Quarterly Assessment At Least Every 3 Months</p> <p>F639 Maintain 15 Months of Resident Assessments</p> <p>F640 Encoding/Transmitting Resident Assessment</p> <p>F641 Accuracy of Assessments</p> <p>F642 Coordination/Certification of Assessment</p> <p>F644 Coordination of PASARR and Assessments</p> <p>F645 PASARR Screening for MD &amp; ID</p> <p>F646 MD/ID Significant Change Notification</p> <p><b>483.21 Comprehensive Resident Centered Care Plans</b></p> <p>F655 Baseline Care Plan</p> <p>F656 Develop/Implement Comprehensive Care Plan</p> <p>F657 Care Plan Timing and Revision</p> <p>F658 Services Provided Meet Professional Standards</p> <p>F659 Qualified Persons</p> <p>F660 Discharge Planning Process</p> <p>F661 Discharge Summary</p>	<p><b>483.24 Quality of Life</b></p> <p>F675 *Quality of Life</p> <p>F676 *Activities of Daily Living (ADLs)/ Maintain Abilities</p> <p>F677 *ADL Care Provided for Dependent Residents</p> <p>F678 *Cardio-Pulmonary Resuscitation (CPR)</p> <p>F679 *Activities Meet Interest/Needs of Each Resident</p> <p>F680 *Qualifications of Activity Professional</p> <p><b>483.25 Quality of Care</b></p> <p>F684 *Quality of Care</p> <p>F685 *Treatment/Devices to Maintain Hearing/Vision</p> <p>F686 *Treatment/Svcs to Prevent/Heal Pressure Ulcers</p> <p>F687 *Foot Care</p> <p>F688 *Increase/Prevent Decrease in ROM/Mobility</p> <p>F689 *Free of Accident Hazards/Supervision/Devices</p> <p>F690 *Bowel/Bladder Incontinence, Catheter, UTI</p> <p>F691 *Colostomy, Urostomy, or Ileostomy Care</p> <p>F692 *Nutrition/Hydration Status Maintenance</p> <p>F693 *Tube Feeding Management/Restore Eating Skills</p> <p>F694 *Parenteral/IV Fluids</p> <p>F695 *Respiratory/Tracheostomy care and Suctioning</p> <p>F696 *Prostheses</p> <p>F697 *Pain Management</p> <p>F698 *Dialysis</p> <p>F699 *(PHASE-3) Trauma Informed Care</p> <p>F700 *Bedrails</p> <p><b>483.30 Physician Services</b></p> <p>F710 Resident's Care Supervised by a Physician</p> <p>F711 Physician Visits- Review Care/Notes/Order</p> <p>F712 Physician Visits-Frequency/Timeliness/Alternate NPPs</p> <p>F713 Physician for Emergency Care, Available 24 Hours</p> <p>F714 Physician Delegation of Tasks to NPP</p> <p>F715 Physician Delegation to Dietitian/Therapist</p> <p><b>483.35 Nursing Services</b></p> <p>F725 Sufficient Nursing Staff</p> <p>F726 Competent Nursing Staff</p> <p>F727 RN 8 Hrs/7 days/Wk, Full Time DON</p> <p>F728 Facility Hiring and Use of Nurse</p> <p>F729 Nurse Aide Registry Verification, Retraining</p>
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## Federal Regulatory Groups for Long Term Care Facilities

\* Substandard quality of care = one or more deficiencies with s/s levels of F, H, I, J, K, or L in Red

F730 Nurse Aide Perform Review – 12Hr/Year In- service  
 F731 Waiver-Licensed Nurses 24Hr/Day and RN Coverage  
 F732 Posted Nurse Staffing Information

### 483.40 Behavioral Health Services

F740 Behavioral Health Services  
 F741 Sufficient/Competent Staff-Behav Health Needs  
 F742 \*Treatment/Svc for Mental/Psychosocial Concerns  
 F743 \*No Pattern of Behavioral Difficulties Unless Unavoidable  
 F744 \*Treatment /Service for Dementia  
 F745 \*Provision of Medically Related Social Services

### 483.45 Pharmacy Services

F755 Pharmacy Svcs/Procedures/Pharmacist/Records  
 F756 Drug Regimen Review, Report Irregular, Act On  
 F757 \*Drug Regimen is Free From Unnecessary Drugs  
 F758 \*Free from Unnec Psychotropic Meds/PRN Use  
 F759 \*Free of Medication Error Rates of 5% or More  
 F760 \*Residents Are Free of Significant Med Errors  
 F761 Label/Store Drugs & Biologicals

### 483.50 Laboratory, Radiology, and Other Diagnostic Se

F770 Laboratory Services  
 F771 Blood Blank and Transfusion Services  
 F772 Lab Services Not Provided On-Site  
 F773 Lab Svcs Physician Order/Notify of Results  
 F774 Assist with Transport Arrangements to Lab Svcs  
 F775 Lab Reports in Record-LabName/Address  
 F776 Radiology/Other Diagnostic Services  
 F777 Radiology/Diag. Svcs Ordered/Notify Results  
 F778 Assist with Transport Arrangements to Radiology  
 F779 X-Ray/Diagnostic Report in Record-Sign/Dated

### 483.55 Dental Services

F790 Routine/Emergency Dental Services in SNFs  
 F791 Routine/Emergency Dental Services in NFs

### 483.60 Food and Nutrition Services

F800 Provided Diet Meets Needs of Each Resident  
 F801 Qualified Dietary Staff  
 F802 Sufficient Dietary Support Personnel  
 F803 Menus Meet Res Needs/Prep in Advance/Followed  
 F804 Nutritive Value/Appear ,Palatable/Prefer Temp  
 F805 Food in Form to Meet Individual Needs

F806 Resident Allergies, Preferences and Substitutes  
 F807 Drinks Avail to Meet Needs/Preferences/ Hydration  
 F808 Therapeutic Diet Prescribed by Physician  
 F809 Frequency of Meals/Snacks at Bedtime  
 F810 Assistive Devices - Eating Equipment/Utensils  
 F811 Feeding Asst -Training/Supervision/Resident  
 F812 Food Procurement, Store/Prepare/Serve - Sanitary  
 F813 Personal Food Policy  
 F814 Dispose Garbage & Refuse Properly

### 483.65 Specialized Rehabilitative Services

F825 Provide/Obtain Specialized Rehab Services  
 F826 Rehab Services- Physician Order/Qualified Person

### 483.70 Administration

F835 Administration  
 F836 License/Comply w/Fed/State/Local Law/Prof Std  
 F837 Governing Body  
 F838 Facility Assessment  
 F839 Staff Qualifications  
 F840 Use of Outside Resources  
 F841 Responsibilities of Medical Director  
 F842 Resident Records - Identifiable Information  
 F843 Transfer Agreement  
 F844 Disclosure of Ownership Requirements  
 F845 Facility closure-Administrator  
 F846 Facility closure  
 F849 Hospice Services  
 F850 \*Qualifications of Social Worker >120 Beds  
 F851 Payroll Based Journal

### 483.75 Quality Assurance and Performance Improvem

F865 QAPI Program/Plan, Disclosure/Good Faith Attempt  
 F866 {PHASE-3} QAPI/QAA Data Collection and Monitoring  
 F867 QAPI/QAA Improvement Activities  
 F868 QAA Committee

### 483.80 Infection Control

F880 Infection Prevention & Control  
 F881 Antibiotic Stewardship Program  
 F882 {PHASE-3} Infection Preventionist Qualifications/Role  
 F883 \*Influenza and Pneumococcal Immunizations

### 483.85 {PHASE-3} Compliance and Ethics Program

F895 {PHASE-3} Compliance and Ethics Program

### 483.90 Physical Environment

F906 Emergency Electrical Power System  
 F907 Space and Equipment  
 F908 Essential Equipment, Safe Operating Condition  
 F909 Resident Bed  
 F910 Resident Room  
 F911 Bedroom Number of Residents  
 F912 Bedrooms Measure at Least 80 Square Ft/Resident  
 F913 Bedrooms Have Direct Access to Exit Corridor  
 F914 Bedrooms Assure Full Visual Privacy  
 F915 Resident Room Window  
 F916 Resident Room Floor Above Grade  
 F917 Resident Room Bed/Furniture/Closet  
 F918 Bedrooms Equipped/Near Lavatory/Toilet  
 F919 Resident Call System  
 F920 Requirements for Dining and Activity Rooms  
 F921 Safe/Functional/Sanitary/Comfortable Environment  
 F922 Procedures to Ensure Water Availability  
 F923 Ventilation  
 F924 Corridors Have Firmly Secured Handrails  
 F925 Maintains Effective Pest Control Program  
 F926 Smoking Policies

### 483.95 Training Requirements

F940 {PHASE-3} Training Requirements - General  
 F941 {PHASE-3} Communication Training  
 F942 {PHASE-3} Resident's Rights Training  
 F943 Abuse, Neglect, and Exploitation Training  
 F944 {PHASE-3} QAPI Training  
 F945 {PHASE-3} Infection Control Training  
 F946 {PHASE-3} Compliance and Ethics Training  
 F947 Required In-Service Training for Nurse Aides  
 F948 Training for Feeding Assistants  
 F949 {PHASE-3} Behavioral Health Training



# Awaiting Interpretive Guidance – Appendix PP / Phase 3 RoPs

- **F607**...Policies & procedures that establish connection with QAPI program
- **F659**...Culturally-competent and trauma-informed comprehensive care plans
- **F699**...Trauma-informed care
- **F741**...Sufficient & competent staff to care for residents with mental & psychosocial disorders as well as those with history of trauma and/or PTSD
- **F837**...Governing body responsibility for QAPI program
- **F865**...QAPI programs
- **F866**...Program feedback, data systems & monitoring
- **F867**...Program systematic analysis & systemic action

# Also...

- **F868**...Infection Preventionist requirement to be member of the QAA Committee
- **F880 & F882**...Infection Preventionist requirement
- **F895**...Compliance & ethics program requirement
- **F919**...Resident call system
- **F926**...Smoking regulations (excludes specific items implemented in Phase 1 RoPs)
- **F940**...Training requirements
- **F941**...Inclusion of effective communication in mandatory training for all direct care staff
- **F942**...Ensure staff members educated on rights of resident & responsibilities of facility to properly care for residents

# And...

- **F944...**Mandatory training that outlines & informs staff of elements & goals of QAPI program
- **F945...**Written standards, policies & procedures for infection control program
- **F946...**Compliance & ethics training – annual for operating organizations of 5 or more facilities
- **F947...**Inservice training
- **F949...**Behavioral health

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984>

[briggshealthcare.com/Survey-Guide](https://briggshealthcare.com/Survey-Guide) and  
[briggshealthcare.com/Survey-Guide-Interpretive-Guidelines-for-Long-Term-Care-eManual](https://briggshealthcare.com/Survey-Guide-Interpretive-Guidelines-for-Long-Term-Care-eManual)



# MDS 3.0 Item Set – v1.18

- IMPACT Act of 2014
- SNF QRP
- Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and SPADEs Affecting FY 2022 Annual Payment Update (APU) Determination
- Requirements of Participation - Appendix PP
- PDPM
- Quality Measures
- SPADEs
- LTC Survey
- Nursing Home Compare
- SNF FY 2020 Final Rule
- Five-Star Quality Rating System

# Check Out This On-Demand Webinar



## What you'll learn

- Brief review of the IMPACT ACT
- Current and new/upcoming QRP measures
- Understand Standardized Patient Assessment Data Elements (SPADEs)
- Review item-by-item revisions in MDS 3.0 Data set v1.18.0
- And more

[simpleltc.com/spades](https://simpleltc.com/spades)

# Section A

A0300. Optional State Assessment	
Complete only if A0200 = 1	
Enter Code	<b>A. Is this assessment for state payment purposes only?</b>
	0. <b>No</b> → Skip to and complete A0310, Type of Assessment
	1. <b>Yes</b>
Enter Code	<b>B. Assessment type</b>
	1. <b>Start of therapy</b> assessment
	2. <b>End of therapy</b> assessment
	3. <b>Both Start and End of therapy</b> assessment
	4. <b>Change of therapy</b> assessment
	5. <b>Other payment</b> assessment



A1110. Language	
	<b>A. What is your preferred language?</b>
	<input type="text"/>
Enter Code	<b>B. Do you need or want an interpreter to communicate with a doctor or health care staff?</b>
	0. <b>No</b>
	1. <b>Yes</b>
	9. <b>Unable to determine</b>



A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	<b>A.</b> No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	<b>B.</b> Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	<b>C.</b> Yes, Puerto Rican
<input type="checkbox"/>	<b>D.</b> Yes, Cuban
<input type="checkbox"/>	<b>E.</b> Yes, another Hispanic, Latino, or Spanish origin
<input type="checkbox"/>	<b>X.</b> Resident unable to respond
A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	<b>A.</b> White
<input type="checkbox"/>	<b>B.</b> Black or African American
<input type="checkbox"/>	<b>C.</b> American Indian or Alaska Native
<input type="checkbox"/>	<b>D.</b> Asian Indian
<input type="checkbox"/>	<b>E.</b> Chinese
<input type="checkbox"/>	<b>F.</b> Filipino
<input type="checkbox"/>	<b>G.</b> Japanese
<input type="checkbox"/>	<b>H.</b> Korean
<input type="checkbox"/>	<b>I.</b> Vietnamese
<input type="checkbox"/>	<b>J.</b> Other Asian
<input type="checkbox"/>	<b>K.</b> Native Hawaiian
<input type="checkbox"/>	<b>L.</b> Guamanian or Chamorro
<input type="checkbox"/>	<b>M.</b> Samoan
<input type="checkbox"/>	<b>N.</b> Other Pacific Islander
<input type="checkbox"/>	<b>X.</b> Resident unable to respond

# Section A


<b>A1250. Transportation</b>	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond
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<b>A1270. Transportation (Discharge)</b>	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310H = 1	
↓ Check all that apply	
<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond
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<b>A2105. Discharge Status</b>	
Complete only if A0310F = 10, 11, or 12	
Enter Code	01. <b>Home/Community</b> (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
	02. <b>Nursing Home</b> (long-term care facility)
	03. <b>Skilled Nursing Facility</b> (SNF, swing beds)
	04. <b>Short-Term General Hospital</b> (acute hospital, IPPS)
	05. <b>Long-Term Care Hospital</b> (LTCH)
	06. <b>Inpatient Rehabilitation Facility</b> (IRF, free standing facility or unit)
	07. <b>Inpatient Psychiatric Facility</b> (psychiatric hospital or unit)
	08. <b>Intermediate Care Facility</b> (ID/DD facility)
	09. <b>Hospice</b> (home/non-institutional)
	10. <b>Hospice</b> (institutional facility)
	11. <b>Critical Access Hospital</b> (CAH)
	12. <b>Home under care of organized home health service organization</b>
	13. <b>Deceased</b>
	99. <b>Not listed</b>

<b>A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge</b>	
Complete only if A0310H = 1	
Enter Code	At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider?
<input type="checkbox"/>	0. <b>No</b> - Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
<input type="checkbox"/>	1. <b>Yes</b> - Current reconciled medication list provided to the subsequent provider
<b>A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider</b>	
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.	
Check all that apply	
↓	<b>Route of Transmission</b>
<input type="checkbox"/>	A. <b>Electronic Health Record</b>
<input type="checkbox"/>	B. <b>Health Information Exchange Organization</b>
<input type="checkbox"/>	C. <b>Verbal</b> (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. <b>Paper-based</b> (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. <b>Other methods</b> (e.g., texting, email, CDs)

<b>A2123. Provision of Current Reconciled Medication List to Resident at Discharge</b>	
Complete only if A0310H = 1	
Enter Code	At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver?
<input type="checkbox"/>	0. <b>No</b> - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction
<input type="checkbox"/>	1. <b>Yes</b> - Current reconciled medication list provided to the resident, family and/or caregiver
<b>A2124. Route of Current Reconciled Medication List Transmission to Resident</b>	
Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.	
Check all that apply	
↓	<b>Route of Transmission</b>
<input type="checkbox"/>	A. <b>Electronic Health Record</b> (e.g., electronic access to patient portal)
<input type="checkbox"/>	B. <b>Health Information Exchange Organization</b>
<input type="checkbox"/>	C. <b>Verbal</b> (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. <b>Paper-based</b> (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. <b>Other methods</b> (e.g., texting, email, CDs)

# Section B

<b>B0100. Comatose</b>	
Enter Code <input type="text"/>	<b>Persistent vegetative state/no discernible consciousness</b> 0. <b>No</b> → Continue to B0200, Hearing 1. <b>Yes</b> → Skip to GG0100, Prior Functioning: Everyday Activities
	
<b>B1300. Health Literacy</b> Complete only if A0310B = 01	
Enter Code <input type="text"/>	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. <b>Never</b> 1. <b>Rarely</b> 2. <b>Sometimes</b> 3. <b>Often</b> 4. <b>Always</b> 9. <b>Resident unable to respond</b>
<i>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</i>	
<b>B1320. Health Literacy (Discharge)</b> Complete only if A0310H = 1	
Enter Code <input type="text"/>	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. <b>Never</b> 1. <b>Rarely</b> 2. <b>Sometimes</b> 3. <b>Often</b> 4. <b>Always</b> 9. <b>Resident unable to respond</b>
<i>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</i>	



# Section C

<b>C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted?</b> (Discharge) Attempt to conduct interview with all residents. Complete only if (A0310F = 10 or 11 and A0310G = 1) or (A0310H = 1)	
Enter Code	0. <b>No</b> (resident is rarely/never understood) → Skip to C1320, Signs and Symptoms of Delirium (Discharge) 1. <b>Yes</b> → Continue to C0220, Repetition of Three Words (Discharge)
<b>Brief Interview for Mental Status (BIMS)</b> (Discharge)	
<b>C0220. Repetition of Three Words</b> (Discharge)	
Enter Code	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: <b>sock, blue, and bed.</b> Now tell me the three words." <b>Number of words repeated after first attempt</b> 0. <b>None</b> 1. <b>One</b> 2. <b>Two</b> 3. <b>Three</b> After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.
Enter Code	<b>C0320. Temporal Orientation</b> (Discharge) (orientation to year, month, and day) Ask resident: "Please tell me what year it is right now." <b>A. Able to report correct year</b> 0. <b>Missed by &gt; 5 years</b> or no answer 1. <b>Missed by 2-5 years</b> 2. <b>Missed by 1 year</b> 3. <b>Correct</b>
Enter Code	Ask resident: "What month are we in right now?" <b>B. Able to report correct month</b> 0. <b>Missed by &gt; 1 month</b> or no answer 1. <b>Missed by 6 days to 1 month</b> 2. <b>Accurate within 5 days</b>
Enter Code	Ask resident: "What day of the week is today?" <b>C. Able to report correct day of the week</b> 0. <b>Incorrect</b> or no answer 1. <b>Correct</b>
<b>C0420. Recall</b> (Discharge)	
Enter Code	Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. <b>A. Able to recall "sock"</b> 0. <b>No</b> - could not recall 1. <b>Yes, after cueing</b> ("something to wear") 2. <b>Yes, no cue required</b>
Enter Code	<b>B. Able to recall "blue"</b> 0. <b>No</b> - could not recall 1. <b>Yes, after cueing</b> ("a color") 2. <b>Yes, no cue required</b>
Enter Code	<b>C. Able to recall "bed"</b> 0. <b>No</b> - could not recall 1. <b>Yes, after cueing</b> ("a piece of furniture") 2. <b>Yes, no cue required</b>
<b>C0520. BIMS Summary Score</b> (Discharge)	
Enter Score	Add scores for questions C0220-C0420 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview



<b>Delirium</b>	
<b>C1320. Signs and Symptoms of Delirium (from CAM<sup>®</sup>)</b> (Discharge) Complete only if A0310F = 10 or 11 or if A0310H = 1 Code after completing Brief Interview for Mental Status or Staff Assessment, and review medical records	
<b>A. Acute Onset Mental Status Change</b>	
Enter Code	Is there evidence of an acute change in mental status from the resident's baseline? 0. <b>No</b> 1. <b>Yes</b>
↓ Enter Codes in Boxes	
Enter Code	<b>B. Inattention</b> - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
Enter Code	<b>C. Disorganized Thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
Enter Code	<b>D. Altered Level of Consciousness</b> - Did the resident have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> <li>■ <b>vigilant</b> - startled easily to any sound or touch</li> <li>■ <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch</li> <li>■ <b>stuporous</b> - very difficult to arouse and keep aroused for the interview</li> <li>■ <b>comatose</b> - could not be aroused</li> </ul>
Adapted from: Inouye SK et al. Ann Intern Med. 1998; 113: 941-948. Confusion Assessment Method. Copyright 2003. Hospital Elder Life Program, LLC. Not to be reproduced without permission.	



# Section D

**D0100. Should Resident Mood Interview be Conducted?** - Attempt to conduct interview with all residents

Enter Code: 0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)  
1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9e)

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**D0150. Resident Mood Interview (PHQ-2 to 9e)**

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.  
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"  
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

	1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
	0. No (enter 0 in column 2)	0. Never or 1 day		
	1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
	9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
		3. 12-14 days (nearly every day)		
			↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless				

If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.

C. Trouble falling or staying asleep, or sleeping too much				
D. Feeling tired or having little energy				
E. Poor appetite or overeating				
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
G. Trouble concentrating on things, such as reading the newspaper or watching television				
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
I. Thoughts that you would be better off dead, or of hurting yourself in some way				

**D0160. Total Severity Score**

Enter Score: Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

**D0700. Social Isolation**

Enter Code: How often do you feel lonely or isolated from those around you?  
0. Never  
1. Rarely  
2. Sometimes  
3. Often  
4. Always  
9. Resident unable to respond



**D0120. Should Resident Mood Interview be Conducted?** (Discharge) - Attempt to conduct interview with all residents  
Complete only if (A0310F = 10 or 11 and A0310G = 1) or (A0310H = 1)

Enter Code: 0. No (resident is rarely/never understood) → Skip to D0720, Social Isolation (Discharge)  
1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9e) (Discharge)



**D0170. Resident Mood Interview (PHQ-2 to 9e)** (Discharge)

Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"

If symptom is present, enter 1 (yes) in column 1, Symptom Presence.  
If yes in column 1, then ask the resident: "About how often have you been bothered by this?"  
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

	1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
	0. No (enter 0 in column 2)	0. Never or 1 day		
	1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)		
	9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)		
		3. 12-14 days (nearly every day)		
			↓ Enter Scores in Boxes ↓	
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless				

If either D0170A2 or D0170B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.

C. Trouble falling or staying asleep, or sleeping too much				
D. Feeling tired or having little energy				
E. Poor appetite or overeating				
F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down				
G. Trouble concentrating on things, such as reading the newspaper or watching television				
H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual				
I. Thoughts that you would be better off dead, or of hurting yourself in some way				

**D0180. Total Severity Score** (Discharge)

Enter Score: Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).



**D0720. Social Isolation** (Discharge)

Do not complete if A0310G = 2

Enter Code: How often do you feel lonely or isolated from those around you?  
0. Never  
1. Rarely  
2. Sometimes  
3. Often  
4. Always  
9. Resident unable to respond

# Section G

Nothing to see here  
(check out next slide & slide #38)

# Section GG

<b>GG0115. Functional Limitation in Range of Motion</b>	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)
<b>GG0120. Mobility Devices</b>	
↓ Check all that were normally used in the last 7 days	
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used



<b>G0400. Functional Limitation in Range of Motion</b>	
Code for limitation that interfered with daily functions or placed resident at risk of injury	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	↓ Enter Codes in Boxes
	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)
<b>G0600. Mobility Devices</b>	
↓ Check all that were normally used	
<input type="checkbox"/>	A. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

# Section GG

GG0170. Mobility (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01		
1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
		<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
		<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
		<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with no back support.
		<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
		<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
		<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
		<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
		<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
		<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.



Lacking with feet flat on the floor

# Section GG - NEW G??

Section GG		Functional Abilities and Goals - Performance in the Last 7 Days	
<b>GG0130. Self-Care</b> (Assessment period is the last 7 days)			
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.			
<b>Coding:</b>			
<b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.			
<i>Activities may be completed with or without assistive devices.</i>			
06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.			
05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.			
04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.			
03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.			
02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.			
01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.			
<b>If activity was not attempted, code reason:</b>			
07. <b>Resident refused</b>			
09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.			
10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)			
88. <b>Not attempted due to medical condition or safety concerns</b>			
6. Performance in the Last 7 Days			
Enter Codes in Boxes			
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.	
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.	
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.	
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist, including fasteners, if applicable.	
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.	
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.	
<input type="text"/>	<input type="text"/>	<b>I. Personal Hygiene:</b> The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	

<b>GG0170. Mobility</b> (Assessment period is the last 7 days)			
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.			
<b>Coding:</b>			
<b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.			
<i>Activities may be completed with or without assistive devices.</i>			
06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.			
05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.			
04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.			
03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.			
02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.			
01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.			
<b>If activity was not attempted, code reason:</b>			
07. <b>Resident refused</b>			
09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.			
10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)			
88. <b>Not attempted due to medical condition or safety concerns</b>			
6. Performance in the Last 7 Days			
Enter Codes in Boxes			
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.	
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.	
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with no back support.	
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).	
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.	
<input type="text"/>	<input type="text"/>	<b>FF. Tub/Shower transfer:</b> The ability to get in and out of a tub/shower.	
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 —> Skip to GG0170Q6. Does the resident use a wheelchair and/or scooter?	
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.	
<b>GG0170. Mobility</b> (Assessment period is the last 7 days)			
Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.			
<b>Coding:</b>			
<b>Safety and Quality of Performance</b> - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.			
<i>Activities may be completed with or without assistive devices.</i>			
06. <b>Independent</b> - Resident completes the activity by him/herself with no assistance from a helper.			
05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.			
04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.			
03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.			
02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.			
01. <b>Dependent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.			
<b>If activity was not attempted, code reason:</b>			
07. <b>Resident refused</b>			
09. <b>Not applicable</b> - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.			
10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints)			
88. <b>Not attempted due to medical condition or safety concerns</b>			
6. Performance in the Last 7 Days			
Enter Codes in Boxes			
<input type="text"/>	<input type="text"/>	<b>Q6. Does the resident use a wheelchair and/or scooter?</b> 0. No —> Skip to HQ100, Appliances. 1. Yes —> Continue to GG0170R. Wheel 50 feet with two turns	
<input type="text"/>	<input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	
<input type="text"/>	<input type="text"/>	<b>RR6. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized	
<input type="text"/>	<input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	
<input type="text"/>	<input type="text"/>	<b>SS6. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized	

# Section J



<b>Pain Assessment Interview</b>	
<b>J0300. Pain Presence</b>	
Enter Code	Ask resident: <b>"Have you had pain or hurting at any time in the last 5 days?"</b> 0. <b>No</b> → Skip to J1100, Shortness of Breath 1. <b>Yes</b> → Continue to J0410, Pain Frequency 9. <b>Unable to answer</b> → Skip to J0800, Indicators of Pain or Possible Pain
<b>J0410. Pain Frequency</b>	
Enter Code	Ask resident: <b>"How much of the time have you experienced pain or hurting over the last 5 days?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0510. Pain Effect on Sleep</b>	
Enter Code	Ask resident: <b>"Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0520. Pain Interference with Therapy Activities</b>	
Enter Code	Ask resident: <b>"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"</b> 0. <b>Does not apply - I have not received rehabilitation therapy in the past 5 days</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0530. Pain Interference with Day-to-Day Activities</b>	
Enter Code	Ask resident: <b>"Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>

# Section J - NEW

<b>J0220. Should Pain Assessment Interview be Conducted?</b> (Discharge)	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) Do not complete if A0310G = 2	
Enter Code	0. <b>No</b> (resident is rarely/never understood) → Skip to J1100, Shortness of Breath (dyspnea) 1. <b>Yes</b> → Continue to J0320, Pain Presence (Discharge)
<b>Pain Assessment Interview</b> (Discharge)	
Do not complete if A0310G = 2	
<b>J0320. Pain Presence</b> (Discharge)	
Enter Code	Ask resident: <b>"Have you had pain or hurting at any time in the last 5 days?"</b> 0. <b>No</b> → Skip to J1100, Shortness of Breath (dyspnea) 1. <b>Yes</b> → Continue to J0420, Pain Frequency (Discharge) 9. <b>Unable to answer</b> → Skip to J1100, Shortness of Breath (dyspnea)
<b>J0420. Pain Frequency</b> (Discharge)	
Enter Code	Ask resident: <b>"How much of the time have you experienced pain or hurting over the last 5 days?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0550. Pain Effect on Sleep</b> (Discharge)	
Enter Code	Ask resident: <b>"Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0560. Pain Interference with Therapy Activities</b> (Discharge)	
Enter Code	Ask resident: <b>"Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"</b> 0. <b>Does not apply - I have not received rehabilitation therapy in the past 5 days</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>
<b>J0570. Pain Interference with Day-to-Day Activities</b> (Discharge)	
Enter Code	Ask resident: <b>"Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"</b> 1. <b>Rarely or not at all</b> 2. <b>Occasionally</b> 3. <b>Frequently</b> 4. <b>Almost constantly</b> 9. <b>Unable to answer</b>



# Section K



<b>K0520. Nutritional Approaches</b>				
Check all of the following nutritional approaches that apply				
	<b>1. On Admission</b>	<b>2. While Not a Resident</b>	<b>3. While a Resident</b>	<b>4. At Discharge</b>
<b>1. On Admission</b> Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B				
<b>2. While Not a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.				
<b>3. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>				
<b>4. At Discharge</b> Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C				
	↓	↓	↓	↓
<b>A. Parenteral/IV feeding</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Feeding tube</b> - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Mechanically altered diet</b> - require change in texture of food or liquids (e.g., pureed food, thickened liquids)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Therapeutic diet</b> (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Z. None of the above</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Section N

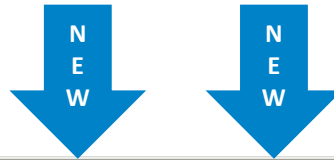


N0300. Injections	
Enter Days	Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication



N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking	1. Is taking	2. Indication noted
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days		
2. Indication noted	↓ Check all that apply ↓	
If Column 1 is checked, check if there is an indication noted for all medications in the drug class		
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (Including Insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>
N0425. High-Risk Drug Classes: Use and Indication (Discharge)		
Complete only if A0310F = 10 or 11 or A0310H = 1		
1. Is taking	1. Is taking	2. Indication noted
Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days		
2. Indication noted	↓ Check all that apply ↓	
If Column 1 is checked, check if there is an indication noted for all medications in the drug class		
A. Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>
B. Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>
C. Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>
D. Hypnotic	<input type="checkbox"/>	<input type="checkbox"/>
E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)	<input type="checkbox"/>	<input type="checkbox"/>
F. Antibiotic	<input type="checkbox"/>	<input type="checkbox"/>
G. Diuretic	<input type="checkbox"/>	<input type="checkbox"/>
H. Opioid	<input type="checkbox"/>	<input type="checkbox"/>
I. Antiplatelet	<input type="checkbox"/>	<input type="checkbox"/>
J. Hypoglycemic (Including Insulin)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

# Section O



O0110. Special Treatments, Procedures, and Programs			
Check all of the following treatments, procedures, and programs that were performed			
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	
a. On Admission	b. While a Resident	c. At Discharge	
Check all that apply			
<b>Cancer Treatments</b>			
<b>A1. Chemotherapy</b>			
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respiratory Treatments</b>			
<b>C1. Oxygen therapy</b>			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D1. Suctioning</b>			
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. As needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E1. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F1. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G1. Non-invasive Mechanical Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G2. BiPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G3. CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b>			
<b>H1. IV Medications</b>			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H10. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O0110 continued on next page			



O0110. Special Treatments, Procedures, and Programs - Continued			
Check all of the following treatments, procedures, and programs that were performed			
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	
a. On Admission	b. While a Resident	c. At Discharge	
Check all that apply			
J1. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J2. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J3. Peritoneal dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K1. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above			
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>O0600. Physician Examinations +</b>	
Enter Days <input type="text"/>	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?
<b>O0700. Physician Orders +</b>	
Enter Days <input type="text"/>	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?

[+ NOTE: CMS does not require completion of this item; however some states continue to require it's completion. Check with your state for requirement.]

# Section Q

<b>Q0110. Participation in Assessment and Goal Setting</b>	
Identify all active participants in the assessment process	
↓ Check all that apply	
<input type="checkbox"/>	A. Resident
<input type="checkbox"/>	B. Family
<input type="checkbox"/>	C. Significant other
<input type="checkbox"/>	D. Legal guardian
<input type="checkbox"/>	E. Other legally authorized representative
<input type="checkbox"/>	Z. None of the above
<b>Q0310. Resident's Overall Goal</b>	
Enter Code	<b>A. Resident's overall goal for discharge established during the assessment process</b>
<input type="text"/>	1. Discharge to the community
	2. Remain in this facility
	3. Discharge to another facility/institution
	9. Unknown or uncertain
Enter Code	<b>B. Indicate information source for Q0310A</b>
<input type="text"/>	1. Resident
	2. Family
	3. Significant other
	4. Legal guardian
	5. Other legally authorized representative
	9. None of the above
<b>Q0400. Activities to Support Discharge Planning</b>	
Enter Code	<b>A. Is active discharge planning in progress for the resident to return to the community?</b>
<input type="text"/>	0. No
	1. Yes → Skip to Q0610, Referral



<b>Q0610. Referral</b>	
Enter Code	<b>A. Has a referral been made to the Local Contact Agency (LCA)?</b> (Document reasons in resident's clinical record)
<input type="text"/>	0. No - Referral needed
	1. Yes - Referral made → Skip to V0100, Items From the Most Recent Prior OBRA or Scheduled PPS Assessment
	2. Not applicable - Referral not needed → Skip to V0100, Items From the Most Recent Prior OBRA or Scheduled PPS Assessment
Enter Code	<b>B. If a referral has not been made, please indicate reason why referral was not made</b>
<input type="text"/>	1. Facility does not know how or when to contact LCA
	2. Discharge already in progress
	9. None of the above

# Section X



<b>X0570. Optional State Assessment (A0300A on existing record to be modified/inactivated)</b> Complete only if A0300A = 1	
Enter Code <input type="text"/>	<b>A. Is this assessment for state payment purposes only?</b> 0. <b>No</b> 1. <b>Yes</b>
Enter Code <input type="text"/>	<b>B. Assessment type</b> 1. <b>Start of therapy</b> assessment 2. <b>End of therapy</b> assessment 3. <b>Both Start and End of therapy</b> assessment 4. <b>Change of therapy</b> assessment 5. <b>Other payment</b> assessment

# New Resource

<https://pac.training/courses/spades/#/>

The Centers for Medicare & Medicaid Services (CMS) is offering a quick web-based training to walk providers through upcoming changes to the Quality Reporting Programs (QRPs) for the following post-acute care settings along with an overview of existing and upcoming training activities designed to support providers in successfully complying with associated reporting requirements:

- Home Health
- Inpatient Rehabilitation Facility (IRF)
- Long-Term Care Hospital (LTCH)
- Skilled Nursing Facility (SNF)

This web-based training will:

- Demonstrate how the quality measures used in the Home Health, IRF, LTCH, and SNF QRPs tie to CMS' Meaningful Measures Initiative;
- Provide a detailed list of data elements that have already been incorporated into the post-acute care QRPs along with those being implemented in the IRF, LTCH, and SNF care settings on October 1, 2020, and the Home Health care setting on January 1, 2021;
- Provide links to training resources to support providers in implementing existing reporting requirements associated with the QRPs; and
- Offer a preview of upcoming training activities to support the implementation of new reporting requirements, including dates, so that providers can begin to plan to incorporate these important training events into their busy schedules.



# About our speaker



**Mary Madison, RN, RAC-CT, CDP**, is a registered nurse with over 46 years of healthcare experience, including 40+ years in long-term care. She has held positions of Director of Nursing in a 330-bed SNF, DON in two 60-bed SNFs, Reviewer with Telligen (Iowa QIO), Director of Continuing Education, Manager of Clinical Software Support, Clinical Software Implementer and Clinical Educator. Mary has conducted numerous MDS training and other educational sessions across the country in the past two+ decades. Mary joined Briggs Healthcare as their LTC/Senior Care Clinical Consultant in July 2014.

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# Q&A



# Thank you for attending!

Recording and slides available at

[simpleltc.com/2020-vision](https://simpleltc.com/2020-vision)

and [briggshealthcare.blog](https://briggshealthcare.blog)