

WEBINAR | OCT 6, 2022

RIDING THE WAVES

Prepare now for the coming
CMS changes to MDS 3.0

simple.
a Netsmart solution

BRiGGS
Healthcare®



Your Speaker



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Objectives

At the end of this webinar, you will be able to:

- ✓ Identify at least 3 significant changes found in v1.18.11 from the current version (v1.17.2)
- ✓ Discuss changes to resident interviews
- ✓ Develop a training plan in preparation for implementation on October 1, 2023

As we begin and throughout this webinar

- Remember that v1.18.11 is being implemented next October 1, 2023 - not this October.
- We're taking an informational dive today into what the NC Item Set reveals for data collection, etc. It's all we have right now.
- More/in-depth education will be needed once we have an updated MDS 3.0 RAI User's Manual to correspond with v1.18.11, including education from CMS.

POLL #1

How long have you been working
with the MDS?

A LOT has happened these past 12 years

- **10/1/2010** ... Moved from MDS 2.0 to MDS 3.0
- **10/1/2016** ... Section GG made its debut on the MDS 3.0 Item Set
- **10/1/2019** ... Moved from RUGs reimbursement to PDPM reimbursement
- **12/20/2019** ... CMS posted draft version of MDS 3.0 v1.18
- **1/31/2020** ... [Initial COVID-19 PHE declaration issued](#)
- **3/13/2020** ... QSO-20-14-NH -> NH Lockdown/Visitation Restricted

Also ...

- **3/19/2020** ... CMS pulled the draft of v1.18 “in order to provide maximum flexibilities for providers of Skilled Nursing Facilities (SNFs) to respond to the COVID-19 Public Health Emergency (PHE) ... The release of updated versions of the MDS will be delayed until October 1st of the year that is at least 2 full fiscal years after the end of the COVID-19 PHE.”

And ...

- **5/15/2020** ... MDS 3.0 v1.17.2 announced for 10/1/20

“These changes will support the calculation of PDPM payment codes on OBRA assessments when not combined with the 5-day SNF PPS assessment, specifically the OBRA comprehensive (NC) and OBRA quarterly (NQ) assessment item sets, which was not possible with item set version 1.17.1. This will allow State Medicaid Agencies to collect and compare RUG-III/IV payment codes to PDPM ones and thereby inform their future payment models.”

And ...

- 9/1/2022 ... CMS posts [draft MDS 3.0 v1.18.11](#) to be implemented **10/1/2023**
- 9/21/2022 ... CMS letter to State Medicaid Directors [Guidance on Nursing Facility State Plan Payment and Upper Payment Limit Approaches in Medicaid Relying on the Medicare PDPM Model](#)
 - CMS will no longer support the Medicare RUGs systems after October 1, 2023
 - CMS is ending the support for RUG-III and RUG-IV on federally requirements assessments on October 1, 2023
 - This support was supposed to have ending October 1, 2020 – PHE delayed this

MINIMUM DATA SET (MDS) - Version 3.0
RESIDENT ASSESSMENT AND CARE SCREENING
Nursing Home Comprehensive (NC) Item Set

Section A	Identification Information
A0050. Type of Record	
Enter Code <input type="checkbox"/>	1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI): <input type="text"/>	
B. CMS Certification Number (CCN): <input type="text"/>	
C. State Provider Number: <input type="text"/>	
A0200. Type of Provider	
Enter Code <input type="checkbox"/>	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0300. Optional State Assessment Complete only if A0200 = 1	
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No 1. Yes
A0310. Type of Assessment	
Enter Code <input type="checkbox"/>	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code <input type="checkbox"/>	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above
Enter Code <input type="checkbox"/>	E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes
Enter Code <input type="checkbox"/>	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above
A0310 continued on next page	



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A0310 continued on next page	

What we have now -> Oct. 2022

- Draft MDS 3.0 NH Comprehensive (NC) v1.18.11
- CMS letter to State Medicaid Directors re: Guidance on Nursing Facility State Plan Payment and Upper Payment Limit Approaches in Medicaid Relying on the Medicare Patient-Driven Payment Model

What we don't have now -> Oct. 2022

- MDS 3.0 RAI User's Manual for v1.18.11
- CMS training sessions
- Specifications for v1.18.11 including:
 - CAA triggers
 - Quality Measures
 - Care Compare changes

What's missing (NOT) in v1.18.11

A0300. Optional State Assessment	
Complete only if A0200 = 1	
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No 1. Yes

A1100. Language	
Enter Code <input type="checkbox"/>	A. Does the resident need or want an interpreter to communicate with a doctor or health care staff? 0. No → Skip to A1200, Marital Status 1. Yes → Specify in A1100B, Preferred language 9. Unable to determine → Skip to A1200, Marital Status
	B. Preferred language: <input type="text"/>

A1800. Entered From	
Enter Code <input type="text"/>	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 09. Long Term Care Hospital (LTCH) 99. Other

A2100. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code <input type="text"/>	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 08. Deceased 09. Long Term Care Hospital (LTCH) 99. Other

POLL #2

How do you feel about no Section G in the next version of the MDS 3.0?

Missing cont'd ...

Resident	Identifier	Date																						
Section G Functional Status																								
G0110. Activities of Daily Living (ADL) Assistance																								
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding																								
Instructions for Rule of 3																								
<ul style="list-style-type: none"> When an activity occurs three times at any one given level, code that level. When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). When an activity occurs at various levels, but not three times at any given level, apply the following: <ul style="list-style-type: none"> When there is a combination of full staff performance, and extensive assistance, code extensive assistance. When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). 																								
If none of the above are met, code supervision.																								
1. ADL Self-Performance Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time Coding: Activity Occurred 3 or More Times 0. Independent - no help or staff oversight at any time 1. Supervision - oversight, encouragement or cueing 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support 4. Total dependence - full staff performance every time during entire 7-day period Activity Occurred 2 or Fewer Times 7. Activity occurred only once or twice - activity did occur but only once or twice 8. Activity did not occur - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	2. ADL Support Provided Code for most support provided over all shifts; code regardless of resident's self-performance classification Coding: 0. No setup or physical help from staff 1. Setup help only 2. One person physical assist 3. Two+ persons physical assist 8. ADL activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period																							
	<table border="1"> <thead> <tr> <th>1.</th> <th>2.</th> </tr> <tr> <th>Self-Performance</th> <th>Support</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Enter Codes in Boxes</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	1.	2.	Self-Performance	Support	Enter Codes in Boxes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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<input type="checkbox"/>	<input type="checkbox"/>																							
A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	<input type="checkbox"/>	<input type="checkbox"/>																						
B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)	<input type="checkbox"/>	<input type="checkbox"/>																						
C. Walk in room - how resident walks between locations in his/her room	<input type="checkbox"/>	<input type="checkbox"/>																						
D. Walk in corridor - how resident walks in corridor on unit	<input type="checkbox"/>	<input type="checkbox"/>																						
E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>																						
F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair	<input type="checkbox"/>	<input type="checkbox"/>																						
G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	<input type="checkbox"/>	<input type="checkbox"/>																						
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	<input type="checkbox"/>	<input type="checkbox"/>																						
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	<input type="checkbox"/>	<input type="checkbox"/>																						
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	<input type="checkbox"/>	<input type="checkbox"/>																						

Resident	Identifier	Date
Section G Functional Status		
G0120. Bathing		
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support		
Enter Code <input type="checkbox"/>	A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period	
Enter Code <input type="checkbox"/>	B. Support provided (Bathing support codes are as defined in Item G0110 column 2, ADL Support Provided, above)	
G0300. Balance During Transitions and Walking		
After observing the resident, code the following walking and transition items for most dependent		
Enter Codes in Boxes		
Coding: 0. Steady at all times 1. Not steady, but able to stabilize without staff assistance 2. Not steady, only able to stabilize with staff assistance 8. Activity did not occur	<input type="checkbox"/>	A. Moving from seated to standing position <input type="checkbox"/>
	<input type="checkbox"/>	B. Walking (with assistive device if used) <input type="checkbox"/>
	<input type="checkbox"/>	C. Turning around and facing the opposite direction while walking <input type="checkbox"/>
	<input type="checkbox"/>	D. Moving on and off toilet <input type="checkbox"/>
	<input type="checkbox"/>	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair) <input type="checkbox"/>
G0400. Functional Limitation in Range of Motion		
Code for limitation that interfered with daily functions or placed resident at risk of injury		
Enter Codes in Boxes		
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	<input type="checkbox"/>	A. Upper extremity (shoulder, elbow, wrist, hand) <input type="checkbox"/>
	<input type="checkbox"/>	B. Lower extremity (hip, knee, ankle, foot) <input type="checkbox"/>
G0600. Mobility Devices		
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	
G0900. Functional Rehabilitation Potential		
Complete only if A0310A = 01		
Enter Code <input type="checkbox"/>	A. Resident believes he or she is capable of increased independence in at least some ADLs 0. No 1. Yes 9. Unable to determine	
Enter Code <input type="checkbox"/>	B. Direct care staff believe resident is capable of increased independence in at least some ADLs 0. No 1. Yes	

What we don't have without Section G

- Specs for care area triggers without Section G
(Fact: currently 17 of the 20 Care Areas use Section G as CATs or for consideration on the Appendix C CAA worksheets)
- Specs for Quality Measures that use Section G
(Fact: currently 1 Short Stay and 5 Long Stay QMs use Section G ADLs)
- Specs for Claims-Based Measures that use Section G
(Fact: there are 2 Short Stay claims-based measures and 2 Long Stay claims-based measures that use Section G)
- No longer documenting late-loss ADLs – we'll document usual function ... this will affect our care plans

Missing cont'd ...

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

J0400. Pain Frequency	
Enter Code <input type="checkbox"/>	Ask resident: " <i>How much of the time have you experienced pain or hurting over the last 5 days?</i> "
	1. Almost constantly
	2. Frequently
	3. Occasionally
	4. Rarely
	9. Unable to answer

N0410. Medications Received	
Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="checkbox"/>	A. Antipsychotic
Enter Days <input type="checkbox"/>	B. Antianxiety
Enter Days <input type="checkbox"/>	C. Antidepressant
Enter Days <input type="checkbox"/>	D. Hypnotic
Enter Days <input type="checkbox"/>	E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
Enter Days <input type="checkbox"/>	F. Antibiotic
Enter Days <input type="checkbox"/>	G. Diuretic
Enter Days <input type="checkbox"/>	H. Opioid

Missing cont'd ...

Resident	Identifier	Date
Section O Special Treatments, Procedures, and Programs		
O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the last 14 days . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the last 14 days	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above		

O0600. Physician Examinations	
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?
O0700. Physician Orders	
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?

Missing cont'd ...

Resident	Identifier	Date
Section Q Participation in Assessment and Goal Setting		
Q0100. Participation in Assessment		
Enter Code <input type="checkbox"/>	A. Resident participated in assessment 0. No 1. Yes	
Enter Code <input type="checkbox"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. Resident has no family or significant other	
Enter Code <input type="checkbox"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. Resident has no guardian or legally authorized representative	
Q0300. Resident's Overall Expectation Complete only if A0310E = 1		
Enter Code <input type="checkbox"/>	A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain	
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. Unknown or uncertain	

Resident	Identifier	Date
Section Q Participation in Assessment and Goal Setting		
Q0600. Referral		
Enter Code <input type="checkbox"/>	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made	
X0570. Optional State Assessment (A0300A on existing record to be modified/inactivated)		
Enter Code <input type="checkbox"/>	A. Is this assessment for state payment purposes only? 0. No 1. Yes	

What's different in v1.18.11

v1.17.2

A1100. Language	
Enter Code <input type="checkbox"/>	A. Does the resident need or want an interpreter to communicate with a doctor or health care staff? 0. No → Skip to A1200, Marital Status 1. Yes → Specify in A1100B, Preferred language 9. Unable to determine → Skip to A1200, Marital Status B. Preferred language: <input type="text"/>

v1.18.11

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

Note no skips in addition to “flipping” the items

Different cont'd ...

v1.17.2

A1800. Entered From	
Enter Code	
<input type="text"/>	<input type="text"/>
01.	Community (private home/apt., board/care, assisted living, group home)
02.	Another nursing home or swing bed
03.	Acute hospital
04.	Psychiatric hospital
05.	Inpatient rehabilitation facility
06.	ID/DD facility
07.	Hospice
09.	Long Term Care Hospital (LTCH)
99.	Other

v1.18.11

A1805. Entered From	
Enter Code	
<input type="text"/>	<input type="text"/>
01.	Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)
02.	Nursing Home (long-term care facility)
03.	Skilled Nursing Facility (SNF, swing beds)
04.	Short-Term General Hospital (acute hospital, IPPS)
05.	Long-Term Care Hospital (LTCH)
06.	Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
07.	Inpatient Psychiatric Facility (psychiatric hospital or unit)
08.	Intermediate Care Facility (ID/DD facility)
09.	Hospice (home/non-institutional)
10.	Hospice (institutional facility)
11.	Critical Access Hospital (CAH)
12.	Home under care of organized home health service organization
99.	Not listed

Different cont'd ...

v1.17.2

A2100. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code	
<input type="text"/>	
	01. Community (private home/apt., board/care, assisted living, group home)
	02. Another nursing home or swing bed
	03. Acute hospital
	04. Psychiatric hospital
	05. Inpatient rehabilitation facility
	06. ID/DD facility
	07. Hospice
	08. Deceased
	09. Long Term Care Hospital (LTCH)
	99. Other

v1.18.11

A2105. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code	
<input type="text"/>	
	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge
	02. Nursing Home (long-term care facility)
	03. Skilled Nursing Facility (SNF, swing beds)
	04. Short-Term General Hospital (acute hospital, IPPS)
	05. Long-Term Care Hospital (LTCH)
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)
	08. Intermediate Care Facility (ID/DD facility)
	09. Hospice (home/non-institutional)
	10. Hospice (institutional facility)
	11. Critical Access Hospital (CAH)
	12. Home under care of organized home health service organization
	13. Deceased
	99. Not listed → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge

Note skips

Different cont'd ...

v1.17.2

B0100. Comatose	
Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

v1.18.11

B0100. Comatose	
Enter Code <input type="checkbox"/>	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities

Note skip

Different cont'd ...

v1.17.2

D0200. Resident Mood Interview (PHQ-9 [©])			
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	↓ Enter Scores in Boxes ↓	↓ Enter Scores in Boxes ↓
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)		
A. <i>Little interest or pleasure in doing things</i>		<input type="checkbox"/>	<input type="checkbox"/>
B. <i>Feeling down, depressed, or hopeless</i>		<input type="checkbox"/>	<input type="checkbox"/>
C. <i>Trouble falling or staying asleep, or sleeping too much</i>		<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>		<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Poor appetite or overeating</i>		<input type="checkbox"/>	<input type="checkbox"/>
F. <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i>		<input type="checkbox"/>	<input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>		<input type="checkbox"/>	<input type="checkbox"/>
H. <i>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>		<input type="checkbox"/>	<input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>		<input type="checkbox"/>	<input type="checkbox"/>
D0300. Total Severity Score			
Enter Score	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

v1.18.11

D0150. Resident Mood Interview (PHQ-2 to 9 [©])			
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	↓ Enter Scores in Boxes ↓	↓ Enter Scores in Boxes ↓
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)		
A. <i>Little interest or pleasure in doing things</i>		<input type="checkbox"/>	<input type="checkbox"/>
B. <i>Feeling down, depressed, or hopeless</i>		<input type="checkbox"/>	<input type="checkbox"/>
If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.			
C. <i>Trouble falling or staying asleep, or sleeping too much</i>		<input type="checkbox"/>	<input type="checkbox"/>
D. <i>Feeling tired or having little energy</i>		<input type="checkbox"/>	<input type="checkbox"/>
E. <i>Poor appetite or overeating</i>		<input type="checkbox"/>	<input type="checkbox"/>
F. <i>Feeling bad about yourself - or that you are a failure or have let yourself or your family down</i>		<input type="checkbox"/>	<input type="checkbox"/>
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>		<input type="checkbox"/>	<input type="checkbox"/>
H. <i>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>		<input type="checkbox"/>	<input type="checkbox"/>
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>		<input type="checkbox"/>	<input type="checkbox"/>
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).		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PHQ-2 vs. PHQ-9

- v1.17.2 - Nursing component of PDPM currently uses all 9 interview questions to calculate the overall score for indicators of possible depression
- v1.18.11 – Skip pattern present if resident doesn't have the first 2 symptoms with the PHQ interview...interviewer stops after those 2 questions
- Will the PDPM score factor the indicators of depression with v1.18.11?

Different cont'd ...

v1.17.2

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?	
Enter Code <input type="checkbox"/>	<p>0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance</p> <p>1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences</p>

v1.18.11

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?	
Enter Code <input type="checkbox"/>	<p>0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities</p> <p>1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences</p>

Note skip

Different cont'd ...

v1.17.2

G0400. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury	
↓ Enter Codes in Boxes	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)

v1.18.11

GG0115. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days	
↓ Enter Codes in Boxes	
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	<input type="checkbox"/> A. Upper extremity (shoulder, elbow, wrist, hand)
	<input type="checkbox"/> B. Lower extremity (hip, knee, ankle, foot)

Different cont'd ...

v1.17.2

G0110. Activities of Daily Living (ADL) Assistance Refer to the ADL flow chart in the RAI manual to facilitate accurate coding		
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)	<input type="checkbox"/>	<input type="checkbox"/>

v1.18.11

GG0130. Self-Care (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.		
<input type="checkbox"/>	<input type="checkbox"/>	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

Different cont'd ...

v1.17.2

G0120. Bathing	
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support	
Enter Code <input type="checkbox"/>	A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period
Enter Code <input type="checkbox"/>	B. Support provided (Bathing support codes are as defined in item G0110 column 2, ADL Support Provided , above)

v1.18.11

GG0170. Mobility (Assessment period is the first 3 days of the stay)		
Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.		
<input type="checkbox"/>	<input type="checkbox"/>	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.

Different cont'd ...

v1.17.2

G0600. Mobility Devices	
↓ 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

v1.18.11

GG0120. Mobility Devices	
↓ 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

Also note the addition of last 7 days

Different cont'd ...

v1.17.2

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01	
	↓ Enter Codes in Boxes
Coding: 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete activities. 1. Dependent - A helper completed the activities for the resident. 8. Unknown. 9. Not Applicable.	<input type="checkbox"/> A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

v1.18.11

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01	
	↓ Enter Codes in Boxes
Coding: 3. Independent - Resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete any activities. 1. Dependent - A helper completed all the activities for the resident. 8. Unknown. 9. Not Applicable.	<input type="checkbox"/> A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/> D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Note change to gender-neutral in Coding 3. Independent

Different cont'd ...

v1.17.2

Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
GG0130. Self-Care (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)	
Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	
Coding:	
Safety and Quality of Performance - 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. Independent - Resident completes the activity by him/herself with no assistance from a helper.	
05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.	
04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.	
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	
01. Dependent - 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.	
If activity was not attempted, code reason:	
07. Resident refused	
09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.	
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attempted due to medical condition or safety concerns	

v1.18.11

Section GG	Functional Abilities and Goals - Admission
GG0130. Self-Care (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.	
Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	
Coding:	
Safety and Quality of Performance - 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. Independent - Resident completes the activity by themselves with no assistance from a helper.	
05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.	
04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.	
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	
01. Dependent - 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.	
If activity was not attempted, code reason:	
07. Resident refused	
09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.	
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attempted due to medical condition or safety concerns	

Different cont'd ...

v1.17.2

Section GG	Functional Abilities and Goals - Start of SNF PPS Stay or State PDPM
<p>GG0170. Mobility (If A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B. If state requires completion with an OBRA assessment, the assessment period is the ARD plus 2 previous days; complete only column 1.)</p>	
<p>Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).</p>	
<p>Coding:</p> <p>Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <ul style="list-style-type: none"> 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - 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. <p>If activity was not attempted, code reason:</p> <ul style="list-style-type: none"> 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns 	

v1.18.11

Section GG	Functional Abilities and Goals - Admission
<p>GG0170. Mobility (Assessment period is the first 3 days of the stay) Complete if A0310A = 01 or A0310B = 01. If A0310B = 01, the stay begins on A2400B and both columns are required. If A0310B = 99, the stay begins on A1600 and only column 1 is required.</p>	
<p>Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).</p>	
<p>Coding:</p> <p>Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.</p> <p><i>Activities may be completed with or without assistive devices.</i></p> <ul style="list-style-type: none"> 06. Independent - Resident completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - 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. <p>If activity was not attempted, code reason:</p> <ul style="list-style-type: none"> 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns 	

Different cont'd ...

v1.17.2

Section GG	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)
GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03	
Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.	
Coding: Safety and Quality of Performance - 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. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - 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.	
If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	

v1.18.11

Section GG	Functional Abilities and Goals - Discharge
GG0130. Self-Care (Assessment period is the last 3 days of the stay) Complete only if A0310F = 10 or 11 or A0310H = 1. If A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.	
Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.	
Coding: Safety and Quality of Performance - 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. Independent - Resident completes the activity by themselves with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - 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.	
If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	

Different cont'd ...

v1.17.2

Section GG	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)
GG0170. Mobility (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) - Continued Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03	
Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.	
Coding:	
Safety and Quality of Performance - 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. Independent - Resident completes the activity by him/herself with no assistance from a helper.	
05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.	
04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.	
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	
01. Dependent - 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.	
If activity was not attempted, code reason:	
07. Resident refused	
09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.	
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attempted due to medical condition or safety concerns	

v1.18.11

Section GG	Functional Abilities and Goals - Discharge
GG0170. Mobility (Assessment period is the last 3 days of the stay) Complete only if A0310F = 10 or 11 or A0310H = 1. If A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.	
Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.	
Coding:	
Safety and Quality of Performance - 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. Independent - Resident completes the activity by themselves with no assistance from a helper.	
05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.	
04. Supervision or touching assistance - 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. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.	
02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.	
01. Dependent - 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.	
If activity was not attempted, code reason:	
07. Resident refused	
09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.	
10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attempted due to medical condition or safety concerns	

Different cont'd ...

v1.17.2

J0400. Pain Frequency	
Enter Code	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"
<input type="checkbox"/>	1. Almost constantly
	2. Frequently
	3. Occasionally
	4. Rarely
	9. Unable to answer

Genitourinary Surgery	
<input type="checkbox"/>	J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)

v1.18.11

J0410. Pain Frequency	
Enter Code	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"
<input type="checkbox"/>	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	9. Unable to answer

Genitourinary Surgery	
<input type="checkbox"/>	J2800. Involving genital systems (such as prostate, testes, ovaries, uterus, vagina, external genitalia)

Note gender-neutral identification: genital systems rather than male or female organs

Different cont'd ...

v1.17.2

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank	1. While NOT a Resident	2. While a Resident
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		<input type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

v1.18.11

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

Note the 3-day assessment period on admission and discharge

Note 7-day assessment period while not and while a resident

Different cont'd ...

v1.17.2

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B		
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 501 cc/day or more		

v1.18.11

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B		
2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	2. While a Resident	3. During Entire 7 Days
3. During Entire 7 Days Performed during the entire <i>last 7 days</i>	Enter Codes	
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 501 cc/day or more		

Note change in item reference

Different cont'd ...

v1.17.2

N0300. Injections	
Enter Days <input type="text"/>	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 N0410, Medications Received

v1.18.11

N0300. Injections	
Enter Days <input type="text"/>	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

Note change in item skip

Different cont'd ...

v1.17.2

N0410. Medications Received	
Indicate the number of DAYS the resident received the following 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. Enter "0" if medication was not received by the resident during the last 7 days	
Enter Days <input type="text"/>	A. Antipsychotic
Enter Days <input type="text"/>	B. Antianxiety
Enter Days <input type="text"/>	C. Antidepressant
Enter Days <input type="text"/>	D. Hypnotic
Enter Days <input type="text"/>	E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)
Enter Days <input type="text"/>	F. Antibiotic
Enter Days <input type="text"/>	G. Diuretic
Enter Days <input type="text"/>	H. Opioid

v1.18.11

N0415. High-Risk Drug Classes: Use and Indication		
	1.	2.
	Is taking	Indication noted
	↓ Check all that apply ↓	
1. Is taking 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 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"/>	

Note 2 new classes of drugs

Note new column for indication

Note change in how items are coded

Different cont'd ...

v1.17.2

O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

v1.18.11

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 ↓		
Cancer Treatments			
A1. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2. IV	<input type="checkbox"/>		<input type="checkbox"/>
A3. Oral	<input type="checkbox"/>		<input type="checkbox"/>
A10. Other	<input type="checkbox"/>		<input type="checkbox"/>
B1. Radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments			
C1. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C2. Continuous	<input type="checkbox"/>		<input type="checkbox"/>
C3. Intermittent	<input type="checkbox"/>		<input type="checkbox"/>
C4. High-concentration	<input type="checkbox"/>		<input type="checkbox"/>
D1. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D2. Scheduled	<input type="checkbox"/>		<input type="checkbox"/>
D3. As needed	<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"/>
G3. CPAP	<input type="checkbox"/>		<input type="checkbox"/>
Other			
H1. IV Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H2. Vasoactive medications	<input type="checkbox"/>		<input type="checkbox"/>
H3. Antibiotics	<input type="checkbox"/>		<input type="checkbox"/>
H4. Anticoagulant	<input type="checkbox"/>		<input type="checkbox"/>
H10. Other	<input type="checkbox"/>		<input type="checkbox"/>
I1. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O0110 continued on next page			

Different cont'd ...

v1.17.2

00100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 days		
1. While NOT a Resident Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	1. While NOT a Resident	2. While a Resident
	↓ Check all that apply ↓	
Cancer Treatments		
A. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>
B. Radiation	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Treatments		
C. Oxygen therapy	<input type="checkbox"/>	<input type="checkbox"/>
D. Suctioning	<input type="checkbox"/>	<input type="checkbox"/>
E. Tracheostomy care	<input type="checkbox"/>	<input type="checkbox"/>
F. Invasive Mechanical Ventilator (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>
G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP)	<input type="checkbox"/>	<input type="checkbox"/>
Other		
H. IV medications	<input type="checkbox"/>	<input type="checkbox"/>
I. Transfusions	<input type="checkbox"/>	<input type="checkbox"/>
J. Dialysis	<input type="checkbox"/>	<input type="checkbox"/>
K. Hospice care	<input type="checkbox"/>	<input type="checkbox"/>
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	<input type="checkbox"/>	<input type="checkbox"/>
None of the Above		
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

v1.18.11

00110. 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"/>
J3. Peritoneal dialysis	<input type="checkbox"/>		<input type="checkbox"/>
K1. Hospice care		<input type="checkbox"/>	
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)		<input type="checkbox"/>	
O1. IV Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2. Peripheral	<input type="checkbox"/>		<input type="checkbox"/>
O3. Midline	<input type="checkbox"/>		<input type="checkbox"/>
O4. Central (e.g., PICC, tunneled, port)	<input type="checkbox"/>		<input type="checkbox"/>
None of the Above			
Z1. None of the above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note no While NOT a Resident for any O0110 item

Different cont'd ...

v1.17.2

Q0100. Participation in Assessment	
Enter Code <input type="checkbox"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="checkbox"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. Resident has no family or significant other
Enter Code <input type="checkbox"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. Resident has no guardian or legally authorized representative
Q0300. Resident's Overall Expectation Complete only if A0310E = 1	
Enter Code <input type="checkbox"/>	A. Select one for resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. Unknown or uncertain

v1.18.11

Q0110. Participation in Assessment and Goal Setting 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
Q0310. Resident's Overall Goal Complete only if A0310E = 1	
Enter Code <input type="checkbox"/>	A. Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

Note change of Q0110 coding

Different cont'd ...

v1.17.2

Q0500. Return to Community	
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain

v1.18.11

Q0500. Return to Community	
Enter Code <input type="checkbox"/>	B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain
Enter Code <input type="checkbox"/>	C. Indicate information source for Q0500B 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

Note Q0500C

Different cont'd ...

v1.17.2

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again	
Enter Code <input type="checkbox"/>	A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available
Enter Code <input type="checkbox"/>	B. Indicate information source for Q0550A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family or significant other, then guardian or legally authorized representative 9. None of the above

Q0600. Referral	
Enter Code <input type="checkbox"/>	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made

v1.18.11

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B	
Enter Code <input type="checkbox"/>	A. Does resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessments alone) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available
Enter Code <input type="checkbox"/>	C. Indicate information source for Q0550A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

Q0610. Referral	
Enter Code <input type="checkbox"/>	A. Has a referral been made to the Local Contact Agency (LCA)? 0. No 1. Yes

Different cont'd ...

v1.17.2

V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment Complete only if A0310E = 0 and if the following is true for the prior assessment : A0310A = 01- 06 or A0310B = 01	
Enter Score <input type="text"/>	E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300 value from prior assessment)

v1.18.11

V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment Complete only if A0310E = 0 and if the following is true for the prior assessment : A0310A = 01- 06 or A0310B = 01	
Enter Score <input type="text"/>	E. Prior Assessment Resident Mood Interview (PHQ-2 to 9©) Total Severity Score (D0160 value from prior assessment)

What's NEW on v1.18.11

Section A	Identification Information
A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
<input type="checkbox"/>	Z. None of the above

New cont'd ...

A1250. Transportation (from NACHC®)	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	
Complete only if A0310B = 01 or A0310G = 1 and 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
<input type="checkbox"/>	Y. Resident declines to respond
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Added to monitor social determinant of health

New cont'd ...

Data to be used for two (2) SNF QRP Transfer of Health Information Quality Measures

A2121 & A2123 answered only if

- A0310H=1 (SNF Part A Discharge)

A2122 answered only if

- A2121=1

A2124 answered only if

- A2123=1

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1	
Enter Code <input type="checkbox"/>	At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the subsequent provider
A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Complete only if A2121 = 1	
Check all that apply ↓	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record
<input type="checkbox"/>	B. Health Information Exchange
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)
A2123. Provision of Current Reconciled Medication List to Resident at Discharge Complete only if A0310H = 1	
Enter Code <input type="checkbox"/>	At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver
A2124. Route of Current Reconciled Medication List Transmission to Resident Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver. Complete only if A2123 = 1	
Check all that apply ↓	Route of Transmission
<input type="checkbox"/>	A. Electronic Health Record (e.g., electronic access to patient portal)
<input type="checkbox"/>	B. Health Information Exchange
<input type="checkbox"/>	C. Verbal (e.g., in-person, telephone, video conferencing)
<input type="checkbox"/>	D. Paper-based (e.g., fax, copies, printouts)
<input type="checkbox"/>	E. Other methods (e.g., texting, email, CDs)

New cont'd ...

B1300. Health Literacy Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
Enter Code <input type="checkbox"/>	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. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond
<small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small>	

Added to monitor social determinant of health

Complete only if A0310B=01

Enter Code <input type="checkbox"/>	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above
--	--

– OR –

A0310G = 1 and A0310H = 1

Enter Code <input type="checkbox"/>	G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
--	--

Enter Code <input type="checkbox"/>	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes
--	---

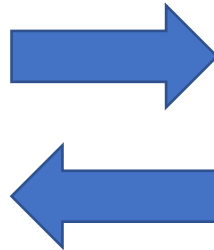
New cont'd ...

D0700. Social Isolation	
Enter Code	How often do you feel lonely or isolated from those around you?
<input type="checkbox"/>	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Resident declines to respond
	8. Resident unable to respond

Added to monitor social determinant of health

New cont'd ...

Section GG		Functional Abilities and Goals - OBRA/Interim																				
GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete only if A0310A = 02 - 06 and A0310B = 99 or A0310B = 08. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.																						
Coding: Safety and Quality of Performance - 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>																						
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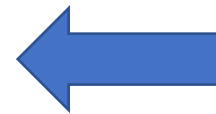


Section GG		Functional Abilities and Goals - OBRA/Interim																								
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New cont'd ...

Pain Assessment Interview	
J0300. Pain Presence	
Enter Code <input type="checkbox"/>	Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0410. Pain Frequency	
Enter Code <input type="checkbox"/>	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer
J0510. Pain Effect on Sleep	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain Interference with Therapy Activities	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0530. Pain Interference with Day-to-Day Activities	
Enter Code <input type="checkbox"/>	Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Note that the pain interview has been expanded and includes better responses



New interview item

New cont'd ...

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made	
Complete only if Q0610 = 0	
Enter Code <input type="checkbox"/>	Indicate reason why referral to LCA was not made <ol style="list-style-type: none">1. LCA unknown2. Referral previously made3. Referral not wanted4. Discharge date 3 or fewer months away5. Discharge date more than 3 months away

Note Q0620 is answered only if Q0610=0

Q0610. Referral	
Enter Code <input type="checkbox"/>	A. Has a referral been made to the Local Contact Agency (LCA)? <ol style="list-style-type: none">0. No1. Yes

SPADEs

- Standardized Patient Assessment Data Elements
- Developed by CMS to meet the requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014
 - IMPACT Act requires the reporting of standardized patient assessment data with regard to quality measures and SPADEs
 - IMPACT Act requires assessment data to be standardized and interoperable to allow for exchange of the data among post-acute providers and other providers
 - The Act intends for standardized post-acute care data to improve Medicare beneficiary outcomes through shared-decision making, care coordination, and enhanced discharge planning
 - Six (6) new categories of SPADEs data will be collected on admission/discharges beginning October 1, 2023

SPADEs and MDS 3.0 v1.18.11

A1005. Ethnicity	
Are you of Hispanic, Latino/a, or Spanish origin?	
↓ Check all that apply	
<input type="checkbox"/>	A. No, not of Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	B. Yes, Mexican, Mexican American, Chicano/a
<input type="checkbox"/>	C. Yes, Puerto Rican
<input type="checkbox"/>	D. Yes, Cuban
<input type="checkbox"/>	E. Yes, another Hispanic, Latino/a, or Spanish origin
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
A1010. Race	
What is your race?	
↓ Check all that apply	
<input type="checkbox"/>	A. White
<input type="checkbox"/>	B. Black or African American
<input type="checkbox"/>	C. American Indian or Alaska Native
<input type="checkbox"/>	D. Asian Indian
<input type="checkbox"/>	E. Chinese
<input type="checkbox"/>	F. Filipino
<input type="checkbox"/>	G. Japanese
<input type="checkbox"/>	H. Korean
<input type="checkbox"/>	I. Vietnamese
<input type="checkbox"/>	J. Other Asian
<input type="checkbox"/>	K. Native Hawaiian
<input type="checkbox"/>	L. Guamanian or Chamorro
<input type="checkbox"/>	M. Samoan
<input type="checkbox"/>	N. Other Pacific Islander
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond
<input type="checkbox"/>	Z. None of the above

Q0620. Reason Referral to Local Contact Agency (LCA) Not Made	
Complete only if Q0610 = 0	
Enter Code	Indicate reason why referral to LCA was not made
<input type="checkbox"/>	1. LCA unknown
	2. Referral previously made
	3. Referral not wanted
	4. Discharge date 3 or fewer months away
	5. Discharge date more than 3 months away



Enhanced Discharge Planning

Expanded Pain Interview



J0520. Pain Interference with Therapy Activities	
Enter Code	Ask resident: "Over the past 5 days, <i>how often have you limited your participation in rehabilitation therapy sessions due to pain?</i> "
<input type="checkbox"/>	0. Does not apply - I have not received rehabilitation therapy in the past 5 days
	1. Rarely or not at all
	2. Occasionally
	3. Frequently
	4. Almost constantly
	8. Unable to answer

SPADEs and MDS 3.0 v1.18.11

A1250. Transportation (from NACHC®)	
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01 or A0310G = 1 and 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
<input type="checkbox"/>	Y. Resident declines to respond
<small>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</small>	

B1300. Health Literacy	
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
Enter Code	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?
<input type="checkbox"/>	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Resident declines to respond
	8. Resident unable to respond
<small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small>	

D0700. Social Isolation	
Enter Code	How often do you feel lonely or isolated from those around you?
<input type="checkbox"/>	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	7. Resident declines to respond
	8. Resident unable to respond

Monitor social determinants of health

SPADEs and MDS 3.0 v1.18.11

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking 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	1. Is taking	2. Indication noted
2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	↓ Check all that apply ↓	
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"/>

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	a. On Admission	b. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i>	b. While a Resident
c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	c. At Discharge		c. At Discharge
↓ Check all that apply ↓			↓

K0520. Nutritional Approaches Check all of the following nutritional approaches that apply					
1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	1. On Admission	2. While Not a Resident 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.	2. While Not a Resident	3. While a Resident Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>	3. While a Resident
4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C	4. At Discharge		4. At Discharge	4. At Discharge	4. At Discharge
↓ Check all that apply ↓					

Social Determinants of Health

- Social determinants of health (SDOH) are conditions in the places where people live, learn, work, play and age that affect a wide range of health risks and outcomes.
 - Social and Community Context
 - Education Access and Quality
 - Economic Stability
 - Neighborhood and Build Environment
 - Healthcare Access and Quality
- You'll be hearing more about SDOH!

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF

Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity

Preparing for MDS 3.0 v1.18.11

- Keep up with MDS-related news.
 - BriggsNetNews Blog
 - Information from your software vendors, your LTC association, CMS, etc.
 - [AAPACN](#) (American Association of Post-Acute Care Nursing)
- Communicate with your state's Medicaid agency.
 - Know what your state's method of Medicaid reimbursement is – it varies from one state to another.
 - Keep lines of communication open with that state agency. They may not have answers for you now, but they will.
- Review and update care plans going forward to measure and reflect functional abilities found in Section GG.
- Watch for and attend future training sessions on MDS 3.0 v1.18.11.
 - CMS, your software vendors, educators, etc. – there will be lots of training events!
 - Everyone involved in the MDS process should be attending these sessions.
 - Work with CNAs last regarding changes to coding ADLs, support, etc. to decrease confusion.

More tips to prepare ...

- Be sure you/your IDT has access to the MDS 3.0 RAI User's Manual when that becomes available in mid-2023...and they use that to accurately code the MDS.
- Be sure you have an heir and a spare to coordinate the RAI process.
- Audit your discharge process now to ensure you are providing all necessary information to the resident or the next provider. Beef your process up now!
 - Are you providing a current reconciled medication list now at discharge?
 - Are you documenting that you provided the reconciled medication list at discharge?
 - How is the list provided to the resident/family? To the next provider?

And ...

- As always, make sure you have the current ICD-10 coding book for every year. They don't carry over. You need a new one each year.
- Audit your physician orders, especially medications, to ensure that there is a corresponding diagnosis/indication for every single medication.
- Purchase new drug handbooks each year for nursing staff administering medications. Keep a copy close to the nursing station or med cart so it can be referenced when needed.

References/Resources

- [Draft MDS3.0 NC Item Set v1.18.11 Oct2023 \(PDF\)](#)
- [Appendix B 09292022 \(PDF\)](#)
- [Quality Measures](#)
- [SNF Quality Reporting Program \(QRP\)](#)
- [IMPACT Act of 2014 Data Standardization & Cross Setting Measures](#)
- [CMS Data Element Library \(DEL\)](#)
- [QIES Technical Support Office](#)

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Mary Madison
RN, RAC-CT, CDP
Clinical Consultant,
LTC/Senior Care

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simple.
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+ **CORE** analytics =

The first **complete** view of
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For your free demo, email sales@simpleltc.com

QUESTIONS?

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Thank you for attending!

Webinar recording and handout available here:

<https://www.simpleltc.com/webinar-registration-mds-3-0-changes/>

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