

## Item Set Change Table Supplement (MDS 3.0 version 1.18.11)

### Alterations to final item sets (through v6)

All

| Item and item set(s) | Change description   |
|----------------------|--|
| All                  | Various formatting changes such as adding boldface or italics (to agree with the previous published version), increasing type size to improve readability, or repairing misalignment of elements (for example, boxes not well aligned with the corresponding content). |

### Section A Items

| Item and item set(s) | Change description  | Previous   | Revised  |
|----------------------|---|--|--|
| A1005 on IPA         | Correction: Corrected erroneous lettering of final subitem (changed A1005Z [wrong] to A1005Y [correct]).    | <p><b>A1005. Ethnicity</b><br/>Are you of Hispanic, Latino/a, or Spanish origin?</p> <p>↓ Check all that apply</p> <p><input type="checkbox"/> A. No, not of Hispanic, Latino/a, or Spanish origin</p> <p><input type="checkbox"/> B. Yes, Mexican, Mexican American, Chicano/a</p> <p><input type="checkbox"/> C. Yes, Puerto Rican</p> <p><input type="checkbox"/> D. Yes, Cuban</p> <p><input type="checkbox"/> E. Yes, another Hispanic, Latino/a, or Spanish origin</p> <p><input type="checkbox"/> X. Resident unable to respond</p> <p><input type="checkbox"/> Z. Resident declines to respond</p> | <p><b>A1005. Ethnicity</b><br/>Are you of Hispanic, Latino/a, or Spanish origin?</p> <p>↓ Check all that apply</p> <p><input type="checkbox"/> A. No, not of Hispanic, Latino/a, or Spanish origin</p> <p><input type="checkbox"/> B. Yes, Mexican, Mexican American, Chicano/a</p> <p><input type="checkbox"/> C. Yes, Puerto Rican</p> <p><input type="checkbox"/> D. Yes, Cuban</p> <p><input type="checkbox"/> E. Yes, another Hispanic, Latino/a, or Spanish origin</p> <p><input type="checkbox"/> X. Resident unable to respond</p> <p><input type="checkbox"/> Y. Resident declines to respond</p> |
| A1200 on NC and NQ   | Correction: Corrected erroneous numbering scheme for responses (changed from 0-4 [wrong] to 1-5 [correct]). | <p><b>A1200. Marital Status</b></p> <p>Enter Code <input type="checkbox"/> 0. Never married</p> <p>1. Married</p> <p>2. Widowed</p> <p>3. Separated</p> <p>4. Divorced</p>   | <p><b>A1200. Marital Status</b></p> <p>Enter Code <input type="checkbox"/> 1. Never married</p> <p>2. Married</p> <p>3. Widowed</p> <p>4. Separated</p> <p>5. Divorced</p>   |
| A2121 on NQ          | Correction: Corrected misspelling (<Referenc> to <Reference>) in choice 0.                                  | 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction  | 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction  |

### Section B Items

| Item and item set(s) | Change description   | Previous  | Revised   |
|----------------------|--|---|---|
| B1300 on NPE         | Change: Removed completion language <Complete only if A0310G = 1>. | <p><b>B1300. Health Literacy</b><br/>Complete only if A0310G = 1</p> <p>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?</p> <p>0. Never</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Often</p> <p>4. Always</p> <p>7. Resident declines to respond</p> <p>8. Resident unable to respond</p> <p><small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small></p> | <p><b>B1300. Health Literacy</b></p> <p>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?</p> <p>0. Never</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Often</p> <p>4. Always</p> <p>7. Resident declines to respond</p> <p>8. Resident unable to respond</p> <p><small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small></p> |

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### Section D Items

| Item and item set(s) | Change description   | Previous  | Revised   |
|----------------------|--|---|---|
| D0100 on NPE         | Change: Removed part of the completion instruction <If A0130G=2 Skip to D0700. Otherwise.> The revised completion instruction says only <Attempt to conduct interview with all residents>. | <p><b>D0100. Should Resident Mood Interview be Conducted?</b><br/>If A0310G = 2 Skip to D0700. Otherwise, attempt to conduct interview with all residents</p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to D0700, Social Isolation<br/>1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9E)</p>        | <p><b>D0100. Should Resident Mood Interview be Conducted?</b><br/>Attempt to conduct interview with all residents</p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to D0700, Social Isolation<br/>1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9E)</p>          |
| D0100 on NPE         | Correction: Corrected incorrect skip pattern language in choice 0.   | <p><b>D0100. Should Resident Mood Interview be Conducted?</b><br/>Attempt to conduct interview with all residents</p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV)<br/>1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9E)</p> | <p><b>D0100. Should Resident Mood Interview be Conducted?</b><br/>Attempt to conduct interview with all residents</p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to D0700, Social Isolation<br/>1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9E)</p>          |
| D0100 on IPA         | Correction: Removed erroneous skip pattern language.   | <p><b>D0100. Should Resident Mood Interview be Conducted?</b><br/>If A0310G = 2 Skip to D0700. Otherwise, attempt to conduct interview with all residents</p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to and complete [</p>   | <p><b>D0100. Should Resident Mood Interview be Conducted?</b></p> <p>Enter Code <input type="checkbox"/> 0. No (resident is rarely/never understood) → Skip to and coi</p>  |
| D0150B on NQ         | Correction: Removed <or appearing> from item language.   | <p><b>B. Feeling or appearing down, depressed, or hopeless</b></p>  | <p><b>B. Feeling down, depressed, or hopeless</b></p>   |
| D0700 on NPE         | Change: Removed completion language <Complete only if A0310G = 1>.   | <p><b>D0700. Social Isolation</b><br/>Complete only if A0310G = 1</p> <p>Enter Code <input type="checkbox"/> How often do you feel lonely or isolated from those around you?<br/>0. Never<br/>1. Rarely<br/>2. Sometimes<br/>3. Often<br/>4. Always<br/>7. Resident declines to respond<br/>8. Resident unable to respond</p>                                       | <p><b>D0700. Social Isolation</b></p> <p>Enter Code <input type="checkbox"/> How often do you feel lonely or isolated from those around you?<br/>0. Never<br/>1. Rarely<br/>2. Sometimes<br/>3. Often<br/>4. Always<br/>7. Resident declines to respond<br/>8. Resident unable to respond</p>                                 |
| D0700 on ND          | Change: Added completion language <Complete only if A0310G = 1>.   | <p><b>D0700. Social Isolation</b></p> <p>Enter Code <input type="checkbox"/> How often do you feel lonely or isolated from those around you?<br/>0. Never<br/>1. Rarely<br/>2. Sometimes<br/>3. Often<br/>4. Always<br/>7. Resident declines to respond<br/>8. Resident unable to respond</p>   | <p><b>D0700. Social Isolation</b><br/>Complete only if A0310G = 1</p> <p>Enter Code <input type="checkbox"/> How often do you feel lonely or isolated from those around you?<br/>0. Never<br/>1. Rarely<br/>2. Sometimes<br/>3. Often<br/>4. Always<br/>7. Resident declines to respond<br/>8. Resident unable to respond</p> |

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### Section GG Items

| Item and item set(s)     | Change description   | Previous   | Revised  |
|--------------------------|--|--|--|
| GG0130, Column 3, on NPE | Change: Removed <and A2105 is not = 04> from completion language.    | <b>GG0130. Self-Care</b> (Assessment period is the last 3 days of the Stay)<br>Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04. | <b>GG0130. Self-Care</b> (Assessment period is the last 3 days of the Stay)<br>Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2. |
| GG0170, Column 3, on NPE | Change: Removed <and A2105 is not = 04> from completion language.    | <b>GG0170. Mobility</b> (Assessment period is the last 3 days of the Stay)<br>Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04.  | <b>GG0170. Mobility</b> (Assessment period is the last 3 days of the Stay)<br>Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2.  |
| GG0170, Column 3, on SD  | Correction: Capitalized <Stay> in item title (on first page of two). | <b>GG0170. Mobility</b> (Assessment period is the last 3 days of the stay)   | <b>GG0170. Mobility</b> (Assessment period is the last 3 days of the Stay)   |

### Section I Items

| Item and item set(s) | Change description   | Previous   | Revised  |
|----------------------|--|--|--|
| I0020 on IPA         | Correction: Corrected numbering of final option from 99 to 13. | 01. Stroke<br>02. Non-Traumatic Brain Dysfunction<br>03. Traumatic Brain Dysfunction<br>04. Non-Traumatic Spinal Cord Dysfunction<br>05. Traumatic Spinal Cord Dysfunction<br>06. Progressive Neurological Conditions<br>07. Other Neurological Conditions<br>08. Amputation<br>09. Hip and Knee Replacement<br>10. Fractures and Other Multiple Trauma<br>11. Other Orthopedic Conditions<br>12. Debility, Cardiorespiratory Conditions<br>99. Medically Complex Conditions | 01. Stroke<br>02. Non-Traumatic Brain Dysfunction<br>03. Traumatic Brain Dysfunction<br>04. Non-Traumatic Spinal Cord Dysfunction<br>05. Traumatic Spinal Cord Dysfunction<br>06. Progressive Neurological Conditions<br>07. Other Neurological Conditions<br>08. Amputation<br>09. Hip and Knee Replacement<br>10. Fractures and Other Multiple Trauma<br>11. Other Orthopedic Conditions<br>12. Debility, Cardiorespiratory Conditions<br>13. Medically Complex Conditions |

### Section J Items

| Item and item set(s) | Change description   | Previous   | Revised   |
|----------------------|--|--|---|
| J0530 on SD          | Correction: Removed erroneous option 0 and fixed typo in the question that the resident is being asked (changed <activities> to <activities>). | <b>J0530. Pain Interference with Day-to-Day Activities</b><br>Enter Code <input type="checkbox"/><br>Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"<br>0. Does not apply - I have not received rehabilitation therapy in the past 5 days<br>1. Rarely or not at all<br>2. Occasionally<br>3. Frequently<br>4. Almost constantly<br>8. Unable to answer | <b>J0530. Pain Interference with Day-to-Day Activities</b><br>Enter Code <input type="checkbox"/><br>Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?"<br>1. Rarely or not at all<br>2. Occasionally<br>3. Frequently<br>4. Almost constantly<br>8. Unable to answer |
| J0600 on NP          | Correction: Corrected label for boxes from <Enter Code> to <Enter Rating>.   | Enter Code <input type="text"/> <input type="text"/> <b>A. Numeric Rating Scale (00-10)</b><br>Ask resident: "Please rate your w can imagine." (Show resident 00   | Enter Rating <input type="text"/> <input type="text"/> <b>A. Numeric Rating Scale (00-10)</b><br>Ask resident: "Please rate your w can imagine." (Show resident 00  |

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|----------------------|---|--|--|
| J1400 on NP          | Correction: Inserted missing closing parenthesis at end of item text. | Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) | Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) |

### Section M Items

| Item and item set(s) | Change description   | Previous  | Revised  |
|----------------------|--|---|--|
| M0300 on SP          | Correction: Added item title to heading at top of page.  | <b>M0300 - Continued</b>  | <b>M0300 Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued</b>   |
| M0300C on NPE        | Correction: Removed period at end of item.   | <b>C. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tend does not obscure the depth of tissue loss. May include undermining and tunneling. | <b>C. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tend does not obscure the depth of tissue loss. May include undermining and tunneling |
| M0300G1 on NPE       | Correction: Replaced erroneous skip pattern <Skip to N2005, Medication Intervention> with the correct one <Skip to N0415, High-Risk Drug Classes: Use and Indication>. | 1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to N2005, Medication Intervention   | 1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication                                 |
| M1040 on NC          | Correction: Corrected the label in the gray area above subitem A from <Problem> to <Problems>.   | <b>M1040. Other Ulcers, Woun</b><br>↓<br><b>Check all that apply</b><br>-----<br><b>Foot Problem</b>  | <b>M1040. Other Ulcers, Woun</b><br>↓<br><b>Check all that apply</b><br>-----<br><b>Foot Problems</b>  |

### Section O Items

| Item and item set(s) | Change description   | Previous  | Revised   |
|----------------------|--|---|---|
| O0300A on NP and NQ  | Correction: Corrected transposition of verbs in skip patterns (changed <Skip> to <Continue> in choice 0 and <Continue> to <Skip> in choice 1). | <b>A. Is the resident's Pneumococcal vaccination up to date?</b><br>0. <b>No</b> → Skip to O0300B, If Pneumococcal vaccine not received, state reason<br>1. <b>Yes</b> → Continue to O0400, Therapies | <b>A. Is the resident's Pneumococcal vaccination up to date?</b><br>0. <b>No</b> → Continue to O0300B, If Pneumococcal vaccine not received, state reason<br>1. <b>Yes</b> → Skip to O0400, Therapies |

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| Item and item set(s)     | Change description  | Previous  | Revised   |
|--------------------------|---|---|---|
| O0300A on ND             | Correction: Corrected transposition of verbs in skip patterns (changed <Skip> to <Continue> in choice 0 and <Continue> to <Skip> in choice 1).                | <p><b>A. Is the resident's Pneumococcal vaccination up to date?</b></p> <p>0. <b>No</b> → Skip to O0300B, If Pneumococcal vaccine not received, state reason</p> <p>1. <b>Yes</b> → Continue to O0425, Part A Therapies</p>   | <p><b>A. Is the resident's Pneumococcal vaccination up to date?</b></p> <p>1. <b>No</b> → Continue to O0300B, If Pneumococcal vaccine not received, state reason</p> <p>2. <b>Yes</b> → Skip to O0425, Part A Therapies</p>   |
| O0400 on NC and NQ       | Change: Added <(complete O0400D2 when required by state)> to completion language. NOTE: This change was superseded by a subsequent change; see the next row.  | <p><b>O0400. Therapies</b></p> <p>Complete only when A0310B = 01</p>  | <p><b>O0400. Therapies</b></p> <p>Complete only when A0310B = 01 (complete O0400D2 when required by state)</p>  |
| O0400 on NC and NQ       | Change: Removed completion language.  | <p><b>O0400. Therapies</b></p> <p>Complete only when A0310B = 01 (complete O0400D2 when required by state)</p>  | <p><b>O0400. Therapies</b></p>  |
| O0400 on NP and SP       | Change: Removed completion language.  | <p><b>O0400. Therapies</b></p> <p>Complete only when A0310B = 01</p>  | <p><b>O0400. Therapies</b></p>  |
| O0420 on NC, NP, and NQ  | Change: Removed completion language.  | <p><b>O0420. Distinct Calendar Days of Therapy</b></p> <p>Complete only when A0310B = 01</p>  | <p><b>O0420. Distinct Calendar Days of Therapy</b></p>  |
| O0500 on IPA, NP, and SP | Correction: Removed extra box at left (items O0500D–O0500J had eight boxes for only seven items in the list) and realigned boxes on left with items on right. | <p><b>Number of Days</b> <b>Training and Skill Practice In:</b></p> <p><input type="checkbox"/> D. Bed mobility</p> <p><input type="checkbox"/> E. Transfer</p> <p><input type="checkbox"/> F. Walking</p> <p><input type="checkbox"/> G. Dressing and/or grooming</p> <p><input type="checkbox"/> H. Eating and/or swallowing</p> <p><input type="checkbox"/> I. Amputation/prostheses care</p> <p><input type="checkbox"/> J. Communication</p> | <p><b>Number of Days</b> <b>Training and Skill Practice In:</b></p> <p><input type="checkbox"/> D. Bed mobility</p> <p><input type="checkbox"/> E. Transfer</p> <p><input type="checkbox"/> F. Walking</p> <p><input type="checkbox"/> G. Dressing and/or grooming</p> <p><input type="checkbox"/> H. Eating and/or swallowing</p> <p><input type="checkbox"/> I. Amputation/prostheses care</p> <p><input type="checkbox"/> J. Communication</p> |

## Item Set Change Table Supplement (MDS 3.0 version 1.18.11)

### Section X Items

| Item and item set(s) | Change description  | Previous  | Revised   |
|----------------------|---|---|---|
| X1100E on SD         | Correction: Missing in previous version; restored in revised version. | <p><b>X1100. RN Assessment Coordinator Attestation of Completion</b></p> <p>A. Attesting individual's first name:<br/> <input type="text"/></p> <p>B. Attesting individual's last name:<br/> <input type="text"/></p> <p>C. Attesting individual's title:<br/> <input type="text"/></p> <p>D. Signature<br/> <input type="text"/></p> | <p><b>X1100. RN Assessment Coordinator Attestation of Completion</b></p> <p>A. Attesting individual's first name:<br/> <input type="text"/></p> <p>B. Attesting individual's last name:<br/> <input type="text"/></p> <p>C. Attesting individual's title:<br/> <input type="text"/></p> <p>D. Signature<br/> <input type="text"/></p> <p>E. Attestation date<br/> <input type="text"/> - <input type="text"/> - <input type="text"/><br/> <small>Month Day Year</small></p> |