MDS 3.0 RAI User's Manual (v1.18.11R) Errata (v2)

Effective October 01, 2023

Errata History

Date	Changes Made
09/08/2023	Issues 1–3 were added.
10/20/2023	Issues 4–21 were added.

Issue ID	Issue	Resolution
1	On page 4-23, the CAT 6. Urinary Incontinence and Indwelling Catheter triggering conditions within the CAT Logic Table needed to be updated to properly align with the up-to-date CAT specifications.	On page 4-23, aligned CAA triggering condition 1 for CAT 6. Urinary Incontinence and Indwelling Catheter with CAT specifications. **Urinary Incontinence and Indwelling Catheter CAT Logic Table** **Triggering Conditions (any of the following):** 1. ADL assistance for toileting hygiene or toilet transfer was needed as indicated by: **GG0130~~X~~C1 = 01–05 OR GG0130C5 = 01–05 OR GG0170~~X~~F1 = 01–05 OR GG0170F5 = 01–05**

Issue ID	Issue	Resolution
2	On page 4-35, the CAT 16. Pressure Ulcer/Injury CAA triggering conditions within the CAT Logic Table needed to be updated to properly align with the up-to-date CAT specifications.	On page 4-35, aligned CAA triggering condition 1 for CAT 16. Pressure Ulcer/Injury with CAT specifications. **Pressure Ulcer/Injury CAT Logic Table** **Triggering Conditions (any of the following):** 1. ADL assistance for movement in bed was needed, or activity was not attempted, as indicated by: ~~**GG0130X1 does not = 06 OR**~~ **GG0170~~X~~A1 does not = 06 OR GG0170A5 does not = 06 OR GG0170B1 does not = 06 OR GG0170B5 does not = 06 OR GG0170C1 does not = 06 OR GG0170C5 does not = 06**
3	On page D-11, the Coding Instructions for D0160: Total Severity Score needed to be updated to remove that the Staff Assessment of Mood is conducted when the Total Severity Score is coded as "99."	On page D-11 under Coding Instructions bullet 4, removed the guidance to complete the Staff Assessment of Mood when the Total Severity Score is coded as "99." • If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as "99," ~~and~~do not complete the **Staff Assessment of Mood**, ~~should be conducted, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then~~and skip to D0700~~.~~, Social Isolation.
4	On page A-25, the screenshot for Item A1200: Marital Status needed to be updated to correct the numbering.	On page A-25, the screenshot was replaced for Item A1200: Marital Status with the updated item including the correction of the numbering from 0–4 to 1–5.

Issue ID	Issue	Resolution
5	On page D-2, the "Coding Tips and Special Populations" for Item D0100: Should Resident Mood Interview be Conducted? needed to be updated to provide additional guidance.	On page D-2, under "Coding Tips and Special Populations," a new bullet 2 was added to provide additional guidance. • D0100 serves as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). The assessor will complete the Staff Assessment only when D0100 is coded 0, No. The assessor does not complete the Staff Assessment based on resident performance during the Resident Mood Interview.
6	On page D-3, the "Coding Tips and Special Populations" for Item D0100: Should Resident Mood Interview be Conducted? needed to be updated to provide additional guidance.	On page D-3, a new bullet 3 (bullet 7 under "Coding Tips and Special Populations") was added to provide additional guidance. • Resident refusal or unwillingness to participate in the interview would result in Item D0100 being coded 1, Yes, and code 9, No response being entered in Column 1. Symptom Presence. Assessors should proceed to Item D0700, Social Isolation in the case of resident refusal or unwillingness to participate.

Issue ID	Issue	Resolution
7	On page D-5, the "Steps for Assessment" for Item D0150: Resident Mood Interview (PHQ-2 to 9©) needed to be updated to provide additional skip pattern guidance.	On page D-5, in item 10 under "Steps for Assessment," language was revised to add "and skip to D0700, Social Isolation" to provide additional skip pattern guidance. 10. Determine whether to ask the remaining seven questions (D0150C to D0150I) of the Resident Mood Interview (PHQ-2 to 9©). Whether or not further evaluation of a resident's mood is needed depends on the resident's responses to the first two questions (D0150A and D0150B) of the Resident Mood Interview. • If **both** D0150A1 and D0150B1 are coded 9, OR **both** D0150A2 and D0150B2 are coded 0 or 1, **end** the PHQ interview; otherwise continue. — If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank,** then end the PHQ-2©, ~~and~~ leave D0160, Total Severity Score blank, and skip to D0700, Social Isolation. — If **both** D0150A2 and D0150B2 are **coded 0 or 1**, then end the PHQ-2© and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score. • For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I of the PHQ-9©) and complete D0160, Total Severity Score.
8	On page D-6, the "Coding Tips and Special Populations" for Item D0150: Resident Mood Interview (PHQ-2 to 9©) needed to be updated to provide additional skip pattern guidance.	On page D-6, in bullet 2 under "Coding Tips and Special Populations," language was revised to add "and skip to D0700, Social Isolation" to provide additional skip pattern guidance. • If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank**, then end the PHQ-2©, ~~and~~ leave D0160, Total Severity Score blank, and skip to D0700, Social Isolation.

Issue ID	Issue	Resolution
9	On page D-11, the "Coding Instructions" for Item D0160: Total Severity Score needed to be updated to provide additional skip pattern guidance.	On page D-11, in bullet 1 under "Coding Instructions," language was revised to add "and skip to D0700, Social Isolation" to provide additional skip pattern guidance. • If only the PHQ-2© is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2©~~, and~~ leave D0160~~-~~, Total Severity Score blank, and skip to D0700, Social Isolation.
10	On page D-13, the "Health-related Quality of Life" section under "Item Rationale" for Item D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) needed to be updated to remove guidance to improve clarity.	On page D-13, in the "Health-related Quality of Life" section under "Item Rationale," bullets 1 and 3 were removed to improve clarity. • ~~PHQ-2 to 9© **Resident Mood Interview** is preferred as it improves the detection of a possible mood disorder. However, a small percentage of residents are unable or unwilling to complete the PHQ-2 to 9© **Resident Mood Interview**. Therefore, staff should complete the PHQ-9© Observational Version (PHQ-9-OV©) **Staff Assessment of Mood** in these instances so that any behaviors, signs, or symptoms of mood distress are identified.~~ • Persons unable to complete the PHQ-2 to 9© **Resident Mood Interview** may still have a mood disorder. • ~~Even if a resident was unable to complete the **Resident Mood Interview**, important insights may be gained from the responses that were obtained during the interview, as well as observations of the resident's behaviors and affect during the interview.~~

Issue ID	Issue	Resolution
11	On page D-13, the "Planning for Care" for Item D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) needed to be updated to improve clarity.	On page D-13, in the bullet under "Planning for Care," language was revised to improve clarity. • When staff determine the resident is not ~~able to complete the PHQ-2 to 9©~~ interviewable (i.e., D0100 = 0, No), scripted interviews with staff who know the resident well should provide critical information for understanding mood and making care planning decisions.
12	On page D-13, the "Steps for Assessment" for Item D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) needed to be updated to improve clarity.	On page D-13, in item 1 under "Steps for Assessment," language was revised to add "the staff" to clarify which interview is being conducted. 1. Interview staff from all shifts who know the resident best. Conduct the staff interview in a location that protects resident privacy.
13	On pages O-19, O-20, O-37, and O-38, the screenshots for Item O0400: Therapies needed to be updated to reflect the removal of the completion language.	On pages O-19, O-20, O-37, and O-38, the screenshots were replaced for Item O0400: Therapies with the updated item including the removal of the completion language, "Complete only when A0310B = 01 (complete O0400D2 when required by state)."
14	On page O-39, the screenshot for Item O0420: Distinct Calendar Days of Therapy needed to be updated to reflect the removal of the completion language.	On page O-39, the screenshot was replaced for Item O0420: Distinct Calendar Days of Therapy with the updated item including the removal of the completion language, "Complete only when A0310B = 01."

Issue ID	Issue	Resolution
15	On page Q-23, the final item under "Coding Tips" for Item Q0610: Referral needed to be updated to provide proper guidance on CAA requirements. This item was then moved to the "Coding Tips" for the appropriate item, Q0500: Return to the Community, on page Q-18.	On page Q-23, in bullet 7 under "Coding Tips," revised language from "When Q0610A is answered 0, No …" to "When Q0500B is answered 1 or 9 …" to provide proper guidance on CAA requirements. The Coding Tip was then moved from page Q-23 for Item Q0610: Referral to page Q-18 for Item Q0500: Return to the Community (bullet 6). • When Q06~~1~~500~~A~~B is answered ~~0, No~~1 or 9, a care area trigger requires a return to community care area assessment (CAA) and CAA 20 provides a step-by-step process for the facility to use in order to provide the resident an opportunity to discuss returning to the community.
16	On page 2-41, the guidance under "Assessment Management Requirements and Tips for OBRA Discharge Assessments" needed to be updated to provide proper guidance on combining OBRA discharge assessments.	On page 2-41 in bullet 1 (bullet 7 under "Assessment Management Requirements and Tips for OBRA Discharge Assessments"), revised language to provide proper guidance on combining OBRA discharge assessments. • May be combined with any OBRA or 5-Day and must be combined with a~~n~~ ~~OBRA~~Part A PPS Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).

Issue ID	Issue	Resolution
17	On page 5-6, the iQIES warning error message for an incorrect HIPPS code needed to be updated.	On page 5-6 in paragraph 5 (paragraph 6 under "5.4 Additional Medicare Submission Requirements that Impact Billing Under the SNF PPS"), the iQIES warning error message was updated from "-3616a" to "-3935a." The Medicare Part A SNF claim cannot be submitted until the corresponding MDS Medicare PPS assessment has been accepted in iQIES. The claim must include the correct HIPPS code for the assessment. If the HIPPS code on the assessment was in error, then the correct HIPPS code from the Final Validation report must be used on the claim (warning error message -3~~616~~935a).

Issue ID	Issue	Resolution
18	On page 6-37, "STEP #3" under "CATEGORY: SPECIAL CARE HIGH" needed to be updated to provide additional guidance for Items D0100 and D0700.	On page 6-37, under "STEP #3" for "CATEGORY: SPECIAL CARE HIGH," the language was revised to add guidance for Items D0100 and D0700. **STEP #3** Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Issue ID	Issue	Resolution
19	On page 6-40, "STEP #3" under "CATEGORY: SPECIAL CARE LOW" needed to be updated to provide additional guidance for Items D0100 and D0700.	On page 6-40, under "STEP #3" for "CATEGORY: SPECIAL CARE LOW," the language was revised to add guidance for Items D0100 and D0700. **STEP #3** Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Issue ID	Issue	Resolution
20	On page 6-42, "STEP #2" under "CATEGORY: CLINICALLY COMPLEX" needed to be updated to provide additional guidance for Items D0100 and D0700.	On page 6-42, under "STEP #2" for "CATEGORY: CLINICALLY COMPLEX," the language was revised to add guidance for Items D0100 and D0700. **STEP #2** Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No). Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate. The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:
21	The MDS Item Matrix in Appendix F needed to be updated to reflect revisions to Item O0400: Therapies.	The MDS Item Matrix in Appendix F was replaced with an up-to-date version reflecting the changes to Item O0400: Therapies.

Urinary incontinence is the involuntary loss or leakage of urine or the inability to urinate in a socially acceptable manner. There are several types of urinary incontinence (e.g., functional, overflow, stress, and urge) and the individual resident may experience more than one type at a time (mixed incontinence).

Although aging affects the urinary tract and increases the potential for urinary incontinence, urinary incontinence itself is not a normal part of aging. Urinary incontinence can be a risk factor for various complications, including skin rashes, falls, and social isolation. Often, it is at least partially correctable. Incontinence may affect a resident's psychological well-being and social interactions. Incontinence also may lead to the potentially troubling use of indwelling catheters, which can increase the risk of life threatening infections.

This CAA is triggered if the resident is incontinent of urine or uses a urinary catheter. When this CAA is triggered, nursing home staff should follow their facility's chosen protocol or policy for performing the CAA.

Urinary Incontinence and Indwelling Catheter CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for toileting hygiene or toilet transfer was needed as indicated by:

   GG0130*C*1 = 01–05 OR GG0130C5 = 01–05 OR GG0170*F*1 = 01–05 OR GG0170F5 = 01–05

2. Resident requires an indwelling catheter as indicated by:

   H0100A = 1

3. Resident requires an external catheter as indicated by:

   H0100B = 1

4. Resident requires intermittent catheterization as indicated by:

   H0100D = 1

5. Urinary incontinence has a value of 1 through 3 as indicated by:

   H0300 >= 1 AND H0300 <= 3

6. Resident has moisture associated skin damage as indicated by:

   M1040H = 1

Successful management will depend on accurately identifying the underlying cause(s) of the incontinence or the reason for the indwelling catheter. Some of the causes can be successfully treated to reduce or eliminate incontinence episodes or the reason for catheter use. Even when incontinence cannot be reduced or resolved, effective incontinence management strategies can prevent complications related to incontinence. Because of the risk of substantial complications with the use of indwelling urinary catheters, they should be used for appropriate indications and when no other viable options exist. The assessment should include consideration of the risks and benefits of an indwelling (suprapubic or urethral) catheter, the potential for removal of the catheter, and consideration of complications resulting from the use of an indwelling catheter

Pressure Ulcer/Injury CAT Logic Table

Triggering Conditions (any of the following):

1. ADL assistance for movement in bed was needed, or activity was not attempted, as indicated by:

GG0170*A*1 does not = 06 OR GG0170A5 does not = 06 OR *GG0170B1 does not = 06 OR* GG0170B5 does not = 06 OR *GG0170C1 does not = 06 OR* GG0170C5 does not = 06

2. Frequent urinary incontinence as indicated by:

H0300 = 2 OR H0300 = 3

3. Frequent bowel incontinence as indicated by:

H0400 = 2 OR H0400 = 3

4. Weight loss in the absence of physician-prescribed regimen as indicated by:

K0300 = 2

5. Resident at risk for developing pressure ulcers as indicated by:

M0150 = 1

6. Resident has one or more unhealed pressure ulcer(s) at Stage 2 or higher, or one or more likely pressure ulcers that are unstageable at this time as indicated by:

((M0300B1 > 0 AND M0300B1 <= 9) OR
(M0300C1 > 0 AND M0300C1 <= 9) OR
(M0300D1 > 0 AND M0300D1 <= 9) OR
(M0300E1 > 0 AND M0300E1 <= 9) OR
(M0300F1 > 0 AND M0300F1 <= 9) OR
(M0300G1 > 0 AND M0300G1 <= 9))

7. Resident has one or more unhealed pressure ulcer(s) at Stage 1 as indicated by:

M0300A > 0 AND M0300A <= 9

8. Trunk restraint used in bed has value of 1 or 2 as indicated by:

P0100B = 1 OR P0100B = 2

9. Trunk restraint used in chair or out of bed has value of 1 or 2 as indicated by:

P0100E = 1 OR P0100E = 2

The information gleaned from the assessment should be used to draw conclusions about the status of a resident's pressure ulcers(s) and to identify any related causes and/or contributing risk factors. The next step is to develop an individualized care plan based directly on these conclusions. If a pressure ulcer is not present, the goal is to prevent them by identifying the resident's risks and implementing preventive measures. If a pressure ulcer is present, the goal is to heal or close it.

A1200: Marital Status

A1200. Marital Status

Enter Code ☐

1. Never married
2. Married
3. Widowed
4. Separated
5. Divorced

Item Rationale

- Allows understanding of the formal relationship the resident has and can be important for care and discharge planning.
- Demographic information.

Steps for Assessment

1. Ask the resident about their marital status.
2. If the resident is unable to respond, ask a family member or other significant other.
3. If neither the family member nor significant other can report, review the medical record for information.

Coding Instructions

- Choose the answer that best describes the current marital status of the resident and enter the corresponding number in the code box:

  1. Never Married
  2. Married
  3. Widowed
  4. Separated
  5. Divorced

D0100: Should Resident Mood Interview Be Conducted? (cont.)

Steps for Assessment

1. Interact with the resident using their preferred language. Be sure they can hear you and/or have access to their preferred method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards.
2. Determine whether the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to D0500, Staff Assessment of Resident Mood (PHQ-9-OV©), unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.
3. Review Language item (A1110) to determine if the resident needs or wants an interpreter to communicate with doctors or health care staff (A1110 = 1).
    - If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

- **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood or cannot respond verbally, in writing, or using another method, or an interpreter is needed but not available. Skip to item D0500, Staff Assessment of Resident Mood (PHQ-9-OV©), unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.
- **Code 1, yes:** if the resident interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. Continue to item D0150, Resident Mood Interview (PHQ-2 to 9©).

Coding Tips and Special Populations

- Attempt to conduct the interview with ALL residents. This interview is conducted during the look-back period of the Assessment Reference Date (ARD) and is not contingent upon item B0700, Makes Self Understood.
- *D0100 serves as a gateway item for the Resident Mood Interview (PHQ-2 to 9©) and D0500, Staff Assessment of Resident Mood (PHQ-9-OV©). The assessor will complete the Staff Assessment only when D0100 is coded 0, No. The assessor does not complete the Staff Assessment based on resident performance during the Resident Mood Interview.*
- If the resident needs an interpreter, every effort should be made to have an interpreter present for the PHQ-2 to 9© interview. If it is not possible for a needed interpreter to be present on the day of the interview, code D0100 = 0 to indicate that an interview was not attempted and complete items D0500-D0600, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to D0700. Social Isolation.
- Includes residents who use American Sign Language (ASL).

D0100: Should Resident Mood Interview Be Conducted? (cont.)

- If the resident interview was not conducted within the look-back period of the ARD, item D0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items.
- Do not complete the Staff Assessment of Resident Mood items (D0500) if the resident interview should have been conducted but was not done, or if the assessment being completed is a stand-alone Part A PPS Discharge assessment.
- *Resident refusal or unwillingness to participate in the interview would result in Item D0100 being coded 1, Yes, and code 9, No response being entered in Column 1. Symptom Presence. Assessors should proceed to Item D0700, Social Isolation in the case of resident refusal or unwillingness to participate.*

D0150: Resident Mood Interview (PHQ-2 to 9©)

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**
   0. **No** (enter 0 in column 2)
   1. **Yes** (enter 0-3 in column 2)
   9. **No response** (leave column 2 blank)
2. **Symptom Frequency**
   0. **Never or 1 day**
   1. **2-6 days** (several days)
   2. **7-11 days** (half or more of the days)
   3. **12-14 days** (nearly every day)

	1. Symptom Presence	2. Symptom Frequency
	↓ Enter Scores in Boxes ↓	
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.		
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

Suggested language: "I am going to ask you some questions about your mood and feelings over the past 2 weeks. I will also ask about some common problems that are known to go along with feeling down. Some of the questions might seem personal, but everyone is asked to answer them. This will help us provide you with better care."

8. Explain and /or show the interview response choices. A cue card with the response choices clearly written in large print might help the resident comprehend the response choices.
   Suggested language: "I am going to ask you how often you have been bothered by a particular problem over the last 2 weeks. I will give you the choices that you see on this card." (Say while pointing to cue card): "0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day."
9. Ask the first two questions of the Resident Mood Interview (PHQ-2 to 9©).
   Suggested language: "Over the last 2 weeks, have you been bothered by any of the following problems?"

   For each of the questions:
   - Read the item as it is written.
   - Do not provide definitions because the meaning **must be** based on the resident's interpretation. For example, the resident defines for themself what "tired" means; the item should be scored based on the resident's interpretation.
   - Each question **must be** asked in sequence to assess Symptom Presence (column 1) and Symptom Frequency (column 2) before proceeding to the next question.
   - Enter code 9 in Column 1 and leave Column 2 blank if the resident was unable or chose not to complete the assessment or responded nonsensically. A **nonsensical** response is one that is unrelated, incomprehensible, or incoherent or if the resident's response is not informative with respect to the item being rated (e.g., when asked the question about "poor appetite or overeating," the resident answers, "I always win at poker.").
   - For a **yes** response, ask the resident to tell you how often they were bothered by the symptom over the last 2 weeks. Use the response choices in D0150 Column 2, Symptom Frequency. Start by asking the resident the number of days that they were bothered by the symptom and read and show cue card with frequency categories/descriptions (0-1 days—never or 1 day, 2-6 days—several days, 7-11 days—half or more of the days, or 12-14 days—nearly every day).
10. Determine whether to ask the remaining seven questions (D0150C to D0150I) of the Resident Mood Interview (PHQ-2 to 9©). Whether or not further evaluation of a resident's mood is needed depends on the resident's responses to the first two questions (D0150A and D0150B) of the Resident Mood Interview.
    - If **both** D0150A1 and D0150B1 are coded 9, OR **both** D0150A2 and D0150B2 are coded 0 or 1, **end** the PHQ interview; otherwise continue.
      - If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank,** then end the PHQ-2©, leave D0160, Total Severity Score blank*, and skip to D0700, Social Isolation*.
      - If **both** D0150A2 and D0150B2 are **coded 0 or 1**, then end the PHQ-2© and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.

D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

- For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I of the PHQ-9©) and complete D0160, Total Severity Score.

Coding Instructions for Column 1. Symptom Presence

- **Code 0, no:** if resident indicates symptoms listed are not present. Enter 0 in Column 2 as well.
- **Code 1, yes:** if resident indicates symptoms listed are present. Enter 0, 1, 2, or 3 in Column 2, Symptom Frequency.
- **Code 9, no response:** if the resident was unable or chose not to complete the assessment or responded nonsensically. Leave Column 2, Symptom Frequency, blank.
- Enter a Dash in Column 1 if the symptom presence was not assessed.

Coding Instructions for Column 2. Symptom Frequency

Record the resident's responses as they are stated, regardless of whether the resident or the assessor attributes the symptom to something other than mood. Further evaluation of the clinical relevance of reported symptoms should be explored by the responsible clinician.

- **Code 0, never or 1 day:** if the resident indicates that during the past 2 weeks they have never been bothered by the symptom or have only been bothered by the symptom on 1 day.
- **Code 1, 2-6 days (several days):** if the resident indicates that during the past 2 weeks they have been bothered by the symptom for 2-6 days.
- **Code 2, 7-11 days (half or more of the days):** if the resident indicates during the past 2 weeks they have been bothered by the symptom for 7-11 days.
- **Code 3, 12-14 days (nearly every day):** if the resident indicates during the past 2 weeks they have been bothered by the symptom for 12-14 days.

Coding Tips and Special Populations

- Attempt to conduct the interview with ALL residents.
- If **both** D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 **blank**, then end the PHQ-2©, leave D0160, Total Severity Score blank, *and skip to D0700, Social Isolation*.
- If Column 1 equals 0, enter 0 in Column 2.
- If Column 1 equals 9 or dash, leave Column 2 blank.
- For question D0150I, Thoughts That You Would Be Better Off Dead or of Hurting Yourself in Some Way:
  - Beginning interviewers may feel uncomfortable asking this item because they may fear upsetting the resident or may feel that the question is too personal. Others may worry that it will give the resident inappropriate ideas. However,

D0150: Resident Mood Interview (PHQ-2 to 9©) (cont.)

  - Experienced interviewers have found that most residents who are having this feeling appreciate the opportunity to express it.
  - Asking about thoughts of self-harm does not give the person the idea. It does let the provider better understand what the resident is already feeling.
  - The best interviewing approach is to ask the question openly and without hesitation.
- If the resident uses their own words to describe a symptom, this should be briefly explored. If you determine that the resident is reporting the intended symptom but using their own words, ask them to tell you how often they were bothered by that symptom.
- Select only one frequency response per item.
- If the resident has difficulty selecting between two frequency responses, code for the higher frequency.
- Some items (e.g., item D0150F) contain more than one phrase. If a resident gives different frequencies for the different parts of a single item, select the highest frequency as the score for that item.
- Residents may respond to questions:
  - verbally,
  - by pointing to their answers on the cue card, OR
  - by writing out their answers.

Interviewing Tips and Techniques

- Repeat a question if you think that it has been misunderstood or misinterpreted.
- Some residents may be eager to talk with you and will stray from the topic at hand. When a person strays, you should gently guide the conversation back to the topic.
  - **Example:** Say, "That's interesting, now I need to know…"; "Let's get back to…"; "I understand, can you tell me about…."
    - Validate your understanding of what the resident is saying by asking for clarification.
  - **Example:** Say, "I think I hear you saying that…"; "Let's see if I understood you correctly."; "You said…. Is that right?"
- If the resident has difficulty selecting a frequency response, start by offering a single frequency response and follow with a sequence of more specific questions. This is known as unfolding.
  - **Example:** Say, "Would you say [name symptom] bothered you more than half the days in the past 2 weeks?"
    - If the resident says "yes," show the cue card and ask whether it bothered them nearly every day (12-14 days) or on half or more of the days (7-11 days).
    - If the resident says "no," show the cue card and ask whether it bothered them several days (2-6 days) or never or 1 day (0-1 day).

D0160: Total Severity Score (cont.)

— Minor Depressive Syndrome is suggested if, of the 9 items, (1) feeling down, depressed or hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the assessment period.

— In addition, PHQ-2 to 9© **Total Severity Score** can be used to track changes in severity over time. **Total Severity Score** can be interpreted as follows:

1-4: minimal depression
5-9: mild depression
10-14: moderate depression
15-19: moderately severe depression
20-27: severe depression

Steps for Assessment

After completing D0150 A–I

1. Add the numeric scores across all frequency items in **Resident Mood Interview** (D0150) Column 2.
2. Do not add up the score while you are interviewing the resident. Instead, focus your full attention on the interview.
3. The maximum resident score is 27 (3 x 9).

Coding Instructions

- If only the PHQ-2© is completed because both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2©, leave D0160, Total Severity Score blank, *and skip to D0700, Social Isolation*.
- If only the PHQ-2© is completed because **both** D0150A2 and D0150B2 **are scored 0 or 1**, add the numeric scores from these two frequency items and enter the value in D0160.
- If the PHQ-9© was completed (that is, D0150C–I were not blank due to the responses in D0150A and B) **and** if the resident answered the frequency responses of at least 7 of the 9 items on the PHQ-9©, add the numeric scores from D0150A2–D0150I2, following the instructions in Appendix E, and enter in D0160.
- If symptom frequency in items D0150A2 through D0150I2 is blank for 3 or more items, the interview is deemed **NOT** complete. **Total Severity Score** should be coded as "99," *do not complete* the **Staff Assessment of Mood**, *and* skip to D0700, Social Isolation.
- Enter the total score as a two-digit number. The **Total Severity Score** will be between **00** and **27** (or "**99**" if symptom frequency is blank for 3 or more items).
- The software will calculate the **Total Severity Score**. For detailed instructions on manual calculations and examples, see Appendix E: PHQ-2 to 9© Total Severity Score Scoring Rules.

D0500: Staff Assessment of Resident Mood (PHQ-9-OV©) (cont.)

Item Rationale

Health-related Quality of Life

- Persons unable to complete the PHQ-2 to 9© **Resident Mood Interview** may still have a mood disorder.
- The identification of symptom presence and frequency as well as staff observations are important in the detection of mood distress, as they may inform need for and type of treatment.
- It is important to note that coding the presence of clinical signs and symptoms of depressed mood does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis as a result of the outcomes of the PHQ-2 to 9© or the PHQ-9-OV©; they simply record the presence or absence of specific clinical signs and symptoms of depressed mood.
- Alternate means of assessing mood must be used for residents who cannot communicate or refuse or are unable to participate in the PHQ-2 to 9© **Resident Mood Interview**. This ensures that information about their mood is not overlooked.

Planning for Care

- When *staff determine* the resident is not *interviewable (i.e., D0100 = 0, No)*, scripted interviews with staff who know the resident well should provide critical information for understanding mood and making care planning decisions.

Steps for Assessment

Conduct the interviews during the 7-day look-back period based on the ARD.

1. Interview staff from all shifts who know the resident best. Conduct *the staff* interview in a location that protects resident privacy.
2. Many of the same administration techniques outlined above for the PHQ-2 to 9© **Resident Mood Interview** and Interviewing Tips & Techniques can be followed when staff are interviewed.
3. Encourage staff to report symptom frequency, even if the staff believes the symptom to be unrelated to depression.

O0400: Therapies

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date

Enter Number of Minutes ☐☐☐☐

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days ☐

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

☐☐-☐☐-☐☐☐☐
Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

B. Occupational Therapy

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date

Enter Number of Minutes ☐☐☐☐

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days ☐

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

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Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

O0400 continued on next page

O0400: Therapies (cont.)

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies - Continued

C. Physical Therapy

Enter Number of Minutes ☐☐☐☐

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes ☐☐☐☐

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes ☐☐☐☐

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C5, Therapy start date

Enter Number of Minutes ☐☐☐☐

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days ☐

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

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Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

D. Respiratory Therapy

Enter Number of Minutes ☐☐☐☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400E, Psychological Therapy

Enter Number of Days ☐

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes ☐☐☐☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400F, Recreational Therapy

Enter Number of Days ☐

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes ☐☐☐☐

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0420, Distinct Calendar Days of Therapy

Enter Number of Days ☐

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

O0400: Therapies (cont.)

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

Enter Number of Minutes: 190

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes: 70

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes: 75

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date

Enter Number of Minutes: 0

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days: 5

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

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Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

B. Occupational Therapy

Enter Number of Minutes: 113

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes: 0

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes: 80

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date

Enter Number of Minutes: 60

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days: 5

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

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6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

O0400 continued on next page

O0400: Therapies (cont.)

Section O - Special Treatments, Procedures, and Programs

O0400. Therapies - Continued

C. Physical Therapy

Enter Number of Minutes: 287

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days

Enter Number of Minutes: 100

2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days

Enter Number of Minutes: 0

3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C5, Therapy start date

Enter Number of Minutes: 60

3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

Enter Number of Days: 5

4. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

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Month Day Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

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Month Day Year

D. Respiratory Therapy

Enter Number of Minutes: 50

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400E, Psychological Therapy

Enter Number of Days: 0

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional)

Enter Number of Minutes: 0

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400F, Recreational Therapy

Enter Number of Days:

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

Enter Number of Minutes: 90

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0420, Distinct Calendar Days of Therapy

Enter Number of Days: 3

2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

O0420: Distinct Calendar Days of Therapy

O0420. Distinct Calendar Days of Therapy

Enter Number of Days ☐

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

Item Rationale

To record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

Coding Instructions:

Enter the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days. If a resident receives more than one therapy discipline on a given calendar day, this may only count for one calendar day for purposes of coding Item O0420. Consider the following examples:

- Example 1: Resident T received 60 minutes of physical therapy on Monday, Wednesday and Friday within the 7-day look-back period. Resident T also received 45 minutes of occupational therapy on Monday, Tuesday and Friday during the last 7 days. Given the therapy services received by Resident T during the 7-day look-back period, item **O0420 would be coded as 4** because therapy services were provided for at least 15 minutes on 4 distinct calendar days during the 7-day look-back period (i.e., Monday, Tuesday, Wednesday, and Friday).
- Example 2: Resident F received 120 minutes of physical therapy on Monday, Wednesday and Friday within the 7-day look-back period. Resident F also received 90 minutes of occupational therapy on Monday, Wednesday and Friday during the last 7 days. Finally, Resident F received 60 minutes of speech-language pathology services on Monday and Friday during the 7-day look-back period. Given the therapy services received by Resident F during the 7-day look-back period, item **O0420 would be coded as 3** because therapy services were provided for at least 15 minutes on 3 distinct calendar days during the 7-day look-back period (i.e., Monday, Wednesday, and Friday).

Q0500: Return to Community (cont.)

Coding Tips

- A "yes" response to item Q0500B will trigger follow-up care planning and contact with the facility's designated LCA.
- Follow-up by the LCA is expected in a "reasonable" amount of time. Each state has its own policy for follow-up. It is important to know your state's policy. The level and type of response needed by an individual is determined on a resident-by-resident basis. Some States may determine that the LCAs can make an initial telephone contact to identify the resident's needs and/or set up the face-to-face visit/appointment. However, it is expected that most residents will have a face-to-face visit. In some States, an initial meeting is set up with the resident, facility staff, and LCA together to talk with the resident about their needs and community care options.
- Some residents will have a very clear expectation and some may change their expectations over time. Residents may also be unsure or unaware of the opportunities available to them for community living with needed services and supports.
- The SNF/NH should not assume that the resident cannot transition out of the SNF/NH due to their level of care needs. The SNF/NH and the resident should talk with the LCA to see what options are available for living and receiving services in the community.
- Return to community questions may upset residents who cannot understand what the question means and result in them being agitated or saddened by being asked the question. If the resident's documented level of cognitive impairment is such that the resident does not understand Q0500, a family member, significant other, guardian and/or legally appointed decision-maker for that individual should be asked the question.
- *When Q0500B is answered 1 or 9, a care area trigger requires a return to community care area assessment (CAA) and CAA 20 provides a step-by-step process for the facility to use in order to provide the resident an opportunity to discuss returning to the community.*

Q0610: Referral (cont.)

Coding Tips

- State Medicaid Agencies (SMAs) are required to have designated LCA and a State point of contact (POC). The SMA is responsible for coordinating implementation of Section Q and designating LCAs for their State's SNFs and NHs. These LCAs may be single entry point agencies, Aging and Disability Resource Centers, Money Follows the Person programs, Area Agencies on Aging, Centers for Independent Living, or other entities the State may designate. LCAs have a Data Use Agreement (DUA) with the SMA to allow them access to MDS data. It is important that each facility know who their LCA and POC are and how to contact them.
- Resource availability and eligibility varies across States and local communities and may present barriers to allowing some residents to return to their community. The NH and LCA staff members should guard against raising the expectations of residents and their family members of what can occur until more information is obtained.
- Close collaboration between the NH and the LCA is needed to evaluate the resident's medical needs, finances and available community transition resources.
- The LCA can provide information to the SNF/NH on the available community living situations, and options for community based supports and services including the level and scope of what is possible.
- The LCA team will explore community care options/supports and conduct appropriate care planning to determine if transition back to the community is possible.
- Resident support and interventions by the NH staff may be necessary if the LCA transition is not successful because of unanticipated changes to the resident's medical condition, problems with securing appropriate caregiving supports, community resource gaps, etc., preventing discharge to the community.

- May be combined with any *OBRA or* 5-Day and must be combined with a *Part A PPS* Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).
- For an OBRA Discharge assessment, the ARD (item A2300) is not set prospectively as with other assessments. The ARD (item A2300) for an OBRA Discharge assessment is always equal to the Discharge date (item A2000) and may be coded on the assessment any time during the OBRA Discharge assessment completion period (i.e., Discharge date (A2000) + 14 calendar days).
- The use of the dash, "-", is appropriate when the staff are unable to determine the response to an item, including the interview items. In some cases, the facility may have already completed some items of the assessment and should record those responses or may be in the process of completing an assessment. The facility may combine the OBRA Discharge assessment with another assessment(s) when requirements for all assessments are met.
- For **unplanned discharges**, the facility should complete the OBRA Discharge assessment to the best of its abilities.
  - An unplanned discharge includes, for example:
    - Acute-care transfer of the resident to a hospital or an emergency department in order to either stabilize a condition or determine if an acute-care admission is required based on emergency department evaluation; or
    - Resident unexpectedly leaving the facility against medical advice; or
    - Resident unexpectedly deciding to go home or to another setting (e.g., due to the resident deciding to complete treatment in an alternate setting).
- Nursing home bed hold status and opening and closing of the medical record have no effect on these requirements.

The following chart details the sequencing and coding of Tracking records and OBRA Discharge assessments.

Assessment Indicator (AI) code indicating which type of assessment was completed. Standard "grouper" logic and software for PDPM and the AI code are provided by CMS on the MDS 3.0 website.

The standard grouper uses MDS 3.0 items to determine both the PDPM group and the AI code. It is anticipated that MDS 3.0 software used by the provider will incorporate the standard grouper to automatically calculate the PDPM group and AI code. Detailed logic for determining the PDPM group and AI code is provided in Chapter 6.

The Medicare Part A HIPPS code (Item Z0100A) is most often used on the claim. The PDPM version code in Item Z0100B documents which version of PDPM was used to determine the PDPM payment groups represented in the Medicare Part A HIPPS code.

The HIPPS code (Z0100A) and PDPM version code (Z0100B) must be submitted to iQIES on all Medicare PPS assessment records (indicated by A0310B = 01 or 08). Both of these values are validated by iQIES. The final validation report will indicate if any of these items is in error and the correct value for the item. Note that an error in one of these items is usually a non-fatal warning and the record will still be accepted in iQIES.

The Medicare Part A SNF claim cannot be submitted until the corresponding MDS Medicare PPS assessment has been accepted in iQIES. The claim must include the correct HIPPS code for the assessment. If the HIPPS code on the assessment was in error, then the correct HIPPS code from the Final Validation report must be used on the claim (warning error message -3*935*a).

5.5 MDS Correction Policy

Once completed, edited, and accepted into iQIES, providers may not change a previously completed MDS assessment as the resident's status changes during the course of the resident's stay—the MDS must be accurate as of the ARD. Minor changes in the resident's status should be noted in the resident's record (e.g., in progress notes), in accordance with standards of clinical practice and documentation. Such monitoring and documentation is a part of the provider's responsibility to provide necessary care and services. A significant change in the resident's status warrants a new comprehensive assessment (see Chapter 2 for details).

It is important to remember that the electronic record submitted to and accepted into iQIES is the legal assessment. Corrections made to the electronic record after iQIES acceptance or to the paper copy maintained in the medical record are not recognized as proper corrections. It is the responsibility of the provider to ensure that any corrections made to a record are submitted to iQIES in accordance with the MDS Correction Policy.

Several processes have been put into place to assure that the MDS data are accurate both at the provider and in iQIES:

- If an error is discovered within 7 days of the completion of an MDS and before submission to iQIES, the response may be corrected using standard editing procedures on the hard copy (cross out, enter correct response, initial and date) and/or correction of the MDS record in the facility's database. The resident's care plan should also be reviewed for any needed changes

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care High category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. *Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No).* Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. *Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate.* The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	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
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No _____

STEP #2

If at least **one** of the special care conditions above is coded and the resident has a total PDPM Nursing Function Score of 14 or less, they classify as Special Care Low. **Move to Step #3. If the resident's PDPM Nursing Function Score is 15 or 16, they classify as Clinically Complex. Skip to the Clinically Complex Category, Step #2.**

STEP #3

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Special Care Low category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. *Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No).* Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. *Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate.* The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Resident	Staff	Description
D0150A	D0500A	Little interest or pleasure in doing things
D0150B	D0500B	Feeling down, depressed, or hopeless
D0150C	D0500C	Trouble falling or staying asleep, or sleeping too much
D0150D	D0500D	Feeling tired or having little energy
D0150E	D0500E	Poor appetite or overeating
D0150F	D0500F	Feeling bad about yourself - or that you are a failure or have let yourself down or your family down
D0150G	D0500G	Trouble concentrating on things, such as reading the newspaper or watching television
D0150H	D0500H	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
D0150I	D0500I	Thoughts that you would be better off dead, or of hurting yourself in some way
-	D0500J	Being short-tempered, easily annoyed

These items are used to calculate a Total Severity Score for the resident interview at item D0160 and for the staff assessment at item D0600. The resident qualifies as depressed for PDPM classification in either of the two following cases:

The D0160 Total Severity Score is greater than or equal to 10 but not 99,

or

The D0600 Total Severity Score is greater than or equal to 10.

Resident Qualifies as Depressed Yes _____ No _____

STEP #4

Select the Special Care Low classification based on the PDPM Nursing Function Score and the presence or absence of depression according to this table:

Nursing Function Score	Depressed?	PDPM Nursing Classification
0-5	Yes	LDE2
0-5	No	LDE1
6-14	Yes	LBC2
6-14	No	LBC1

PDPM Nursing Classification: _____

CATEGORY: CLINICALLY COMPLEX

The classification groups in this category are based on certain resident conditions or services. Use the following instructions:

STEP #1

Determine whether the resident is coded for **one** of the following conditions or services:

Table 19: Clinically Complex Conditions or Services

MDS Item	Condition or Service
I2000	Pneumonia
I4900, Nursing Function Score	Hemiplegia/hemiparesis with Nursing Function Score <= 11
M1040D, E	Open lesions (other than ulcers, rashes, and cuts) or surgical wounds with any selected skin treatments*
M1040F	Burns (second or third degree)
O0110A1b	Chemotherapy while a resident
O0110C1b	Oxygen therapy while a resident
O0110H1b	IV Medications while a resident
O0110I1b	Transfusions while a resident

*Selected Skin Treatments: M1200F Surgical wound care, M1200G Application of nonsurgical dressing (other than to feet), M1200H Application of ointments/medications (other than to feet)

If the resident does not have one of these conditions, skip to the Behavioral Symptoms and Cognitive Performance Category now.

STEP #2

Evaluate for depression. Signs and symptoms of depression are used as a third-level split for the Clinically Complex category. Residents with signs and symptoms of depression are identified by the Patient Mood Interview (PHQ-2 to 9©) or the Staff Assessment of Patient Mood (PHQ-9-OV©). Instructions for completing the PHQ-2 to 9© are in Chapter 3, Section D. *Item D0100 is a gateway question to determine when the Patient Mood Interview (D0100 is coded 1, Yes) or the Staff Assessment of Patient Mood is to be conducted (D0100 is coded 0, No).* Refer to Appendix E for cases in which the PHQ-2 to 9© or PHQ-9-OV© is complete but all questions are not answered. For the PHQ-2 to 9©, if either D0150A2 or D0150B2 is coded 2 or 3, continue asking the questions below, otherwise end the PHQ interview. *Assessors should proceed to D0700, Social Isolation in the case of resident refusal or unwillingness to participate.* The following items comprise the PHQ-2 to 9© and PHQ-9-OV© for the Patient and Staff assessments, respectively:

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups										D/C Items	
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	NP - PPS	IPA - Interim Payment	SP - PPS	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Standardized items	Surveyor QMs	NHQI QMs	QRP QMs	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	PDPM (Payment only)	PDC - Planned D/C	UPD - Unplanned D/C
A0050	Type of Record	x		x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
A0100A	Facility National Provider Identifier (NPI)			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0100B	Facility CMS Certification Number (CCN)			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0100C	State provider number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0200	Type of provider	x		x	x	x	x	x	x	x	x	x	x	x		x		x	x	x				x		x	x
A0310A	Type of assessment: OBRA	x		x	x	x	x	x	x	x	x	x	x	x		x		x	x	x	x	x	x	x	x	x	x
A0310B	Type of assessment: PPS	x		x	x	x	x	x	x	x	x	x	x	x		x		x	x	x		x	x	x	x	x	x
A0310E	First assessment since most recent entry	x		x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0310F	Entry/discharge reporting	x		x	x	x	x	x	x	x	x	x	x	x		x		x	x	x						x	x
A0310G	Planned/unplanned discharge	x		x	x	x	x	x	x	x	x	x	x	x		x				x						x	x
A0310G1	Interrupted Stay	x		x	x	x	x			x		x	x			x									+	x	x
A0310H	SNF Part A PPS Discharge	x		x	x	x	x	x	x	x		x	x	x		x				x						x	x
A0410	Unit Certification or Licensure Designation			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0500A	Resident first name			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0500B	Resident middle initial			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0500C	Resident last name			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0500D	Resident name suffix			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0600A	Social Security Number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0600B	Medicare number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0700	Medicaid number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A0800	Gender			x	x	x	x	x	x	x	x	x	x	x		x			x							x	x
A0900	Birthdate	x		x	x	x	x	x	x	x	x	x	x	x		x				x						x	x
A1005A	Ethnicity: No, not of Hispanic, Latino/a, or Spanish origin			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005B	Ethnicity: Yes, Mexican, Mexican American, Chicano/a			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005C	Ethnicity: Yes, Puerto Rican			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005D	Ethnicity: Yes, Cuban			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005E	Ethnicity: Yes, another Hispanic, Latino, or Spanish origin			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005X	Ethnicity: Resident unable to respond			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1005Y	Ethnicity: Resident declines to respond			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010A	Race: White			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010B	Race: Black or African American			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010C	Race: American Indian or Alaska Native			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010D	Race: Asian Indian			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010E	Race: Chinese			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010F	Race: Filipino			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010G	Race: Japanese			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010H	Race: Korean			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010I	Race: Vietnamese			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010J	Race: Other Asian			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010K	Race: Native Hawaiian			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010L	Race: Guamanian or Chamorro			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010M	Race: Samoan			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010N	Race: Other Pacific Islander			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010X	Resident unable to respond			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010Y	Resident declines to respond			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x
A1010Z	None of the above			x	x	x	x	x	x	x	x	x	x	x		x	x			x						x	x

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups										D/C Items	
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	NP - PPS	IPA - Interim Payment	SP - PPS	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Standardized items	Surveyor QMs	NHQI QMs	QRP QMs	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	PDPM (Payment only)	PDC - Planned D/C	UPD - Unplanned D/C
A1110A	Language: What is your preferred language?			x	x	x	x			x	x	x				x	x			x						x	x
A1110B	Language: Need or want an interpreter?			x	x	x	x			x	x	x				x	x			x						x	x
A1200	Marital status			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A1250A	Transportation (from NACHC©) : Yes, kept from med appts.			x	x	x	x		x	x		x	x				x			x						x	
A1250B	Transportation (from NACHC©): Yes, kept from non-med appts.			x	x	x	x		x	x		x	x				x			x						x	
A1250C	Transportation (from NACHC©): No			x	x	x	x		x	x		x	x				x			x						x	
A1250X	Transportation (from NACHC©): Resident unable to respond			x	x	x	x		x	x		x	x				x			x						x	
A1250Y	Transportation (from NACHC©): Resident declines to respond			x	x	x	x		x	x		x	x				x			x						x	
A1300A	Medical record number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A1300B	Room number			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A1300C	Name by which resident prefers to be addressed			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A1300D	Lifetime occupation(s)			x	x	x	x	x	x	x	x	x	x	x		x										x	x
A1500	Resident evaluated by PASRR	x		x	x																						
A1510A	Level II PASRR conditions: Serious Mental Illness			x	x																						
A1510B	Level II PASRR conditions: Intellectual Disability			x	x																						
A1510C	Level II PASRR conditions: Other related conditions			x	x																						
A1550A	ID/DD status: Down syndrome			x	x														x								
A1550B	ID/DD status: Autism			x	x														x								
A1550C	ID/DD status: Epilepsy			x	x														x								
A1550D	ID/DD status: other organic ID/DD condition			x	x														x								
A1550E	ID/DD status: ID/DD with no organic condition			x	x														x								
A1550Z	ID/DD status: none of the above		x	x	x																						
A1600	Entry date (date of admission/reentry in facility)	x		x	x	x	x	x	x	x		x	x	x		x		x	x	x						x	x
A1700	Type of entry			x	x	x	x	x	x	x		x	x	x		x			x							x	x
A1805	Entered From			x	x	x	x	x	x	x		x	x	x		x			x							x	x
A1900	Admission date			x	x	x	x	x	x	x		x	x	x		x										x	x
A2000	Discharge date			x	x	x	x	x	x	x		x	x	x		x		x	x	x						x	x
A2105	Discharge Status	x		x	x	x	x	x		x		x	x	x		x				x						x	x
A2121	Provision of Current Reconciled Medication List (To Provider)	x		x	x	x	x		x	x		x	x			x				x						x	x
A2122A	Route of Current Reconciled Medication List Transmission: EHR to provider			x	x	x	x		x	x		x	x			x				x						x	x
A2122B	Route of Current Reconciled Medication List Transmission: HIEO to provider			x	x	x	x		x	x		x	x			x				x						x	x
A2122C	Route of Current Reconciled Medication List Transmission: Verbal to provider			x	x	x	x		x	x		x	x			x				x						x	x
A2122D	provider			x	x	x	x		x	x		x	x			x				x						x	x
A2122E	Route of Current Reconciled Medication List Transmission: Other Methods to provider			x	x	x	x		x	x		x	x			x				x						x	x
A2123	Provision of Current Reconciled Medication List (To Resident)	x		x	x	x	x			x		x	x			x				x						x	x
A2124A	Route of Current Reconciled Medication List Transmission: EHR to res/fam/caregiver			x	x	x	x			x		x	x			x				x						x	x
A2124B	Route of Current Reconciled Medication List Transmission: HIEO to res/fam/caregiver			x	x	x	x			x		x	x			x				x						x	x
A2124C	Route of Current Reconciled Medication List Transmission: Verbal to res/fam/caregiver			x	x	x	x			x		x	x			x				x						x	x
A2124D	Route of Current Reconciled Medication List Transmission: Paper-based to res/fam/caregiver			x	x	x	x			x		x	x			x				x						x	x
A2124E	Route of Current Reconciled Medication List Transmission: Other Methods to res/fam/caregiver			x	x	x	x			x		x	x			x				x						x	x

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups									D/C Items	
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	NP - PPS	IPA - Interim Payment	SP - PPS	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Standardized items	Surveyor QMs	NHQI QMs	QRP QMs	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	PDPM (Payment only)	PDC - Planned D/C	UPD - Unplanned D/C
A2200	Previous assessment reference date for significant correction			x	x	x																					
A2300	Assessment reference date	x		x	x	x	x		x	x	x	x	x					x	x	x		x	x		x	x	x
A2400A	Has resident had Medicare-covered stay	x		x	x	x	x	x	x	x	x	x	x	x		x										x	x
A2400B	Start date of most recent Medicare stay	x		x	x	x	x	x	x	x	x	x	x	x		x				x		x				x	x
A2400C	End date of most recent Medicare stay	x		x	x	x	x	x	x	x	x	x	x	x		x				x		x				x	x
B0100	Comatose	x		x	x	x	x			x	x	x	x						x	x			x	x	x	x	x
B0200	Hearing			x	x	x				x		x					x			x	x						
B0300	Hearing aid			x	x	x				x		x															
B0600	Speech clarity			x	x	x				x		x															
B0700	Makes self understood			x	x	x				x	x	x								x	x		x	x	x		
B0800	Ability to understand others			x	x	x				x		x								x	x						
B1000	Vision			x	x	x				x		x					x		x	x	x						
B1200	Corrective lenses			x	x	x				x		x															
B1300	Health Literacy			x	x	x	x		x	x		x	x				x			x						x	
C0100	BIMS: should resident interview be conducted	x		x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0200	BIMS res interview: repetition of three words			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0300A	BIMS res interview: able to report correct year			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0300B	BIMS res interview: able to report correct month			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0300C	BIMS res interview: able report correct day of week			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0400A	BIMS res interview: able to recall "sock"			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0400B	BIMS res interview: able to recall "blue"			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0400C	BIMS res interview: able to recall "bed"			x	x	x	x		x	x	x	x	x				x		+	+			+	+	+	x	
C0500	BIMS res interview: summary score			x	x	x	x		x	x	x	x	x				x		x	x	x		x	x	x	x	
C0600	Staff assessment mental status: conduct assessment	x		x	x	x	x			x	x	x	x						+	+			+	+	+	x	
C0700	Staff assessment mental status: short-term memory OK			x	x	x	x			x	x	x	x						x		x		x	x	x	x	x
C0800	Staff assessment mental status: long-term memory OK			x	x	x				x		x									x				+		
C0900A	Staff assessment mental status: recall current season			x	x	x				x		x								x					+		
C0900B	Staff assessment mental status: recall location of room			x	x	x				x		x								x					+		
C0900C	Staff assessment mental status: recall staff names/faces			x	x	x				x		x								x					+		
C0900D	Staff assessment mental status: recall in nursing home			x	x	x				x		x								x					+		
C0900Z	Staff assessment mental status: none of above recalled		x	x	x	x				x		x								x					+		
C1000	Cognitive skills for daily decision making			x	x	x	x			x	x	x	x			x			x		x		x	x	x	x	x
C1310A	Acute Onset Mental Status Change			x	x	x	x		x	x		x	x				x			x	x						
C1310B	Signs of delirium: inattention			x	x	x	x		x	x		x	x				x			x	x						
C1310C	Signs of delirium: disorganized thinking			x	x	x	x		x	x		x	x				x			x	x						
C1310D	Signs of delirium: altered level of consciousness			x	x	x	x		x	x		x	x				x			x	x						
D0100	PHQ: should resident mood interview be conducted	x		x	x	x	x		x	x	x	x	x				x						+	+	+		
D0150A1	PHQ res: little interest or pleasure - presence	x		x	x	x	x		x	x	x	x	x				x			x	x				+		
D0150A2	PHQ res: little interest or pleasure - frequency	x		x	x	x	x		x	x	x	x	x				x		x	x					+		
D0150B1	PHQ res: feeling down, depressed - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150B2	PHQ res: feeling down, depressed - frequency	x		x	x	x	x		x	x	x	x	x				x		x	x					+		
D0150C1	PHQ res: trouble with sleep - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150C2	PHQ res: trouble with sleep - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150D1	PHQ res: feeling tired/little energy - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150D2	PHQ res: feeling tired/little energy - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150E1	PHQ res: poor appetite or overeating - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups										D/C Items	
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	NP - PPS	IPA - Interim Payment	SP - PPS	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Standardized items	Surveyor QMs	NHQI QMs	QRP QMs	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	PDPM (Payment only)	PDC - Planned D/C	UPD - Unplanned D/C
D0150E2	PHQ res: poor appetite or overeating - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150F1	PHQ res: feeling bad about self - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150F2	PHQ res: feeling bad about self - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150G1	PHQ res: trouble concentrating - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150G2	PHQ res: trouble concentrating - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150H1	PHQ res: slow, fidgety, restless - presence	x		x	x	x	x		x	x	x	x	x				x			x					+		
D0150H2	PHQ res: slow, fidgety, restless - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0150I1	PHQ res: thoughts better off dead - presence	x		x	x	x	x		x	x	x	x	x				x			x	x				+		
D0150I2	PHQ res: thoughts better off dead - frequency			x	x	x	x		x	x	x	x	x				x			x					+		
D0160	PHQ res: total mood severity score			x	x	x	x		x	x	x	x	x				x		x	x	x				x		
D0500A1	PHQ staff: little interest or pleasure - presence			x	x	x	x			x	x	x	x									x		+	+	+	x	
D0500A2	PHQ staff: little interest or pleasure - frequency			x	x	x	x			x	x	x	x						x					+	+	+	x	
D0500B1	PHQ staff: feeling down, depressed - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500B2	PHQ staff: feeling down, depressed - frequency			x	x	x	x			x	x	x	x						x					+	+	+	x	
D0500C1	PHQ staff: trouble with sleep - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500C2	PHQ staff: trouble with sleep - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500D1	PHQ staff: feeling tired/little energy - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500D2	PHQ staff: feeling tired/little energy - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500E1	PHQ staff: poor appetite or overeating - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500E2	PHQ staff: poor appetite or overeating - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500F1	PHQ staff: feeling bad about self - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500F2	PHQ staff: feeling bad about self - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500G1	PHQ staff: trouble concentrating - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500G2	PHQ staff: trouble concentrating - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500H1	PHQ staff: slow, fidgety, restless - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500H2	PHQ staff: slow, fidgety, restless - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500I1	PHQ staff: thoughts better off dead - presence			x	x	x	x			x	x	x	x									x		+	+	+	x	
D0500I2	PHQ staff: thoughts better off dead - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0500J1	PHQ staff: short-tempered - presence			x	x	x	x			x	x	x	x											+	+	+	x	
D0500J2	PHQ staff: short-tempered - frequency			x	x	x	x			x	x	x	x											+	+	+	x	
D0600	PHQ staff: total mood severity score			x	x	x	x			x	x	x	x							x		x		x	x	x	x	
D0700	Social Isolation			x	x	x	x		x	x		x	x				x			x						x	
E0100A	Psychosis: hallucinations			x	x	x	x			x	x	x	x					x						x	x	x	x	x
E0100B	Psychosis: delusions			x	x	x	x			x	x	x	x					x						x	x	x	x	x
E0100Z	Psychosis: none of the above		x	x	x	x	x			x	x	x	x											+	+	+	x	x
E0200A	Physical behavioral symptoms directed toward others			x	x	x	x			x	x	x	x					x				x		x	x	x	x	x
E0200B	Verbal behavioral symptoms directed toward others			x	x	x	x			x	x	x	x					x				x		x	x	x	x	x
E0200C	Other behavioral symptoms not directed toward others			x	x	x	x			x	x	x	x					x				x		x	x	x	x	x
E0300	Overall presence of behavioral symptoms	x		x	x	s				s												x						
E0500A	Behavioral symptoms put res at risk for illness/injury			x	x	s				s																		
E0500B	Behavioral symptoms interfere with resident care			x	x	s				s																		
E0500C	Behavioral symptoms interfere with social activities			x	x	s				s																		
E0600A	Behavioral symptoms put others at risk for injury			x	x	s				s																		
E0600B	Behavioral symptoms intrude on privacy of others			x	x	s				s																		
E0600C	Behavioral symptoms disrupt care or living environment			x	x	s				s																		
E0800	Rejection of care: presence and frequency			x	x	x	x			x	x	x	x					x				x		x	x	x	x	x

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E0900	Wandering: presence and frequency	x		x	x	x	x			x	x	x	x					x			x		x	x	x	x	x
E1000A	Wandering: risk of getting to dangerous place			x	x	s				s																	
E1000B	Wandering: intrude on privacy of others			x	x	s				s																	
E1100	Change in behavior or other symptoms			x	x	s				s											x						
F0300	Conduct res interview for daily/activity prefs	x		x	x	s				s																	
F0400A	Res interview: choose clothes to wear			x	x	s				s																	
F0400B	Res interview: take care of personal belongings			x	x	s				s																	
F0400C	Res interview: choose tub, bath, shower, sponge			x	x	s				s																	
F0400D	Res interview: have snacks between meals			x	x	s				s																	
F0400E	Res interview: choose own bedtime			x	x	s				s																	
F0400F	Res interview: discuss care with family/friend			x	x	s				s																	
F0400G	Res interview: use phone in private			x	x	s				s																	
F0400H	Res interview: lock things to keep them safe			x	x	s				s																	
F0500A	Res interview: have books, newspaper, mags to read			x	x	s				s											x						
F0500B	Res interview: listen to music			x	x	s				s											x						
F0500C	Res interview: be around animals/pets			x	x	s				s											x						
F0500D	Res interview: keep up with news			x	x	s				s											x						
F0500E	Res interview: do things with groups of people			x	x	s				s											x						
F0500F	Res interview: do favorite activities			x	x	s				s											x						
F0500G	Res interview: go outside when good weather			x	x	s				s											x						
F0500H	Res interview: participate in religious practices			x	x	s				s											x						
F0600	Primary respondent: daily/activities prefs			x	x	s				s											x						
F0700	Conduct staff assessment for daily/activity prefs	x		x	x	s				s																	
F0800A	Staff assessment: choosing clothes to wear			x	x	s				s																	
F0800B	Staff assessment: caring for personal belongings			x	x	s				s																	
F0800C	Staff assessment: receiving tub bath			x	x	s				s																	
F0800D	Staff assessment: receiving shower			x	x	s				s																	
F0800E	Staff assessment: receiving bed bath			x	x	s				s																	
F0800F	Staff assessment: receiving sponge bath			x	x	s				s																	
F0800G	Staff assessment: snacks between meals			x	x	s				s																	
F0800H	Staff assessment: staying up past 8PM			x	x	s				s																	
F0800I	Staff assessment: discuss care with family/other			x	x	s				s																	
F0800J	Staff assessment: use phone in private			x	x	s				s																	
F0800K	Staff assessment: place to lock personal things			x	x	s				s																	
F0800L	Staff assessment: reading books, newspapers, mags			x	x	s				s											x						
F0800M	Staff assessment: listening to music			x	x	s				s											x						
F0800N	Staff assessment: being around animals/pets			x	x	s				s											x						
F0800O	Staff assessment: keeping up with news			x	x	s				s											x						
F0800P	Staff assessment: doing things with groups			x	x	s				s											x						
F0800Q	Staff assessment: participating in favorite activities			x	x	s				s											x						
F0800R	Staff assessment: spend time away from nursing home			x	x	s				s											x						
F0800S	Staff assessment: spend time outdoors			x	x	s				s											x						
F0800T	Staff assessment: participating in religious activities			x	x	s				s											x						
F0800Z	Staff assessment: none of above activities		x	x	x	s				s																	
GG0100A	Self-Care: Prior Function			x	x	x				x		x								x							
GG0100B	Indoor Mobility (Ambulation): Prior Function			x	x	x				x		x								x							

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GG0100C	Stairs: Prior Function			x	x	x				x		x								x							
GG0100D	Functional Cognition: Prior Function			x	x	x				x		x								x							
GG0110A	Manual wheelchair			x	x	x				x		x								x							
GG0110B	Motorized wheelchair and/or scooter			x	x	x				x		x								x							
GG0110C	Mechanical lift			x	x	x				x		x								x							
GG0110D	Walker			x	x	x				x		x								x							
GG0110E	Orthotics/Prosthetics			x	x	x				x		x								x							
GG0110Z	None of the above		x	x	x	x				x		x															
GG0115A	ROM limitation: upper extremity			x	x	x				x		x															
GG0115B	ROM limitation: lower extremity			x	x	x				x		x															
GG0120A	Mobility devices: cane/crutch			x	x	x				s																	
GG0120B	Mobility devices: walker			x	x	x				s																	
GG0120C	Mobility devices: wheelchair (manual or electric)			x	x	x				s																	
GG0120D	Mobility devices: limb prosthesis			x	x	x				s																	
GG0120Z	Mobility devices: none of the above		x	x	x	x				s																	
GG0130A1	Eating (Admission Performance)			x	x	x				x		x								x					x		
GG0130A2	Eating (Discharge Goal)			x	x	x				x		x								x							
GG0130A3	Eating (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130A5	Eating (OBRA/Interim Performance)			x	x	x					x														x		
GG0130B1	Oral Hygiene (Admission Performance)			x	x	x				x		x								x					x		
GG0130B2	Oral Hygiene (Discharge Goal)			x	x	x				x		x								x							
GG0130B3	Oral Hygiene (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130B5	Oral Hygiene (OBRA/Interim Performance)			x	x	x					x														x		
GG0130C1	Toileting Hygiene (Admission Performance)			x	x	x				x		x								x					x		
GG0130C2	Toileting Hygiene (Discharge Goal)			x	x	x				x		x								x							
GG0130C3	Toileting Hygiene (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130C5	Toileting Hygiene (OBRA/Interim Performance)			x	x	x					x														x		
GG0130E1	Shower/bathe self (Admission Performance)			x	x	x				x		x								x							
GG0130E2	Shower/bathe self (Discharge Goal)			x	x	x				x		x								x							
GG0130E3	Shower/bathe self (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130E5	Shower/bathe self (OBRA/Interim Performance)			x	x	x																					
GG0130F1	Upper body dressing (Admission Performance)			x	x	x				x		x								x							
GG0130F2	Upper body dressing (Discharge Goal)			x	x	x				x		x								x							
GG0130F3	Upper body dressing (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130F5	Upper body dressing (OBRA/Interim Performance)			x	x	x																					
GG0130G1	Lower body dressing (Admission Performance)			x	x	x				x		x								x							
GG0130G2	Lower body dressing (Discharge Goal)			x	x	x				x		x								x							
GG0130G3	Lower body dressing (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130G5	Lower body dressing (OBRA/Interim Performance)			x	x	x																					
GG0130H1	Putting on/taking off footwear (Admission Performance)			x	x	x				x		x								x							
GG0130H2	Putting on/taking off footwear (Discharge Goal)			x	x	x				x		x								x							
GG0130H3	Putting on/taking off footwear (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0130H5	Putting on/taking off footwear(OBRA/Interim Performance)			x	x	x																					
GG0130I1	Personal Hygiene (Admission Performance)			x	x	x				s											x						
GG0130I3	Personal Hygiene (Discharge Performance)			x	x	x	x																			x	
GG0130I5	Personal Hygiene (OBRA/Interim Performance)			x	x	x															x						

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GG0170A1	Roll left and right (Admission Performance)			x	x	x				x		x								x						
GG0170A2	Roll left and right (Discharge Goal)			x	x	x				x		x								x						
GG0170A3	Roll left and right (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170A5	Roll left and right (OBRA/Interim Performance)			x	x	x																					
GG0170B1	Sit to lying (Admission Performance)			x	x	x				x		x								x					x		
GG0170B2	Sit to lying (Discharge Goal)			x	x	x				x		x								x							
GG0170B3	Sit to lying (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170B5	Sit to lying (OBRA/Interim Performance)			x	x	x					x														x		
GG0170C1	Lying to sitting on bed side (Admission Performance)			x	x	x				x		x								x					x		
GG0170C2	Lying to sitting on bed side (Discharge Goal)			x	x	x				x		x								x							
GG0170C3	Lying to sitting on bed side (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170C5	Lying to sitting on bed side (OBRA/Interim Performance)			x	x	x					x														x		
GG0170D1	Sit to stand (Admission Performance)			x	x	x				x		x								x					x		
GG0170D2	Sit to stand (Discharge Goal)			x	x	x				x		x								x							
GG0170D3	Sit to stand (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170D5	Sit to stand (OBRA/Interim Performance)			x	x	x					x														x		
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)			x	x	x				x		x								x					x		
GG0170E2	Chair/bed-to-chair transfer (Discharge Goal)			x	x	x				x		x								x							
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170E5	Chair/bed-to-chair transfer (OBRA/Interim Performance)			x	x	x					x														x		
GG0170F1	Toilet transfer (Admission Performance)			x	x	x				x		x								x					x		
GG0170F2	Toilet transfer (Discharge Goal)			x	x	x				x		x								x							
GG0170F3	Toilet transfer (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170F5	Toilet transfer (OBRA/Interim Performance)			x	x	x					x														x		
GG0170FF1	Tub/Shower Transfer (Admission Performance)			x	x	x				s											x						
GG0170FF3	Tub/Shower Transfer (Discharge Performance)			x	x	x	x																			x	
GG0170FF5	Tub/Shower Transfer (OBRA/Interim Performance)			x	x	x															x						
GG0170G1	Car Transfer (Admission Performance)			x	x	x				x		x								x							
GG0170G2	Car Transfer (Discharge Goal)			x	x	x				x		x								x							
GG0170G3	Car Transfer (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170I1	Walk 10 feet (Admission Performance)	x		x	x	x				x		x								x					x		
GG0170I2	Walk 10 feet (Discharge Goal)			x	x	x				x		x								x							
GG0170I3	Walk 10 feet (Discharge Performance)	x		x	x	x	x		x	x		x	x							x						x	
GG0170I5	Walk 10 feet (OBRA/Interim Performance)			x	x	x					x														x		
GG0170J1	Walk 50 feet with two turns (Admission Performance)			x	x	x				x		x								x					x		
GG0170J2	Walk 50 feet with two turns (Discharge Goal)			x	x	x				x		x								x							
GG0170J3	Walk 50 feet with two turns (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170J5	Walk 50 feet with two turns (OBRA/Interim Performance)			x	x	x					x														x		
GG0170K1	Walk 150 feet (Admission Performance)			x	x	x				x		x								x					x		
GG0170K2	Walk 150 feet (Discharge Goal)			x	x	x				x		x								x							
GG0170K3	Walk 150 feet (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170K5	Walk 150 feet (OBRA/Interim Performance)			x	x	x					x														x		
GG0170L1	Walking 10 feet on uneven surfaces (Admission Performance)			x	x	x				x		x								x							
GG0170L2	Walking 10 feet on uneven surfaces (Discharge Goal)			x	x	x				x		x								x							
GG0170L3	Walking 10 feet on uneven surfaces (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170M1	1 step (curb) (Admission Performance)	x		x	x	x				x		x								x							

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GG0170M2	1 step (curb) (Discharge Goal)			x	x	x				x		x								x							
GG0170M3	1 step (curb) (Discharge Performance)	x		x	x	x	x		x	x		x	x							x						x	
GG0170N1	4 steps (Admission Performance)	x		x	x	x				x		x								x							
GG0170N2	4 steps (Discharge Goal)			x	x	x				x		x								x							
GG0170N3	4 steps (Discharge Performance)	x		x	x	x	x		x	x		x	x							x						x	
GG0170O1	12 steps (Admission Performance)			x	x	x				x		x								x							
GG0170O2	12 steps (Discharge Goal)			x	x	x				x		x								x							
GG0170O3	12 steps (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170P1	Picking up object (Admission Performance)			x	x	x				x		x								x							
GG0170P2	Picking up object (Discharge Goal)			x	x	x				x		x								x							
GG0170P3	Picking up object (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170Q1	Use of wheelchair/scooter (Admission Performance)	x		x	x	x				x		x								x							
GG0170Q3	Use of wheelchair/scooter (Discharge Performance)	x		x	x	x	x		x	x		x	x							x						x	
GG0170Q5	Use of wheelchair/scooter (OBRA/Interim Performance)			x	x	x																					
GG0170R1	Wheel 50 feet with two turns (Admission Performance)			x	x	x				x		x								x							
GG0170R2	Wheel 50 feet with two turns (Discharge Goal)			x	x	x				x		x								x							
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170R5	Wheel 50 feet with two turns (OBRA/Interim Performance)			x	x	x																					
GG0170RR1	Type wheelchair/scooter used (Admission Performance)			x	x	x				x		x								x							
GG0170RR3	Type wheelchair/scooter used (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170RR5	Type wheelchair/scooter used (OBRA/Interim Performance)			x	x	x																					
GG0170S1	Wheel 150 feet (Admission Performance)			x	x	x				x		x								x							
GG0170S2	Wheel 150 feet (Discharge Goal)			x	x	x				x		x								x							
GG0170S3	Wheel 150 feet (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170S5	Wheel 150 feet (OBRA/Interim Performance)			x	x	x																					
GG0170SS1	Type wheelchair/scooter used (Admission Performance)			x	x	x				x		x								x							
GG0170SS3	Type wheelchair/scooter used (Discharge Performance)			x	x	x	x		x	x		x	x							x						x	
GG0170SS5	Type wheelchair/scooter used (OBRA/Interim Performance)			x	x	x																					
H0100A	Appliances: indwelling catheter			x	x	x	x			x		x	x						x		x					x	x
H0100B	Appliances: external catheter			x	x	x	x			x		x	x								x					x	x
H0100C	Appliances: ostomy			x	x	x	x			x	x	x	x						x						x	x	x
H0100D	Appliances: intermittent catheterization			x	x	x	x			x	x	x	x							x	x				x	x	x
H0100Z	Appliances: none of the above		x	x	x	x	x			x	x	x	x												+	x	x
H0200A	Urinary toileting program: has been attempted	x		x	x	x				x		x															
H0200B	Urinary toileting program: response			x	x	s				s																	
H0200C	Urinary toileting program: current program/trial			x	x	x				x	x	x										x	x	x	x		
H0300	Urinary continence			x	x	x	x			x		x	x						x	x	x					x	x
H0400	Bowel continence			x	x	x	x			x		x	x						x	x	x					x	x
H0500	Bowel toileting program being used			x	x	x				x	x	x										x	x	x	x		
H0600	Constipation			x	x	s				s											x						
I0020	Indicate the resident's primary medical condition category			x	x	x				x	x	x								x					+		
I0020B	ICD Code 1 - 13			x	x	x				x	x	x													x		
I0100	Cancer (with or without metastasis)			x	x	x				x		x								x							
I0200	Anemia			x	x	x				x		x															
I0300	Atrial fibrillation and other dysrhythmias			x	x	s				s																	
I0400	Coronary artery disease (CAD)			x	x	x				x		x								x							

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I0500	Deep venous thrombosis (DVT), PE, or PTE			x	x	s				s																	
I0600	Heart failure			x	x	x				x		x							x								
I0700	Hypertension			x	x	x				x		x															
I0800	Orthostatic hypotension			x	x	x				x		x															
I0900	Peripheral vascular disease (PVD) or PAD			x	x	x	x			x		x	x						x	x						x	x
I1100	Cirrhosis			x	x	s				s																	
I1200	Gastroesophageal reflux disease (GERD) or ulcer			x	x	s				s																	
I1300	Ulcerative colitis, Crohn's, inflammatory bowel disease			x	x	x				x	x	x													x		
I1400	Benign prostatic hyperplasia (BPH)			x	x	s				s																	
I1500	Renal insufficiency, renal failure, ESRD			x	x	x				x		x								x							
I1550	Neurogenic bladder			x	x	x	x			x		x	x						x							x	x
I1650	Obstructive uropathy			x	x	x	x			x		x	x						x							x	x
I1700	Multidrug-resistant organism (MDRO)			x	x	x				x	x	x									x				x		
I2000	Pneumonia			x	x	x				x	x	x								x	x		x	x	x		
I2100	Septicemia			x	x	x				x	x	x								x	x		x	x	x		
I2200	Tuberculosis			x	x	x				x		x									x						
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)			x	x	x	x			x		x	x						x		x					x	x
I2400	Viral hepatitis (includes type A, B, C, D, and E)			x	x	x				x											x						
I2500	Wound infection (other than foot)			x	x	x				x	x	x									x				x		
I2900	Diabetes mellitus (DM)			x	x	x	x			x	x	x	x						x	x			x	x	x	x	x
I3100	Hyponatremia			x	x	x				x		x															
I3200	Hyperkalemia			x	x	x				x		x															
I3300	Hyperlipidemia (e.g., hypercholesterolemia)			x	x	x				x		x															
I3400	Thyroid disorder			x	x	s				s																	
I3700	Arthritis			x	x	s				s																	
I3800	Osteoporosis			x	x	s				s																	
I3900	Hip fracture			x	x	x				x		x							x	x							
I4000	Other fracture			x	x	x				x		x							x								
I4200	Alzheimer's disease			x	x	x				x											x						
I4300	Aphasia			x	x	x				x	x	x								x				x	x		
I4400	Cerebral palsy			x	x	x				x	x	x											x	x	x		
I4500	Cerebrovascular accident (CVA), TIA, or stroke			x	x	x				x	x	x							x	x					x		
I4800	Non-Alzheimer's Dementia			x	x	x				x		x								x	x						
I4900	Hemiplegia or hemiparesis			x	x	x				x	x	x								x			x	x	x		
I5000	Paraplegia			x	x	x				x		x								x							
I5100	Quadriplegia			x	x	x				x	x	x								x			x	x	x		
I5200	Multiple sclerosis			x	x	x				x	x	x								x			x	x	x		
I5250	Huntington's disease			x	x	x	x			x		x	x					x	x	x						x	x
I5300	Parkinson's disease			x	x	x				x	x	x								x			x		x		
I5350	Tourette's syndrome			x	x	x	x			x		x	x					x	x							x	x
I5400	Seizure disorder or epilepsy			x	x	x				x		x															
I5500	Traumatic brain injury (TBI)			x	x	x				x	x	x													x		
I5600	Malnutrition (protein, calorie), risk of malnutrition			x	x	x	x			x	x	x	x						x						x	x	x
I5700	Anxiety disorder			x	x	x	x			x		x	x					x	x							x	x
I5800	Depression (other than bipolar)			x	x	x				x		x							x	x							
I5900	Bipolar Disorder			x	x	x	x			x		x	x					x	x	x						x	x

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I5950	Psychotic disorder (other than schizophrenia)			x	x	x	x			x		x	x					x		x						x	x
I6000	Schizophrenia			x	x	x	x			x		x	x					x	x	x						x	x
I6100	Post-traumatic stress disorder (PTSD)			x	x	x	x			x		x	x					x	x							x	x
I6200	Asthma, COPD, or chronic lung disease			x	x	x				x	x	x											x		x		
I6300	Respiratory failure			x	x	x				x	x	x											x		x		
I6500	Cataracts, glaucoma, or macular degeneration			x	x	s				s											x						
I7900	None of above active diagnoses within last 7 days		x	x	x	s				s	x																
I8000A	Additional active ICD diagnosis 1			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000B	Additional active ICD diagnosis 2			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000C	Additional active ICD diagnosis 3			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000D	Additional active ICD diagnosis 4			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000E	Additional active ICD diagnosis 5			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000F	Additional active ICD diagnosis 6			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000G	Additional active ICD diagnosis 7			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000H	Additional active ICD diagnosis 8			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000I	Additional active ICD diagnosis 9			x	x	x	x			x	x	x	x						x	x					x	x	x
I8000J	Additional active ICD diagnosis 10			x	x	x	x			x	x	x	x						x	x					x	x	x
J0100A	Pain: received scheduled pain med regimen			x	x	x	x			x		x	x						x							x	x
J0100B	Pain: received PRN pain medications			x	x	x	x			x		x	x													x	x
J0100C	Pain: received non-medication intervention			x	x	x	x			x		x	x													x	x
J0200	Should pain assessment interview be conducted	x		x	x	x	x		x	x		x	x						+								
J0300	Res pain interview: presence	x		x	x	x	x		x	x		x	x						x								
J0410	Res pain interview: frequency			x	x	x	x			x		x							x	x	x						
J0510	Pain Effect on Sleep			x	x	x	x		x	x		x	x				x			x	x						
J0520	Pain Interference with Therapy Activities			x	x	x	x		x	x		x	x				x			x	x						
J0530	Pain Interference with Day-to-Day Activities			x	x	x	x		x	x		x	x				x			x	x						
J0600A	Res pain interview: intensity rating scale			x	x	x	x			x		x							x		x					x	
J0600B	Res pain interview: verbal descriptor scale			x	x	x	x			x		x							x		x					x	
J0700	Should staff assessment for pain be conducted	x		x	x	x				x		x									+						
J0800A	Staff pain assessment: non-verbal sounds			x	x	x				x		x									x						
J0800B	Staff pain assessment: vocal complaints of pain			x	x	x				x		x									x						
J0800C	Staff pain assessment: facial expressions			x	x	x				x		x									x						
J0800D	Staff pain assessment: protective movements/postures			x	x	x				x		x									x						
J0800Z	Staff pain assessment: none of these signs observed	x	x	x	x	x				x		x									+						
J0850	Staff pain assessment: frequency of pain			x	x	x				x		x															
J1100A	Short breath/trouble breathing: with exertion			x	x	x	x			x		x	x													x	x
J1100B	Short breath/trouble breathing: sitting at rest			x	x	x	x			x		x	x													x	x
J1100C	Short breath/trouble breathing: lying flat			x	x	x	x			x	x	x	x										x		x	x	x
J1100Z	Short breath/trouble breathing: none of above		x	x	x	x	x			x	x	x	x												+	x	x
J1300	Current tobacco use			x	x	s				s																	
J1400	Prognosis: life expectancy of less than 6 months			x	x	x	x			x		x	x						x							x	x
J1550A	Problem conditions: fever			x	x	x	x			x	x	x	x								x		x	x	x	x	x
J1550B	Problem conditions: vomiting			x	x	x	x			x	x	x	x								x		x	x	x	x	x
J1550C	Problem conditions: dehydrated			x	x	x	x			x		x	x								x			x		x	x
J1550D	Problem conditions: internal bleeding			x	x	x	x			x		x	x								x			x		x	x
J1550Z	Problem conditions: none of the above		x	x	x	x	x			x	x	x	x								+			+	+	x	x

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J1700A	Fall history: fall during month before admission			x	x	x				x		x								x	x						
J1700B	Fall history: fall 2-6 months before admission			x	x	x				x		x								x	x						
J1700C	Fall history: fracture from fall 6 month pre admit			x	x	x				x		x								x							
J1800	Falls since admit/prior assessment: any falls	x		x	x	x	x		x	x		x	x					x	x		x					x	x
J1900A	Falls since admit/prior assessment: no injury			x	x	x	x		x	x		x	x													x	x
J1900B	Falls since admit/prior assessment: injury (not major)			x	x	x	x		x	x		x	x													x	x
J1900C	Falls since admit/prior assessment: major injury			x	x	x	x		x	x		x	x						x	x						x	x
J2000	Prior Surgery			x	x	x				x		x								x							
J2100	Recent Surgery Requiring Active SNF Care	x		x	x	x				x	x	x													x		
J2300	Knee Replacement - partial or total			x	x	x				x	x	x													x		
J2310	Hip Replacement - partial or total			x	x	x				x	x	x													x		
J2320	Ankle Replacement - partial or total			x	x	x				x	x	x													x		
J2330	Shoulder Replacement - partial or total			x	x	x				x	x	x													x		
J2400	Spinal surgery - spinal cord or major spinal nerves			x	x	x				x	x	x													x		
J2410	Spinal surgery - fusion of spinal bones			x	x	x				x	x	x													x		
J2420	Spinal surgery - lamina, discs, or facets			x	x	x				x	x	x													x		
J2499	Spinal surgery - other			x	x	x				x	x	x													+		
J2500	Ortho surgery - repair fractures of shoulder or arm			x	x	x				x	x	x													x		
J2510	Ortho surgery - repair fractures of pelvis, hip, leg, knee, or ankle			x	x	x				x	x	x													x		
J2520	Ortho surgery - repair but not replace joints			x	x	x				x	x	x													x		
J2530	Ortho surgery - repair other bones			x	x	x				x	x	x													x		
J2599	Ortho surgery - other			x	x	x				x	x	x													+		
J2600	Neuro surgery - brain, surrounding tissue or blood vessels			x	x	x				x	x	x													x		
J2610	Neuro surgery - peripheral and autonomic nervous system - open and percutaneous			x	x	x				x	x	x													x		
J2620	Neuro surgery - insertion or removal of spinal and brain neurostimulators, electrodes, catheters, and CSF drainage devices			x	x	x				x	x	x													x		
J2699	Neuro surgery - Other			x	x	x				x	x	x													+		
J2700	Cardiopulmonary surgery - heart or major blood vessels - open and percutaneous procedures			x	x	x				x	x	x													x		
J2710	Cardiopulmonary surgery - respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords – open and endoscopic			x	x	x				x	x	x													x		
J2799	Cardiopulmonary surgery - Other			x	x	x				x	x	x													+		
J2800	Genitourinary surgery - genital systems			x	x	x				x	x	x													x		
J2810	Genitourinary surgery - the kidneys, ureter, adrenals, and bladder—open, laparoscopic			x	x	x				x	x	x													x		
J2899	Other major genitourinary surgery			x	x	x				x	x	x													+		
J2900	Major surgery - tendons, ligament, or muscles			x	x	x				x	x	x													x		
J2910	Major surgery - the GI tract and abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, spleen—open or laparoscopic			x	x	x				x	x	x													x		
J2920	Major surgery - endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, and thymus—open			x	x	x				x	x	x													x		
J2930	Major surgery - the breast			x	x	x				x	x	x													x		
J2940	Major surgery - repair of deep ulcers, internal brachytherapy, bone marrow, or stem cell harvest or transplant			x	x	x				x	x	x													x		
J5000	Major surgery - Other surgery not listed above			x	x	x				x	x	x													+		

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K0100A	Swallow disorder: loss liquids/solids from mouth			x	x	x				x	x	x													x		
K0100B	Swallow disorder: holds food in mouth/cheeks			x	x	x				x	x	x													x		
K0100C	Swallow disorder: cough/choke with meals/meds			x	x	x				x	x	x													x		
K0100D	Swallow disorder: difficulty or pain swallowing			x	x	x				x	x	x													x		
K0100Z	Swallow disorder: none of the above		x	x	x	x				x	x	x													+		
K0200A	Height (in inches)			x	x	x	x			x		x	x						x	x	x					x	x
K0200B	Weight (in pounds)			x	x	x	x			x		x	x						x	x	x					x	x
K0300	Weight loss			x	x	x	x			x	x	x	x						x		x		x	x	x	x	x
K0310	Weight gain			x	x	x	x			x		x	x								x					x	x
K0520A1	Nutritional approaches: Parenteral/IV Feeding - Adm			x	x	x				x		x					x										
K0520A2	Nutritional approaches: Parenteral/IV Feeding - Not a Res	x		x	x	x				x	x	x									x				x		
K0520A3	Nutritional approaches: Parenteral/IV Feeding - While a Res	x		x	x	x	x			x	x	x									x				x	x	x
K0520A4	Nutritional approaches: Parenteral/IV Feeding - At Discharge			x	x	x	x		x	x		x	x				x									x	x
K0520B1	Nutritional approaches: Feeding Tube - Adm			x	x	x				x		x					x										
K0520B2	Nutritional approaches: Feeding Tube - Not a Res	x		x	x	x				x	x	x									x				x		
K0520B3	Nutritional approaches: Feeding Tube - While a Res	x		x	x	x	x			x	x	x									x				x	x	x
K0520B4	Nutritional approaches: Feeding Tube - At Discharge			x	x	x	x		x	x		x	x				x									x	x
K0520C1	Nutritional approaches: Mechanically Altered Diet - Adm			x	x	x				x		x					x										
K0520C3	Nutritional approaches: Mechanically Altered Diet - While a Res			x	x	x	x			x	x	x									x				x	x	
K0520C4	Nutritional approaches: Mechanically Altered Diet - At Discharge			x	x	x	x		x	x		x	x				x									x	x
K0520D1	Nutritional approaches: Therapeutic Diet - Adm			x	x	x				x		x					x										
K0520D3	Nutritional approaches: Therapeutic Diet - While a Res			x	x	x	x			x											x					x	
K0520D4	Nutritional approaches: Therapeutic Diet - At Discharge			x	x	x	x		x	x		x	x				x									x	x
K0520Z1	Nutritional approaches: None of the above - Adm		x	x	x	x				x		x					x										
K0520Z2	Nutritional approaches: None of the above - Not a Res		x	x	x	x				x	x	x									+				+		
K0520Z3	Nutritional approaches: None of the above - While a Res		x	x	x	x	x			x	x	x									+				+	x	
K0520Z4	Nutritional approaches: None of the above - At Discharge		x	x	x	x	x		x	x		x	x				x									x	x
K0710A2	Prop calories parenteral/tube feed: while a resident			x	x	x				x	x	x													x		
K0710A3	Prop calories parenteral/tube feed: 7 days			x	x	x				x	x	x										x		x	x		
K0710B2	Avg fluid intake per day IV/ tube: while a resident			x	x	x				x	x	x													x		
K0710B3	Avg fluid intake per day IV/tube: 7 days			x	x	x				x	x	x										x		x	x		
L0200A	Dental: broken or loosely fitting denture			x	x	x				x											x						
L0200B	Dental: no natural teeth or tooth fragment(s)			x	x	s				s											x						
L0200C	Dental: abnormal mouth tissue			x	x	s				s											x						
L0200D	Dental: cavity or broken natural teeth			x	x	s				s											x						
L0200E	Dental: inflamed/bleeding gums or loose teeth			x	x	s				s											x						
L0200F	Dental: pain, discomfort, difficulty chewing			x	x	x				x											x						
L0200G	Dental: unable to examine			x	x	s				s																	
L0200Z	Dental: none of the above		x	x	x	s				s																	
M0100A	Risk determination: has ulcer, scar, or dressing			x	x	x	x			x		x	x													x	x
M0100B	Risk determination: formal assessment			x	x	x				x		x															
M0100C	Risk determination: clinical assessment			x	x	x				x		x															
M0100Z	Risk determination: none of the above		x	x	x	x				x		x															
M0150	Is resident at risk of developing pressure ulcer			x	x	x				x		x									x						
M0210	Resident has Stage 1 or higher pressure ulcers	x		x	x	x	x		x	x	x	x	x												+	x	x
M0300A1	Stage 1 pressure ulcers: number present			x	x	x				x		x									x			x			

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M0300B1	Stage 2 pressure ulcers: number present	x		x	x	x	x		x	x	x	x	x						x	x	x		x	x	x	x	x
M0300B2	Stage 2 pressure ulcers: number at admit/reentry			x	x	x	x		x	x		x	x							x							
M0300C1	Stage 3 pressure ulcers: number present	x		x	x	x	x		x	x	x	x	x						x	x	x		x	x	x	x	x
M0300C2	Stage 3 pressure ulcers: number at admit/reentry			x	x	x	x		x	x		x	x							x							
M0300D1	Stage 4 pressure ulcers: number present	x		x	x	x	x		x	x	x	x	x						x	x	x		x	x	x	x	x
M0300D2	Stage 4 pressure ulcers: number at admit/reentry			x	x	x	x		x	x		x	x							x							
M0300E1	Unstaged due to dressing: number present	x		x	x	x	x		x	x		x	x							x	x					x	x
M0300E2	Unstaged due to dressing: number at admit/reentry			x	x	x	x		x	x		x	x							x							
M0300F1	Unstaged slough/eschar: number present	x		x	x	x	x		x	x	x	x	x							x	x		x	x	x	x	x
M0300F2	Unstaged slough/eschar: number at admit/reentry			x	x	x	x		x	x		x	x							x							
M0300G1	Unstageable - deep tissue: number present	x		x	x	x	x		x	x		x	x							x	x					x	x
M0300G2	Unstageable - deep tissue: number at admit/reentry			x	x	x	x		x	x		x	x							x						x	x
M1030	Number of venous and arterial ulcers			x	x	x				x	x	x											x	x	x		
M1040A	Other skin problems: infection of the foot			x	x	x				x	x	x									x		x	x	x		
M1040B	Other skin problems: diabetic foot ulcer(s)			x	x	x				x	x	x											x	x	x		
M1040C	Other skin problems: other open lesion(s) on the foot			x	x	x				x	x	x											x	x	x		
M1040D	Other skin problems: lesions not ulcers, rashes, cuts			x	x	x				x	x	x											x	x	x		
M1040E	Other skin problems: surgical wound(s)			x	x	x				x	x	x											x	x	x		
M1040F	Other skin problems: burns (second or third degree)			x	x	x				x	x	x											x	x	x		
M1040G	Skin tear(s)			x	x	x				x		x													+		
M1040H	Moisture Associated Skin Damage (MASD)			x	x	x				x		x									x				+		
M1040Z	Other skin problems: none of the above		x	x	x	x				x	x	x											+	+	+		
M1200A	Skin/ulcer treatments: pressure reducing device for chair			x	x	x				x	x	x											x	x	x		
M1200B	Skin/ulcer treatments: pressure reducing device for bed			x	x	x				x	x	x											x	x	x		
M1200C	Skin/ulcer treatments: turning/repositioning			x	x	x				x	x	x											x	x	x		
M1200D	Skin/ulcer treatments: nutrition/hydration			x	x	x				x	x	x											x	x	x		
M1200E	Skin/ulcer treatments: pressure ulcer/injury care			x	x	x				x	x	x											x	x	x		
M1200F	Skin/ulcer treatments: surgical wound care			x	x	x				x	x	x											x	x	x		
M1200G	Skin/ulcer treatments: application of dressings			x	x	x				x	x	x											x	x	x		
M1200H	Skin/ulcer treatments: apply ointments/medications			x	x	x				x	x	x											x	x	x		
M1200I	Skin/ulcer treatments: apply dressings to feet			x	x	x				x	x	x											x	x	x		
M1200Z	Skin/ulcer treatments: none of the above		x	x	x	x				x	x	x											+	+	+		
N0300	Number of days injectable medications received	x		x	x	x				x		x												x			
N0350A	Insulin: insulin injections			x	x	x				x	x	x											x		x		
N0350B	Insulin: orders for insulin			x	x	x				x	x	x											x		x		
N0415A1	High-Risk Drug Classes: Antipsychotic: Has received			x	x	x	x		x	x		x	x				x		x	x	x					x	x
N0415A2	High-Risk Drug Classes: Antipsychotic: Indication noted			x	x	x	x		x	x		x	x				x		x	x						x	x
N0415B1	High-Risk Drug Classes: Antianxiety: Has received			x	x	x	x		x	x		x	x				x	x	x	x	x					x	x
N0415B2	High-Risk Drug Classes: Antianxiety: Indication noted			x	x	x	x		x	x		x	x				x		x	x						x	x
N0415C1	High-Risk Drug Classes: Antidepressant: Has received			x	x	x	x		x	x		x	x				x			x	x					x	x
N0415C2	High-Risk Drug Classes: Antidepressant: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415D1	High-Risk Drug Classes: Hypnotic: Has received			x	x	x	x		x	x		x	x				x	x	x	x	x					x	x
N0415D2	High-Risk Drug Classes: Hypnotic: Indication noted			x	x	x	x		x	x		x	x				x		x	x						x	x
N0415E1	High-Risk Drug Classes: Anticoagulant: Has received			x	x	x	x		x	x		x	x				x			x						x	x
N0415E2	High-Risk Drug Classes: Anticoagulant: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415F1	High-Risk Drug Classes: Antibiotic: Has received			x	x	x	x		x	x		x	x				x			x						x	x

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N0415F2	High-Risk Drug Classes: Antibiotic: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415G1	High-Risk Drug Classes: Diuretic: Has received			x	x	x	x		x	x		x	x				x			x						x	x
N0415G2	High-Risk Drug Classes: Diuretic: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415H1	High-Risk Drug Classes: Opioid: Has received			x	x	x	x		x	x		x	x				x			x						x	x
N0415H2	High-Risk Drug Classes: Opioid: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415I1	High-Risk Drug Classes: Antiplatelet: Has received			x	x	x	x		x	x		x	x				x			x						x	x
N0415I2	High-Risk Drug Classes: Antiplatelet: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415J1	High-Risk Drug Classes: Hypoglycemic: Has received			x	x	x	x		x	x		x	x				x			x						x	x
N0415J2	High-Risk Drug Classes: Hypoglycemic: Indication noted			x	x	x	x		x	x		x	x				x			x						x	x
N0415Z1	High-Risk Drug Classes: None of Above: Has Received		x	x	x	x	x		x	x		x	x				x									x	x
N0450A	Resident received antipsychotic medications	x		x	x	x																					
N0450B	GDR attempted	x		x	x	x																					
N0450C	Date of last attempted GDR			x	x	x																					
N0450D	Physician documented GDR	x		x	x	x																					
N0450E	Date physician documented GDR			x	x	x																					
N2001	Drug Regimen Review	x		x	x	x				x		x								x							
N2003	Medication Follow-up			x	x	x				x		x								x							
N2005	Medication Intervention			x	x	x	x		x	x		x	x							x						x	x
O0110A1a	Treatment: Chemotherapy - On Adm			x	x	x				x		x					x			x							
O0110A1b	Treatment: Chemotherapy - While a Res			x	x	x				x	x	x													x		
O0110A1c	Treatment: Chemotherapy - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110A2a	Treatment: Chemotherapy - IV - On Adm			x	x	x				x		x					x			x							
O0110A2c	Treatment: Chemotherapy - IV - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110A3a	Treatment: Chemotherapy - Oral - On Adm			x	x	x				x		x					x			x							
O0110A3c	Treatment: Chemotherapy - Oral - At Discharge.			x	x	x	x		x	x		x	x				x									x	x
O0110A10a	Treatment: Chemotherapy - Other - On Adm			x	x	x				x		x					x			x							
O0110A10c	Treatment: Chemotherapy - Other - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110B1a	Treatment: Radiation - On Adm			x	x	x				x		x					x			x							
O0110B1b	Treatment: Radiation - While a Resident			x	x	x				x	x	x													x		
O0110B1c	Treatment: Radiation - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110C1a	Treatment: Oxygen Therapy - On Adm			x	x	x				x		x					x			x							
O0110C1b	Treatment: Oxygen Therapy - While a Res			x	x	x				x	x	x													x		
O0110C1c	Treatment: Oxygen Therapy - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110C2a	Treatment: Oxygen Therapy - Continuous - On Adm			x	x	x				x		x					x			x							
O0110C2c	Treatment: Oxygen Therapy - Continuous - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110C3a	Treatment: Oxygen Therapy - Intermittent - On Adm			x	x	x				x		x					x			x							
O0110C3c	Treatment: Oxygen Therapy - Intermittent - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110C4a	Treatment: Oxygen Therapy - High-concentration - On Adm			x	x	x				x		x					x			x							
O0110C4c	Treatment: Oxygen Therapy - High-concentration - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110D1a	Treatment: Suctioning - On Adm			x	x	x				x		x					x			x							
O0110D1b	Treatment: Suctioning - While a Res			x	x	x				x	x	x													x		
O0110D1c	Treatment: Suctioning - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110D2a	Treatment: Suctioning - Scheduled - Adm			x	x	x				x		x					x			x							
O0110D2c	Treatment: Suctioning - Scheduled - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110D3a	Treatment: Suctioning - As Needed - Adm			x	x	x				x		x					x			x							
O0110D3c	Treatment: Suctioning - As Needed - At Discharge			x	x	x	x		x	x		x	x				x									x	x

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O0110E1a	Treatment: Tracheostomy care - Adm			x	x	x				x		x					x			x							
O0110E1b	Treatment: Tracheostomy care - While a Resident			x	x	x				x	x	x													x		
O0110E1c	Treatment: Tracheostomy care - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110F1a	Treatment: Invasive Mechanical Ventilator - Adm			x	x	x				x		x					x			x							
O0110F1b	Treatment: Invasive Mechanical Ventilator - While a Res			x	x	x				x	x	x													x		
O0110F1c	Treatment: Invasive Mechanical Ventilator - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110G1a	Treatment: Non-Invasive Mechanic Ventilator - On Adm			x	x	x				x		x					x			x							
O0110G1b	Treatment: Non-Invasive Mechanic Ventilator - While a Res			x	x	x				x		x															
O0110G1c	Treatment: Non-Invasive Mechanic Ventilator - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110G2a	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - On Adm			x	x	x				x		x					x			x							
O0110G2c	Treatment: Non-Invasive Mechanic Ventilator - BiPAP - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110G3a	Treatment: Non-Invasive Mechanic Ventilator - CPAP - On Adm			x	x	x				x		x					x			x							
O0110G3c	Treatment: Non-Invasive Mechanic Ventilator - CPAP - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110H1a	Treatment: IV Medications - On Adm			x	x	x				x		x					x			x							
O0110H1b	Treatment: IV Medications - While a Res			x	x	x				x	x	x													x		
O0110H1c	Treatment: IV Medications - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110H2a	Treatment: IV Medications - Vasoactive Med - On Adm			x	x	x				x		x					x			x							
O0110H2c	Treatment: IV Medications - Vasoactive Med - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110H3a	Treatment: IV Medications - Antibiotics - On Adm			x	x	x				x		x					x			x							
O0110H3c	Treatment: IV Medications - Antibiotics - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110H4a	Treatment: IV Medications - Anticoagulant - On Adm			x	x	x				x		x					x			x							
O0110H4c	Treatment: IV Medications - Anticoagulant - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110H10a	Treatment: IV Medications - Other - On Adm			x	x	x				x		x					x			x							
O0110H10c	Treatment: IV Medications - Other - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110I1a	Treatment: Transfusions - On Adm			x	x	x				x		x					x			x							
O0110I1b	Treatment: Transfusions - While a Res			x	x	x				x	x	x													x		
O0110I1c	Treatment: Transfusions - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110J1a	Treatment: Dialysis - On Adm			x	x	x				x		x					x			x							
O0110J1b	Treatment: Dialysis - while a Resident			x	x	x				x	x	x													x		
O0110J1c	Treatment: Dialysis - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110J2a	Treatment: Dialysis - Hemodialysis - On Adm			x	x	x				x		x					x			x							
O0110J2c	Treatment: Dialysis - Hemodialysis - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110J3a	Treatment: Dialysis - Peritoneal - On Adm			x	x	x				x		x					x			x							
O0110J3c	Treatment: Dialysis - Peritoneal - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110K1b	Treatment: Hospice - While a Res			x	x	x	x			x		x							x	x						x	x
O0110M1b	Treatment: isolate/quarantine - While a Res			x	x	x				x	x	x													x		
O0110O1a	Treatment: IV Access - On Adm			x	x	x				x		x					x			x							
O0110O1b	Treatment: IV Access - While a Res			x	x	x				x		x															
O0110O1c	Treatment: IV Access - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110O2a	Treatment: IV Access - Peripheral - On Adm			x	x	x				x		x					x			x							
O0110O2c	Treatment: IV Access - Peripheral - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110O3a	Treatment: IV Access - Midline - On Adm			x	x	x				x		x					x			x							
O0110O3c	Treatment: IV Access - Midline - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110O4a	Treatment: IV Access - Central - On Adm			x	x	x				x		x					x			x							
O0110O4c	Treatment: IV Access - Central - At Discharge			x	x	x	x		x	x		x	x				x									x	x
O0110Z1a	Treatment: None of the above - On Adm		x	x	x	x				x		x								x							

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O0110Z1b	Treatment: None of the above - While a Res		x	x	x	x	x			x	x	x														x	x
O0110Z1c	Treatment: None of the above - At Discharge		x	x	x	x	x		x	x		x	x														x	x
O0250A	Was influenza vaccine received	x		x	x	x	x			x		x	x						x							x	x
O0250B	Date influenza vaccine received	x		x	x	x	x			x		x	x													x	x
O0250C	If influenza vaccine not received, state reason			x	x	x	x			x		x	x						x							x	x
O0300A	Is pneumococcal vaccination up to date	x		x	x	x	x			x		x	x						x							x	x
O0300B	If pneumococcal vaccination not received, state reason			x	x	x	x			x		x	x						x							x	x
O0400A1	Speech-language/audiology: individual minutes	x		x	x	x				x		x										x		x			
O0400A2	Speech-language/audiology: concurrent minutes	x		x	x	x				x		x										x		x			
O0400A3	Speech-language/audiology: group minutes	x		x	x	x				x		x										x		x			
O0400A3A	Speech-language/audiology: co-treatment minutes			x	x	x				x		x															
O0400A4	Speech-language/audiology: number of days			x	x	x				x		x										x		x			
O0400A5	Speech-language/audiology: start date			x	x	x				x		x										x					
O0400A6	Speech-language/audiology: end date			x	x	x				x		x										x					
O0400B1	Occupational therapy: individual minutes	x		x	x	x				x		x								x		x		x			
O0400B2	Occupational therapy: concurrent minutes	x		x	x	x				x		x								x		x		x			
O0400B3	Occupational therapy: group minutes	x		x	x	x				x		x								x		x		x			
O0400B3A	Occupational therapy: co-treatment minutes			x	x	x				x		x															
O0400B4	Occupational therapy: number of days			x	x	x				x		x										x		x			
O0400B5	Occupational therapy: start date			x	x	x				x		x										x					
O0400B6	Occupational therapy: end date			x	x	x				x		x										x					
O0400C1	Physical therapy: individual minutes	x		x	x	x				x		x								x		x		x			
O0400C2	Physical therapy: concurrent minutes	x		x	x	x				x		x								x		x		x			
O0400C3	Physical therapy: group minutes	x		x	x	x				x		x								x		x		x			
O0400C3A	Physical therapy: co-treatment minutes			x	x	x				x		x															
O0400C4	Physical therapy: number of days			x	x	x				x		x										x		x			
O0400C5	Physical therapy: start date			x	x	x				x		x										x					
O0400C6	Physical therapy: end date			x	x	x				x		x										x					
O0400D1	Respiratory therapy: number of minutes	x		x	x	x				x																	
O0400D2	Respiratory therapy: number of days			x	x	x				x	x	x											x	x	x		
O0400E1	Psychological therapy: number of minutes	x		x	x	x				x																	
O0400E2	Psychological therapy: number of days			x	x	x				x																	
O0400F1	Recreational therapy: number of minutes	x		x	x	x				x																	
O0400F2	Recreational therapy: number of days			x	x	x				x																	
O0420	Distinct calendar days of therapy (7 look back)			x	x	x				x												x					
O0425A1	SLP and Audiology Services: Individual Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425A2	SLP and Audiology Services: Concurrent Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425A3	SLP and Audiology Services: Group Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425A4	SLP and Audiology Services: Co-treatment Minutes			x	x	x	x		x	x		x	x												+	x	x
O0425A5	SLP and Audiology Services: Days			x	x	x	x		x	x		x	x												+	x	x
O0425B1	Occupational Therapy: Individual Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425B2	Occupational Therapy: Concurrent Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425B3	Occupational Therapy: Group Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425B4	Occupational Therapy: Co-treatment Minutes			x	x	x	x		x	x		x	x												+	x	x
O0425B5	Occupational Therapy: Days			x	x	x	x		x	x		x	x												+	x	x
O0425C1	Physical Therapy: Individual Minutes	x		x	x	x	x		x	x		x	x												+	x	x

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups										D/C Items	
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O0425C2	Physical Therapy: Concurrent Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425C3	Physical Therapy: Group Minutes	x		x	x	x	x		x	x		x	x												+	x	x
O0425C4	Physical Therapy: Co-treatment Minutes			x	x	x	x		x	x		x	x												+	x	x
O0425C5	Physical Therapy: Days			x	x	x	x		x	x		x	x												+	x	x
O0430	Distinct Calendar Days of Part A Therapy			x	x	x	x		x	x		x	x												+	x	x
O0500A	Range of motion (passive): number of days			x	x	x				x	x	x											x	x	x	x		
O0500B	Range of motion (active): number of days			x	x	x				x	x	x											x	x	x	x		
O0500C	Splint or brace assistance: number of days			x	x	x				x	x	x											x	x	x	x		
O0500D	Bed mobility training: number of days			x	x	x				x	x	x											x	x	x	x		
O0500E	Transfer training: number of days			x	x	x				x	x	x											x	x	x	x		
O0500F	Walking training: number of days			x	x	x				x	x	x											x	x	x	x		
O0500G	Dressing and/or grooming training: number of days			x	x	x				x	x	x											x	x	x	x		
O0500H	Eating and/or swallowing training: number of days			x	x	x				x	x	x											x	x	x	x		
O0500I	Amputation/prosthesis training: number of days			x	x	x				x	x	x									x		x	x	x	x		
O0500J	Communication training: number of days			x	x	x				x	x	x											x	x	x	x		
P0100A	Restraints used in bed: bed rail			x	x	x	x			x		x	x								x						x	x
P0100B	Restraints used in bed: trunk restraint			x	x	x	x			x		x	x						x		x						x	x
P0100C	Restraints used in bed: limb restraint			x	x	x	x			x		x	x						x		x						x	x
P0100D	Restraints used in bed: other			x	x	x	x			x		x	x								x						x	x
P0100E	Restraints in chair/out of bed: trunk restraint			x	x	x	x			x		x	x						x		x						x	x
P0100F	Restraints in chair/out of bed: limb restraint			x	x	x	x			x		x	x						x		x						x	x
P0100G	Restraints in chair/out of bed: chair stops rising			x	x	x	x			x		x	x						x		x						x	x
P0100H	Restraints in chair/out of bed: other			x	x	x	x			x		x	x								x						x	x
P0200A	Bed alarm			x	x	x																						
P0200B	Chair alarm			x	x	x																						
P0200C	Floor mat alarm			x	x	x																						
P0200D	Motion sensor alarm			x	x	x																						
P0200E	Wander/elopement alarm			x	x	x																						
P0200F	Other alarm			x	x	x																						
Q0110A	Asmt and Goal Participation: Resident			x	x	x				x		x																
Q0110B	Asmt and Goal Participation: Family			x	x	x				x		x																
Q0110C	Asmt and Goal Participation: Significant other			x	x	x				x		x																
Q0110D	Asmt and Goal Participation: Legal guardian			x	x	x				x		x																
Q0110E	Asmt and Goal Participation: Other legally authorized representative			x	x	x				x		x																
Q0110Z	Asmt and Goal Participation: None of the above.		x	x	x	x				x		x																
Q0310A	Resident's overall goal for discharge			x	x	x				x		x																
Q0310B	Information source for Q0310A			x	x	x				x		x																
Q0400A	Active discharge plan for return to community	x		x	x	x	x			x		x	x						x							x	x
Q0490	Resident's preference to avoid being asked	x		x	x	x				x		x																
Q0500B	Do you want to talk about returning to community			x	x	x				x		x																
Q0500C	Information source for Q500B			x	x	x				x		x																
Q0550A	Reasking resident preference			x	x	x				x		x																
Q0550C	Information source for Q0550A			x	x	x				x		x																
Q0610A	Referral been made to local contact agency	x		x	x	x	x			x		x	x													x	x
Q0620	Reason Referral to Local Contact Agency Not Made	x		x	x	x	x			x		x	x													x	x
V0100A	Prior OBRA reason for assessment			x	x	s				s																	

Item Matrix version 1.18.11					Nursing Home Item Subsets						NH/ SB	Swing Bed Item Subsets				Item Groups										D/C Items	
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V0100B	Prior PPS reason for assessment			x	x	s				s																	
V0100C	Prior assessment reference date			x	x	s				s																	
V0100D	Prior assessment BIMS summary score			x	x	s				s											x						
V0100E	Prior assessment PHQ res: total mood severity score			x	x	s				s											x						
V0100F	Prior assessment PHQ staff: total mood score			x	x	s				s											x						
V0200A01A	CAA-Delirium: triggered			x	x	s				s											x						
V0200A01B	CAA-Delirium: plan			x	x	s				s											x						
V0200A02A	CAA-Cognitive loss/dementia: triggered			x	x	s				s											x						
V0200A02B	CAA-Cognitive loss/dementia: plan			x	x	s				s											x						
V0200A03A	CAA-Visual function: triggered			x	x	s				s											x						
V0200A03B	CAA-Visual function: plan			x	x	s				s											x						
V0200A04A	CAA-Communication: triggered			x	x	s				s											x						
V0200A04B	CAA-Communication: plan			x	x	s				s											x						
V0200A05A	CAA-ADL functional/rehab potential: triggered			x	x	s				s											x						
V0200A05B	CAA-ADL functional/rehab potential: plan			x	x	s				s											x						
V0200A06A	CAA-Urinary incontinence/indwelling catheter: triggered			x	x	s				s											x						
V0200A06B	CAA-Urinary incontinence/indwelling catheter: plan			x	x	s				s											x						
V0200A07A	CAA-Psychosocial well-being: triggered			x	x	s				s											x						
V0200A07B	CAA-Psychosocial well-being: plan			x	x	s				s											x						
V0200A08A	CAA-Mood state: triggered			x	x	s				s											x						
V0200A08B	CAA-Mood state: plan			x	x	s				s											x						
V0200A09A	CAA-Behavioral symptoms: triggered			x	x	s				s											x						
V0200A09B	CAA-Behavioral symptoms: plan			x	x	s				s											x						
V0200A10A	CAA-Activities: triggered			x	x	s				s											x						
V0200A10B	CAA-Activities: plan			x	x	s				s											x						
V0200A11A	CAA-Falls: triggered			x	x	s				s											x						
V0200A11B	CAA-Falls: plan			x	x	s				s											x						
V0200A12A	CAA-Nutritional status: triggered			x	x	s				s											x						
V0200A12B	CAA-Nutritional status: plan			x	x	s				s											x						
V0200A13A	CAA-Feeding tubes: triggered			x	x	s				s											x						
V0200A13B	CAA-Feeding tubes: plan			x	x	s				s											x						
V0200A14A	CAA-Dehydration/fluid maintenance: triggered			x	x	s				s											x						
V0200A14B	CAA-Dehydration/fluid maintenance: plan			x	x	s				s											x						
V0200A15A	CAA-Dental care: triggered			x	x	s				s											x						
V0200A15B	CAA-Dental care: plan			x	x	s				s											x						
V0200A16A	CAA-Pressure ulcer: triggered			x	x	s				s											x						
V0200A16B	CAA-Pressure ulcer: plan			x	x	s				s											x						
V0200A17A	CAA-Psychotropic drug use: triggered			x	x	s				s											x						
V0200A17B	CAA-Psychotropic drug use: plan			x	x	s				s											x						
V0200A18A	CAA-Physical restraints: triggered			x	x	s				s											x						
V0200A18B	CAA-Physical restraints: plan			x	x	s				s											x						
V0200A19A	CAA-Pain: triggered			x	x	s				s											x						
V0200A19B	CAA-Pain: plan			x	x	s				s											x						
V0200A20A	CAA-Return to community referral: triggered			x	x	s				s											x						
V0200A20B	CAA-Return to community referral: plan			x	x	s				s											x						
V0200B1	CAA-Assessment process RN signature				x	s				s																	

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V0200B2	CAA-Assessment process signature date			x	x	s				s																	
V0200C1	CAA-Care planning signature				x	s				s																	
V0200C2	CAA-Care planning signature date			x	x	s				s																	
X0150	Correction: type of provider	x		x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0200A	Correction: resident first name			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0200C	Correction: resident last name			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0300	Correction: resident gender			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0400	Correction: resident birth date			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0500	Correction: resident social security number			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0600A	Correction: OBRA reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0600B	Correction: PPS reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0600F	Correction: entry/discharge reporting	x		x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0600H	Correction: SNF Part A PPS Discharge			x	x	x	x	x	x	x		x	x	x	x	x										x	x
X0700A	Correction: assessment reference date			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0700B	Correction: discharge date			x	x	x	x	x	x	x		x	x	x	x	x										x	x
X0700C	Correction: entry date			x	x	x	x	x	x	x		x	x	x	x	x										x	x
X0800	Correction: correction number			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0900A	Correction: modification reasons - transcription error			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0900B	Correction: modification reasons - data entry error			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0900C	Correction: modification reasons - software error			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0900D	Correction: modification reasons - item coding error			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X0900Z	Correction: modification reasons - other error			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1050A	Correction: inactivation reasons - event did not occur			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1050Z	Correction: inactivation reasons - other reason			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1100A	Correction: attestor first name			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1100B	Correction: attestor last name			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1100C	Correction: attestor title				x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1100D	Correction: attestor signature				x	x	x	x	x	x	x	x	x	x	x	x										x	x
X1100E	Correction: attestation date			x	x	x	x	x	x	x	x	x	x	x	x	x										x	x
Z0100A	Medicare Part A: HIPPS code			x	x	x				x	x	x													x		
Z0100B	Medicare Part A: Version code			x	x	x				x	x	x													x		
Z0200A	State Medicaid Billing: Case Mix group			x	x	x				x												x	x	x			
Z0200B	State Medicaid Billing: Version code			x	x	x				x												x	x	x			
Z0250A	Alt State Medicaid Billing: Case Mix group			x	x	x				x												x	x	x			
Z0250B	Alt State Medicaid Billing: Version Code			x	x	x				x												x	x	x			
Z0300A	Insurance Billing: Billing Code				x	x	x			x		x	x													x	x
Z0300B	Insurance Billing: Billing Version				x	x	x			x		x	x													x	x
Z0400A	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x		x										x	x
Z0400B	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x		x										x	x
Z0400C	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x		x										x	x
Z0400D	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400E	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400F	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400G	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400H	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400I	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x

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Z0400J	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400K	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0400L	Attestation signature, title, sections, date				x	x	x		x	x	x	x	x													x	x
Z0500A	Signature of RN assessment coordinator				x	x	x		x	x	x	x	x													x	x
Z0500B	Date RN signed assessment as complete			x	x	x	x		x	x	x	x	x													x	x
	Number of federally required items	99	25	846	865	710	389	88	268	688	302	677	375	88	27	104	162	24	88	299	162	42	69	82	157	354	282

Notes:

+ = Supporting items (e.g., triggers for skip patterns, none-of-the-above items, component item for summary score)

s = State-optional item.