

Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual

MDS 3.0 RAI User's Manual v1.18.11 (effective 10/01/2023)

Changes from Draft (04/01/2023) to Final (08/22/2023)

Row #	Chapter-Section	Page-Item	Change to Draft RAI 3.0 User's Manual v1.18.11 Text	Revision to Text (changes in italics and additions highlighted in yellow)	Description of Revision(s)
1.	Chapter 2, Section 2.1, "Introduction to the Requirements for the RAI"	2-1	Revised wording for paragraph 3.	Revised to read: MDS assessments are also required <i>to be completed and submitted to the iQIES system</i> for Medicare payment (Skilled Nursing Facility (SNF) PPS) purposes under Medicare Part A (described in detail in Section 2.9) or for the SNF Quality Reporting Program (QRP) required under the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). <i>Other payors (e.g., Medicare Advantage Plans) may require Health Insurance Prospective Payment System (HIPPS) codes or other MDS data for billing purposes. However, facilities must not code assessments done for these purposes as PPS assessments in A0310B and A0310H or submit these assessments to iQIES.</i>	Added information for Medicare Advantage insurance payers.
2.	Chapter 2, Section 2.5, "Assessment Types and Definitions"	2-12	Revised wording for "Interruption Window," paragraph 3, bullet 2, sentence 1.	Revised "may" to "must" and revised text to read: If a resident is discharged from Part A, leaves the facility, and does not resume Part A within the 3-day interruption window , it is not an interrupted stay and the Part A PPS Discharge and OBRA Discharge are both required and <i>must be combined if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000)</i> (see Part A PPS Discharge assessment in Section 2.5).	Updated guidance.
3.	Chapter 2, Section 2.6, "Required OBRA Assessments for the MDS"	2-19	Revised wording for final column, "Assessment Combination," in row 1, "Discharge Assessment – return not	Revised to clarify rules for combining 5-day and OBRA versus OBRA Discharge assessments to read: May be combined with any OBRA or 5-Day <i>and must be combined with a Part A PPS Discharge if the Medicare Part A stay ends</i>	Updated guidance.

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			anticipated (Non-Comprehensive)."	<i>on the day of, or one day before, the resident's Discharge Date (A2000)</i>	
4.	Chapter 2, Section 2.6, "Required OBRA Assessments for the MDS"	2-19	Revised wording for final column, "Assessment Combination," in row 2, "Discharge Assessment – return anticipated (Non-Comprehensive)."	Revised to clarify rules for combining 5-day and OBRA versus OBRA Discharge assessments to read: May be combined with any OBRA or 5-Day <i>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)</i>	Updated guidance.
5.	Chapter 2, "Comprehensive Assessments"	2-27	Revised wording for bullet 5, sub-bullet 4 ("Assist in Deciding If a Change Is Significant or Not," bullet 6, sub-bullet 4).	Revised to read: Any decline in an ADL physical functioning area (<i>e.g., self-care or mobility</i>) (at least 1) where a resident is newly coded as <i>partial/moderate</i> assistance, <i>substantial/maximal assistance, dependent, resident refused, or the activity was not attempted</i> since last assessment and does not reflect normal fluctuations in that individual's functioning;	Updated guidance for better alignment with other sections.
6.	Chapter 2, "Comprehensive Assessments"	2-28	Revised wording for bullet 1, sub-bullet 1 ("Assist in Deciding If a Change Is Significant or Not," bullet 7, sub-bullet 1).	Revised to read: Any improvement in an ADL physical functioning area (at least 1) where a resident is newly coded as Independent, <i>setup or clean-up assistance, or supervision or touching</i> assistance since last assessment and does not reflect normal fluctuations in that individual's functioning;	Updated guidance for better alignment with other sections.
7.	Chapter 2, "Comprehensive Assessments"	2-28	Revised wording for Examples (SCSA) item 2.	Revised to read: Resident T required <i>supervision</i> with ADLs. They fractured their hip and upon return to the facility require <i>maximal</i> assistance with all ADLs. Rehab has started and staff is hopeful they will return to their prior level of function in 4–6 weeks.	Updated guidance for better alignment with other sections.
8.	Chapter 2, Section 2.6, "Required OBRA Assessments for the MDS"	2-41	Revised wording for bullet 1 ("Assessment Management Requirements and Tips for OBRA Discharge Assessments," bullet 7).	Revised to clarify rules for combining 5-day versus OBRA Discharge assessments to read: May be combined with <i>any</i> 5-Day <i>and must be combined with an OBRA Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).</i>	Updated guidance.

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9.	Chapter 2, Section 2.12, "Factors Impacting SNF PPS Assessment Scheduling"	2-52	Revised wording for "Resident Transfers or Is Discharged Before or On the Eighth Day of SNF Stay," paragraph 3, sentence 1.	Revised "may" to "must" to read: When the beneficiary is discharged from the SNF, the provider must also complete an OBRA Discharge assessment, but if the Medicare Part A stay ends on or before the eighth day of the covered SNF stay and the beneficiary is physically discharged from the facility the day of or the day after the Part A stay ends, the Part A PPS and OBRA Discharge assessments must be combined.	Updated guidance.
10.	Chapter 3, "Section A: Identification Information," A0310: Type of Assessment	A-5, A0310	Revised wording for "Coding Instructions for A0310, Type of Assessment," paragraph 1.	Revised to read: If the assessment is being completed for both Omnibus Budget Reconciliation Act (OBRA)–required clinical reasons (A0310A) and Prospective Payment System (PPS) reasons (A0310B), all requirements for both types of assessments must be met. See Chapter 2, Section 2.10 Combining PPS Assessments and OBRA Assessments for details of these requirements. Assessments completed for other reasons (e.g., to facilitate billing for Medicare Advantage Plans) are not coded in A0310 and are not submitted to iQIES.	Added information for Medicare Advantage insurance payors.
11.	Chapter 3, "Section A: Identification Information," A0310: Type of Assessment	A-7, A0310	Revised wording for "Part A PPS Discharge Assessment" definition box, sentence 2.	Revised "or may" to "and must" to read: The Part A PPS Discharge assessment is completed when a resident's Medicare Part A stay ends, but the resident remains in the facility; and must be combined with an OBRA Discharge if the Part A stay ends on the same day or the day before the resident's Discharge Date (A2000).	Updated guidance.
12.	Chapter 3, "Section A: Identification Information," A0310: Type of Assessment	A-10, A0310	Revised wording for bullet 3 ("Coding Tips," bullet 9), sentence 2.	Revised "may" to "must" and added text to read: In this situation, both the Part A PPS and OBRA Discharge assessments are required (and must be combined if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).	Updated guidance.
13.	Chapter 3, "Section A: Identification	A-10, A0310	Revised wording for "Coding Instructions for	Revised "may" to "must" to read: If the End Date of the Most Recent Medicare Stay (A2400C) occurs on the day of or one day before the Discharge Date (A2000), the OBRA	Updated guidance.

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	Information," A0310: Type of Assessment		A0310H," bullet 4, sentence 1.	Discharge assessment and Part A PPS Discharge assessment are both required and must be combined.	
14.	Chapter 3, "Section A: Identification Information," A1005: Ethnicity	A-17, A1005	Revised wording for "Coding Instructions," bullet 2.	Added missing word "to" to read: Code X, Resident unable to respond: if the resident is unable to respond.	Missing word.
15.	Chapter 3, "Section A: Identification Information," A1805: Entered Form	A-37, A1805	Removed wording at the end of bullet 8, "Code 10, Hospice" ("Coding Instructions," bullet 10).	Removed wording: Includes community-based or inpatient hospice programs.	Updated guidance.
16.	Chapter 3, "Section A: Identification Information," A2000: Discharge Date	A-41, A2000	Revised wording for "Coding Tips and Special Populations," bullet 2, sentence 2.	Revised "may" to "must" to read: The PPS Discharge assessment must be combined with the OBRA Discharge assessment when the Medicare Part A stay ends on or one day prior to the day of discharge from the facility.	Updated guidance.
17.	Chapter 3, "Section A: Identification Information," A2105: Discharge Status	A-43, A2105	Removed wording at the end of bullet 8, "Code 10, Hospice" ("Coding Instructions," bullet 10).	Removed wording: Includes community-based (e.g., home) or inpatient hospice programs.	Updated guidance.
18.	Chapter 3, "Section A: Identification Information," A2300: Assessment Reference Date	A-56, A2300	Revised wording for "Coding Tips and Special Populations," bullet 3.	Revised to read: When collecting assessment information, data from the time period of the leave of absence is captured as long as the particular MDS item permits. For example, if the family takes the resident to their home for a holiday and the resident falls, the assessor will capture the fall in J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent. This requirement applies to all assessments, regardless of whether they are being completed for clinical or payment purposes.	Updated guidance.
19.	Chapter 3, "Section A: Identification Information," A2400: Medicare Stay	A-58, A2400	Revised wording for "Coding Tips and Special Populations," bullet 4, sentence 1.	Revised "may" to "must" to read: If the End Date of Most Recent Medicare Stay (A2400C) occurs on the day of or one day before the Discharge Date (A2000), the OBRA Discharge	Updated guidance.

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				assessment and Part A PPS Discharge assessment are both required and must be combined.	
20.	Chapter 3, "Section A: Identification Information," A2400: Medicare Stay	A-58, A2400	Removed "Coding Tips and Special Populations," bullet 7.	Removed Coding Tip: Items A2400A–A2400C are not active when the OBRA Discharge assessment indicates the resident has had an interrupted stay (A0310G1 = 1).	Updated guidance.
21.	Chapter 3, "Section C: Cognitive Patterns," C0200-C0500: Brief Interview for Mental Status (BIMS)	C-6, C0200-C0500	Revised wording for "Coding Tips," bullet 5.	Added "C0200" to read: If all responses to C0200 , C0300A, C0300B, and C0300C are coded 0 because answers are incorrect, continue interview.	Updated guidance.
22.	Chapter 3, "Section C: Cognitive Patterns," C0500: BIMS Summary Score	C-17, C0500	Revised wording for "Coding Instructions," bullet 3.	Added "but not all" to read: Code 99, unable to complete interview: if (a) the resident chooses not to participate in the BIMS, (b) if four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response, or (c) if any but not all of the BIMS items are coded with a dash (—).	Updated guidance.
23.	Chapter 3, "Section E: Behavior," E0900: Wandering—Presence & Frequency	E-19, E0900	Corrected item name in "Coding Instructions for E0900," bullet 1.	Corrected "Behavioral" to "Behavior" to read: Skip to Change in Behavior or Other Symptoms item (E1100).	Corrected item name.
24.	Chapter 3, "Section E: Behavior," E1100: Change in Behavior or Other Symptoms	E-21, E1100	Corrected item name in header.	Corrected "Behavioral" to "Behavior" to read: E1100: Change in Behavior or Other Symptoms	Corrected item name.
25.	Chapter 3, "Section F: Preferences for Customary Routine and Activities," F0700: Should the Staff Assessment of Daily and Activity	F-15, F0700	Revised wording for "Coding Instructions," bullet 1.	Revised to read: Code 0, no: if Interview for Daily and Activity Preferences items (F0400 and F0500) was completed by resident, family or significant other. Skip to and complete GG0100, Prior Functioning: Everyday Activities.	Updated guidance.

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	Preferences Be Conducted?				
26.	Chapter 3, "Section GG: Functional Abilities and Goals," GG0130: Self-Care	GG-20, GG0130	Revised wording for bullet 1 ("Assessment Period," bullet 3), "Discharge," sentence 1.	Revised "or may" to "and must" and added text to read: Discharge: The Part A PPS Discharge assessment is required to be completed <i>as a standalone assessment</i> when the resident's Medicare Part A Stay ends (as documented in A2400C, End of Most Recent Medicare Stay) <i>and</i> the resident remains in the facility. <i>The Part A PPS Discharge assessment must</i> be combined with an OBRA Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).	Updated guidance.
27.	Chapter 3, "Section GG: Functional Abilities and Goals," GG0170: Mobility	GG-46, GG0170	Revised wording for bullet 2 ("Coding Tips," bullet 3), "Discharge," sentence 1.	Revised "or may" to "and must" and added text to read: Discharge: The Part A PPS Discharge assessment is required to be completed <i>as a standalone assessment</i> when the resident's Medicare Part A stay ends (as documented in A2400C, End of Most Recent Medicare Stay) <i>and</i> the resident remains in the facility. <i>The Part A PPS Discharge assessment must</i> be combined with an OBRA Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000).	Updated guidance.
28.	Chapter 3, "Section GG: Functional Abilities and Goals," GG0170: Mobility	GG-58, GG0170	Removed "Coding Tips," bullet 3.	Removed Coding Tip: If the resident does not get into or out of a tub and/or shower during the observation period, use one of the "activity not attempted" codes (07, 09, 10, or 88).	Updated guidance.
29.	Chapter 3, "Section GG: Functional Abilities and Goals," GG0170: Mobility	GG-60, GG0170	Corrected item number in "Coding Tips" header.	Corrected "GG0170L" to "GG0170L" to read: Coding Tips for GG0170I- GG0170L Walking Items	Corrected item number.
30.	Chapter 3, "Section J: Health Conditions," J0300–J0600: Pain Assessment Interview	J-8, J0300–J0600	Removed "Steps for Assessment," item 3 (and renumbered subsequent items).	Removed Step for Assessment: Because this item asks the resident to recall pain in the past 5 days, this assessment should be conducted close to the end of the 5-day look-	Updated guidance.

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				back period. This should more accurately capture pain episodes that occur in the last 5 days.	
31.	Chapter 3, "Section J: Health Conditions," J0300: Pain Presence	J-11, J0300	Revised wording for Example 1, Coding.	Revised to read: J0410 would be coded 4 , Almost constantly.	Updated guidance.
32.	Chapter 3, "Section J: Health Conditions," J0300: Pain Presence	J-11, J0300	Revised wording for Example 2, Coding.	Revised to read: J0410 would be coded 3 , Frequently.	Updated guidance.
33.	Chapter 3, "Section J: Health Conditions," J0300: Pain Presence	J-11, J0300	Revised wording for Example 3, Coding.	Revised to read: J0410 would be coded 2 , Occasionally.	Updated guidance.
34.	Chapter 3, "Section J: Health Conditions," J0300: Pain Presence	J-12, J0300	Revised wording for Example 4, Coding.	Revised to read: J0410 would be coded 1 , Rarely or not at all .	Updated guidance.
35.	Chapter 3, "Section J: Health Conditions," J0520: Pain Interference with Therapy Activities	J-15, J0520	Added "Coding Tips," bullet 3.	Added bullet: Rehabilitation therapies do not include restorative nursing programs.	Updated guidance.
36.	Chapter 3, "Section K: Swallowing/ Nutritional Status," K0520: Nutritional Approaches	K-11, K0520	Revised wording for "Steps for Assessment," bullet 1.	Removed "7-day" to read: Review the medical record to determine if any of the listed nutritional approaches were performed during the look-back period.	Updated guidance.
37.	Chapter 3, "Section K: Swallowing/ Nutritional Status," K0520: Nutritional Approaches	K-11, K0520	Removed "Coding Instruction (for Column 3)," item 2.	Coding Instruction removed: If A0310B = 01 AND A0310A = 99, K0520D. Therapeutic Diet is not a required item.	Updated guidance.
38.	Chapter 3, "Section M: Skin Conditions," M1030: Other Ulcers,	M-32, M1040	Updated item screenshot.	Updated screenshot for item M1040, Other Ulcers, Wounds and Skin Problems.	Updated screenshot.

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	Wounds and Skin Problems				
39.	Chapter 3, "Section N: Medications," N0415: High-Risk Drug Classes: Use and Indication	N-6, N0415	Added definition for indication.	Added definition: <i>Indication</i> <i>The identified, documented clinical rationale for administering a medication that is based upon a physician's (or prescriber's) assessment of the resident's condition and therapeutic goals.</i>	Definition added.
40.	Chapter 3, "Section N: Medications," N0415: High-Risk Drug Classes: Use and Indication	N-8, N0415	Revised wording for "Coding Tips and Special Populations," bullet 3.	Removed "(e.g., PO, IM, or IV)" to read: Include any of these medications given to the resident by any route in any setting (e.g., at the nursing home, in a hospital emergency room) while a resident of the nursing home.	Updated guidance.
41.	Chapter 3, "Section N: Medications," N0415: High-Risk Drug Classes: Use and Indication	N-9, N0415	Added "Coding Tips and Special Populations," bullet 6.	Added bullet: <i>Do not code flushes to keep an IV access port patent.</i>	Updated guidance.
42.	Chapter 3, "Section O: Special Treatments, Procedures, and Programs," O0400: Therapies	O-8, O0110	Corrected item name in section header.	Added "or quarantine" and "body/fluid" to read: O0110M1, Isolation <i>or quarantine</i> for active infectious disease (does not include standard <i>body/fluid</i> precautions)	Corrected item name.
43.	Chapter 3, "Section O: Special Treatments, Procedures, and Programs," O0400: Therapies	O-19–O-20, O-37–O-38, O0400	Updated item screenshots.	Updated screenshots for item O0400, Therapies.	Updated screenshots.
44.	Chapter 3, "Section O: Special Treatments, Procedures, and Programs," O0500:	O-54, O0500	Revised wording for Example 3, sentence 3.	Revised "required total assistance" to "were dependent" to read: Upon admission, they had difficulty moving themselves in bed and <i>were dependent</i> for transfers.	Updated guidance.

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	Restorative Nursing Programs				
45.	Chapter 3, "Section O: Special Treatments, Procedures, and Programs," O0500: Restorative Nursing Programs	O-54, O0500	Revised wording for Example 3, sentence 6.	Revised "extensive" to "substantial/maximal" to read: The charge nurse documented in the nurse's notes that in the 5 days Resident K has been receiving training and skill practice for bed mobility for 20 minutes a day and transferring for 25 minutes a day, their endurance and strength have improved, and they require only substantial/maximal assistance for transferring.	Updated guidance.
46.	Chapter 3, "Section Q: Participation in Assessment and Goal Setting," Q0490: Resident's Documented Preference to Avoid Being Asked Question Q0500B	Q-12, Q0490	Corrected item name in section header.	Added "Documented" to read: Q0490: Resident's Documented Preference to Avoid Being Asked Question Q0500B	Corrected item name.
47.	Chapter 4, Section 5, "ADL Functional/ Rehabilitation Potential"	4-22, GG0130/ GG0170	Revised CAA 5 Triggering Condition.	Added " GG0130X1 = 01-05 " and " GG0170X1 = 01-05. "	Aligned CAA with CAT Specifications.
48.	Chapter 4, Section 6, "Urinary Incontinence and Indwelling Catheter"	4-23, GG0130/ GG0170	Revised CAA 6 Triggering Condition.	Added " GG0130X1 = 01-05 " and " GG0170X1 = 01-05. "	Aligned CAA with CAT Specifications.
49.	Chapter 4, Section 16, "Pressure Ulcer/Injury"	4-35, GG0130/ GG0170	Revised CAA 16 Triggering Condition.	Added " GG0130X1 does not = 06 " and " GG0170X1 does not = 06. "	Aligned CAA with CAT Specifications.
50.	Chapter 4, Section 20, "Return to Community Referral"	4-40	Revised wording for paragraph 2, sentence 1.	Revised to read: An individual in a nursing home with adequate decision making capacity, or through qualified decision making supports, can choose to leave the facility	Updated guidance.

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				and/or request to talk to someone about returning to the community <i>to receive needed supports</i> at any time.	
51.	Chapter 4, Section 20, "Return to Community Referral"	4-40	Revised wording for paragraph 3, sentence 3.	Added "in long-term care decision making" to read: This includes ensuring that the individual or surrogate is fully informed and involved <i>in long-term care decision making</i> , identifying individual strengths, assessing risk factors, implementing a comprehensive plan of care, coordinating interdisciplinary care providers, fostering independent functioning, and using rehabilitation programs and community referrals.	Updated guidance.
52.	Chapter 4, Section 20, "Return to Community Referral"	4-40	Revised CAA 20 Triggering Condition.	Revised to read: <i>Resident wants to or may want to talk to someone about returning to community</i> as indicated by: Q0500B = 1 or 9	Updated guidance.
53.	Chapter 4, Section 20, "Return to Community Referral"	4-41	Revised wording for paragraph 1, sentence 4.	Added "local" to read: This includes facility support for the individual in achieving his or her highest level of functioning and the involvement of the designated <i>local</i> contact agency providing informed choices for community living.	Updated guidance.
54.	Chapter 5, Section 5.7, "Correcting Errors in MDS Records That Have Been Accepted Into iQIES, Modification Requests"	5-12	Added the 10/01/2023 Cross-Over Rule.	Added text: <i>The 10/01/2023 Cross-Over Rule</i> <ul style="list-style-type: none"> <i>A unique situation exists that will prevent providers from correcting the target date of any assessment crossing over October 1, 2023. That is, providers may not submit a modification to change a target date on an assessment completed prior to October 1, 2023 to a target date on or after October 1, 2023, nor can they submit a modification to change a target date on an assessment completed on or after October 1, 2023 to a target date prior to October 1, 2023.</i> <i>The item sets that are effective October 1, 2023 have had significant changes, including the omission and addition of many items. It is the target date of the assessment that identifies the required version of the item set, and, because of the substantial changes in the item sets, they are not</i> 	Updated guidance.

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				<i>interchangeable. Therefore, providers may not change target dates on assessments crossing over October 1, 2023.</i>	
55.	Appendix C, "Activities of Daily Living (ADLs) – Functional/ Rehabilitation Potential"	Appendix C-21	Revised section 5 title.	Revised "FUNCTIONAL ABILITIES (SELF-CARE AND MOBILITY)" to "ACTIVITIES OF DAILY LIVING (ADLs) – FUNCTIONAL/REHABILITATION POTENTIAL."	Updated guidance.
56.	Appendix C, "Activities of Daily Living (ADLs) – Functional/ Rehabilitation Potential"	Appendix C-21	Revised section 5 sub-title.	Revised "Review of Indicators of Functional Abilities" to "Review of Indicators of ADLs – Functional/Rehabilitation Potential."	Updated guidance.
57.	Appendix E, "Scoring Rules: Resident Mood Interview Total Severity Score D0160"	Appendix E-1	Revised wording for bullet 5.	Removed "or equal to dash" to read: If any of the items in Column 2 are blank (or skipped), then omit their values when computing the sum.	Updated guidance.
58.	Appendix E, "Scoring Rules: Resident Mood Interview Total Severity Score D0160"	Appendix E-1	Revised wording for bullet 8.	Removed "but at least one of the items in Column 2 is not equal to dash" to read: If the number of missing items in Column 2 is equal to three or more, then item D0160 must equal [99].	Updated guidance.
59.	Appendix E, "Scoring Rules: Resident Mood Interview Total Severity Score D0160"	Appendix E-4	Revised wording for Example 4, paragraph 2 (following table) sentence 2.	Removed "and at least one of these items is not equal to dash" to read: The other 6 items have non-missing values.	Updated guidance.
60.	Appendix H, "MDS 3.0 Forms," PRA Disclosure Statement	Appendix H-1	Added OMB control number expiration date.	Added expiration date: 11/30/2024	Added OMB expiration date.