MDS 3.0 Item Set Change History for October 2023
Version 1.18.11
(REVISED FINAL 05/19/23)

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Legend: X = item set
      na = not applicable; changed item does not affect this item set

Version 1.18.11 Changes

Section A Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
Footer	Version incremented to 1.18.11 with an effective date 10/01/2023	X	X	X	X	X	X	X	X	X
A0300A	Item and responses retired	X	X	X	X	X	X	X	na	na
A1000	Item and responses retired	X	X	X	X	X	X	X	X	X
A1005	New item and responses added: A1005. Ethnicity Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes, Puerto Rican D. Yes, Cuban E. Yes, another Hispanic, Latino/a, or Spanish origin X. Resident unable to respond Y. Resident declines to respond	X	X	X	X	X	X	X	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A1010	New item and responses added: A1010. Race What is your race? Check all that apply A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese H. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Resident unable to respond Y. Resident declines to respond Z. None of the above	X	X	X	X	X	X	X	X	X
A1100	Items and responses retired	X	X	X	na	X	X	X	X	X
A1110	New items and responses added: A1110. Language A. What is your preferred language? B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine	X	X	X	na	na	X	X	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A1250	New item and responses added: A1250. Transportation (from NACHC©) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond Y. Resident declines to respond © 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.	na	na	na	na	X	X	na	X	na
A1250	New item and responses added: A1250. Transportation (from NACHC©) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1 Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond Y. Resident declines to respond © 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.	X	X	X	na	na	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A1250	New item and responses added: A1250. Transportation (from NACHC©) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310G = 1 and A0310H = 1 Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond Y. Resident declines to respond © 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.	na	na	na	na	na	na	na	na	X
A1800	Item retired	X	X	X	X	X	X	na	X	X
A1805	New item and responses added: A1805. Entered From 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) 08. Intermediate Care Facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 99. Not listed	X	X	X	X	X	X	na	X	X
A2100	Item retired	X	X	X	X	X	X	na	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A2105	New item and responses added: A2105. Discharge Status Complete only if A0310F = 10, 11, or 12 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) 08. Intermediate Care Facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 13. Deceased 99. Not listed → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge	X	X	X	na	na	X	na	X	X
A2105	New item and responses added: A2105. Discharge Status Complete only if A0310F = 10, 11, or 12 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) 08. Intermediate Care Facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 13. Deceased 99. Not listed	na	na	na	X	na	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A2121	New item and responses added: A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1 and A2105 = 02-12 At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the subsequent provider	X	X	na	na	na	na	na	na	na
A2121	New item and responses added: A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1 and A2105 = 02-12 At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2300, Assessment Reference Date 1. Yes - Current reconciled medication list provided to the subsequent provider	na	na	X	na	na	X	na	X	X
A2121	New item and responses added: A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1 At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2300, Assessment Reference Date 1. Yes - Current reconciled medication list provided to the subsequent provider	na	na	na	na	X	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A2122	New item and responses added: A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Complete only if A2121 = 1 Route of Transmission Check all that apply A. Electronic Health Record B. Health Information Exchange C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other methods (e.g., texting, email, CDs)	X	X	X	na	X	X	na	X	X
A2123	New item and responses added: A2123. Provision of Current Reconciled Medication List to Resident at Discharge Complete only if A0310H = 1 and A2105 = 01, 99 At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver	X	X	na	na	na	na	na	na	na
A2123	New item and responses added: A2123. Provision of Current Reconciled Medication List to Resident at Discharge Complete only if A0310H = 1 and A2105 = 01, 99 At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2300, Assessment Reference Date 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver	na	na	X	na	na	X	na	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
A2124	New item and responses added: A2124. Route of Current Reconciled Medication List Transmission to Resident Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver. Complete only if A2123 = 1 Route of Transmission Check all that apply A. Electronic Health Record (e.g., electronic access to patient portal) B. Health Information Exchange C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other methods (e.g., texting, email, CDs)	X	X	X	na	na	X	na	X	X
A2200	Item and response removed	na	na	na	na	na	X	na	na	na
A2400	Item revised: Skip pattern for option 0 modified to: 0. No → Skip to B1300, Health Literacy	na	na	na	na	X	na	na	na	na

Section B Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
B0100	Item revised: Skip pattern for option 1 modified to: 1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities	X	X	na	na	na	X	na	X	na
B0100	Item revised: Skip pattern for option 0 modified to: 0. No → Continue to B1300, Health Literacy	na	na	X	na	na	na	na	na	X
B0100	Item revised: Skip pattern for option 1 modified to: 1. Yes → Skip to GG0130, Self-Care	na	na	X	na	na	na	X	na	X
B1300	New item and responses added: B1300. Health Literacy Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.	X	X	X	na	na	X	na	X	X
B1300	New item and responses added: B1300. Health Literacy How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.	na	na	na	na	X	na	na	na	na

Section C Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
C0100	New items and responses added: C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? Attempt to conduct interview with all residents 0. No (resident is rarely/never understood) → Skip to and complete C1310. Signs and Symptoms of Delirium (from CAM©) 1. Yes → Continue to C0200, Repetition of Three Words	na	na	na	na	X	na	na	na	na
C0200	New items and responses added: Brief Interview for Mental Status (BIMS) C0200. Repetition of Three Words Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt 0. None 1. One 2. Two 3. Three After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.	na	na	na	na	X	na	na	na	na
C0300	New items and responses added: C0300. Temporal Orientation (orientation to year, month, and day) Ask resident: "Please tell me what year it is right now." A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct Ask resident: "What month are we in right now?" B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days Ask resident: "What day of the week is today?" C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct	na	na	na	na	X	na	na	na	na
C0400	New items and responses added:	na	na	na	na	X	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	C0400. Recall Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. A. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required									
C0500	New items and responses added: C0500. BIMS Summary Score Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview	na	na	na	na	X	na	na	na	na
C0900D	Item revised: Option D modified to: D. That they are in a nursing home/hospital swing bed	X	X	na	na	na	X	na	X	na
C1310	Item revised: Copyright language modified to: *Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.*	X	X	X	na	na	X	na	X	X
C1310	New items and responses added: Delirium C1310. Signs and Symptoms of Delirium (from CAM©) A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity) Enter Codes in Boxes	na	na	na	na	X	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?									
	C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?									
	D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?									
	▪ vigilant - startled easily to any sound or touch									
	▪ lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch									
	▪ stuporous - very difficult to arouse and keep aroused for the interview									
	▪ comatose - could not be aroused									
	Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.									

Section D Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
D0100	New items and responses added: D0100. Should Resident Mood Interview be Conducted? Attempt to conduct interview with all residents 0. No (resident is rarely/never understood) → Skip to D0700, Social Isolation 1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)	na	na	na	na	X	na	na	na	na
D0100	Item revised: Skip pattern for option 1 modified to: D0100. Should Resident Mood Interview be Conducted? 1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©).	X	X	na	na	na	X	X	X	na
D0100	Item revised: Instructional language and skip pattern modified for option 1 to: D0100. Should Resident Mood Interview be Conducted? If A0310G = 2 skip to D0700. Otherwise, attempt to conduct interview with all residents 1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©).	na	na	X	na	na	na	na	na	X
D0150	New items and responses added: 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.	X	X	X	na	X	X	X	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD

	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)
	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									

D0160	New item and responses added: D0160. Total Severity Score Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).	X	X	X	na	X	X	X	X	X
D0200	Item retired	X	X	X	na	na	X	X	X	X
D0300	Item retired	X	X	X	na	na	X	X	X	X
D0500	Item revised: Instructional language modified to: Do not conduct if Resident Mood Interview (D0150-D0160) was completed	X	X	X	na	na	X	X	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
D0500F	Item revised: Option F modified to: F. Indicating that they feel bad about self, are a failure, or have let self or family down	X	X	X	na	na	X	X	X	X
D0500H	Item revised: Option H modified to: H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that they have been moving around a lot more than usual	X	X	X	na	na	X	X	X	X
D0700	New item and responses added: D0700. Social Isolation How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	X	X	na	na	X	X	na	na	X
D0700	New item and responses added: D0700. Social Isolation Complete only if A0310G = 1 How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	na	na	X	na	na	na	na	X	na

Section F Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
F0700	Item revised: Instructional language for option 0 modified to: 0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities	X	na	na	na	na	na	na	na	na

Section G Items

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
G0110	Item retired	X	X	X	na	na	X	na	X	X
G0120	Item retired	X	X	X	na	na	X	na	X	X
G0300	Item retired	X	X	na	na	na	X	na	X	na
G0400	Item retired	X	X	na	na	na	X	na	X	na
G0600	Item retired	X	X	na	na	na	X	na	X	na
G0900	Item retired	X	na	na	na	na	na	na	na	na

Section GG Items

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
GG	Heading revised: Section heading modified to: Functional Abilities and Goals	X	X	X	na	na	X	na	X	na
GG0100	Item revised: Coding instructions modified to: Coding: 3. Independent - Resident completed all the activities by themself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete any activities. 1. Dependent - A helper completed all the activities for the resident. 8. Unknown. 9. Not Applicable.	X	X	na	na	na	X	na	X	na
GG0115A and GG0115B	New items and responses added: GG0115. Functional Limitation in Range of Motion Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides Enter Codes in Boxes A. Upper extremity (shoulder, elbow, wrist, hand) B. Lower extremity (hip, knee, ankle, foot)	X	X	na	na	na	X	na	X	na
GG0120A–D and GG0120Z	New items and responses added: GG0120. Mobility Devices Check all that were normally used in the last 7 days A. Cane/crutch B. Walker C. Wheelchair (manual or electric) D. Limb prosthesis Z. None of the above were used	X	X	na	na	na	na	na	na	na

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
GG0130 Column 1, Column 2	Heading revised: Section heading, item heading, instructional language (Admission) changed to: Functional Abilities and Goals – Admission GG0130. Self-Care (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600. Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	X	X	na	na	na	X	na	X	na
GG0130	Item revised: Coding instruction language for option 06 modified to: 06. Independent - Resident completes the activity by themself with no assistance from a helper.	X	X	X	na	X	X	X	X	X
GG0130 Column 3	Heading revised: Section heading, item heading, instructional language (Discharge) changed to: Functional Abilities and Goals – Discharge GG0130. Self-Care (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000. Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.	X	X	X	na	na	X	na	X	na
GG0130 Column 3	Heading revised: Section heading, item heading, instructional language (Discharge) changed to: Functional Abilities and Goals – Discharge GG0130. Self-Care (Assessment period is the last 3 days of the Stay) Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04. Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.	na	na	na	na	X	na	na	na	X
GG0130 Column 1 (black-out in Column 2)	New item added: I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	X	X	na	na	na	na	na	na	na

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
GG0130 Column 3	New item added: I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	X	X	X	na	na	X	na	na	na
GG0130 Column 5	New item and response added: Section GG. Functional Abilities and Goals - OBRA/Interim GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns 5. OBRA/Interim Performance Enter Codes in Boxes A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if	X	X	na	na	na	na	na	na	na

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment. E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower. F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable. G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear. H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).									
GG0130 Column 5	Heading revised: Section heading and instructional language modified to: Functional Abilities and Goals - OBRA/Interim GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08. Column numbering changed to: 5. OBRA/Interim Performance	na	na	na	na	na	na	X	na	na
GG0170 Column 1, Column 2	Heading revised: Section heading, item heading, instructional language (Admission) changed to: Functional Abilities and Goals – Admission GG0170. Mobility (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01. Complete Column 1 and 2 when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600. Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).	X	X	na	na	na	X	na	X	na
GG0170	Item revised: Coding instruction language for option 06 modified to: 06. Independent - Resident completes the activity by themselves with no assistance from a helper.	X	X	X	na	X	X	X	X	X

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
GG0170 Column 3	Heading revised: Section heading, item heading, instructional language (Discharge) changed to: Functional Abilities and Goals – Discharge GG0170. Mobility (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000. Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.	X	X	X	na	na	X	na	X	na
GG0170 Column 3	Heading revised: Section heading, item heading, instructional language (Discharge) changed to: Functional Abilities and Goals – Discharge GG0170. Mobility (Assessment period is the last 3 days of the Stay) Complete when A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04.	na	na	na	na	X	na	na	na	X
GG0170 Column 1 (black-out in Column 2)	New item added: FF. Tub/shower transfer: The ability to get in and out of a tub/shower.	X	X	na	na	na	na	na	na	na
GG0170 Column 3	New item added: FF. Tub/shower transfer: The ability to get in and out of a tub/shower.	X	X	X	na	na	X	na	na	na
GG0170C	Item revised: Option C language revised to: C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.	X	X	X	na	X	X	X	X	X
GG0170 Column 5	New item and response added: Functional Abilities and Goals - OBRA/Interim GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes	X	X	na	na	na	na	na	na	na

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	activity. Helper assists only prior to or following the activity.									
	04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.									
	03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.									
	02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.									
	01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.									
	If activity was not attempted, code reason:									
	07. Resident refused									
	09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury									
	10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)									
	88. Not attempted due to medical condition or safety concerns									
	5. OBRA/Interim Performance									
	Enter Codes in Boxes									
	A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.									
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.									
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.									
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.									
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).									
	F. Toilet transfer: The ability to get on and off a toilet or commode.									
	FF. Tub/shower transfer: The ability to get in and out of a tub/shower.									
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.									
	If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheelchair and/or scooter?									
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.									
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.									
	Q5. Does the resident use a wheelchair and/or scooter?									
	0. No → Skip to H0100, Appliances									

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	1. Yes → Continue to GG0170R, Wheel 50 feet with two turns R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. RR5. Indicate the type of wheelchair or scooter used. 1. Manual. 2. Motorized. S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. SS5. Indicate the type of wheelchair or scooter used. 1. Manual. 2. Motorized.									
GG0170 Column 5	Heading revised: Section heading, instructional language modified to: Functional Abilities and Goals - OBRA/Interim GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08. Column numbering changed to: 5. OBRA/Interim Performance	na	na	na	na	na	na	X	na	na

Section J Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
J0200	New item and response added: J0200. Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all residents. If resident is comatose or if A0310G = 2, skip to J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS). Otherwise, attempt to conduct interview with all residents. 0. No (resident is rarely/never understood) → Skip to J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent 1. Yes → Continue to J0300, Pain Presence	na	na	na	na	X	na	na	na	na
J0300	Item revised: Instructional language added: Pain Assessment Interview Complete only if A0310G = 1	na	na	X	na	na	na	na	na	na
J0300	Item revised: Skip pattern for option 1 modified to: 1. Yes → Continue to J0410, Pain Frequency	X	X	X	na	na	X	na	X	na
J0300	Item revised: Skip pattern for option 1 modified to: 1. Yes → Continue to J0510. Pain Effect on Sleep	na	na	na	na	na	na	na	na	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
J0300	New item and response added: Pain Assessment Interview J0300. Pain Presence. Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent 1. Yes → Continue to J0510. Pain Effect on Sleep 9. Unable to answer → Skip to J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	na	na	na	na	X	na	na	na	na
J0400	Item retired	X	X	X	na	na	X	na	X	X
J0410	New item and responses added: J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer	X	X	X	na	na	X	na	X	na
J0500A and J0500B	Items retired	X	X	X	na	na	X	na	X	X
J0510	New item and responses added: J0510. Pain Effect on Sleep Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer	X	X	X	na	X	X	na	X	X
J0520	New item and responses added: J0520. Pain Interference with Therapy Activities Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently	X	X	X	na	X	X	na	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	4. Almost constantly 8. Unable to answer									
J0530	New item and responses added: J0530. Pain Interference with Day-to-Day Activities Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer	X	X	X	na	X	X	na	X	X
J0600	Item removed	na	na	na	na	na	na	na	na	X
J0700	Item revised: Item number in the parenthetical instruction modified to: 0. No (J0410 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0410 = 9) → Continue to J0800, Indicators of Pain or Possible Pain	X	X	na	na	na	X	na	X	na
J1800	Item revised: Skip pattern for option 0 modified to: 0. No → Skip to K0520, Nutritional Approaches	na	na	na	na	X	na	na	na	na
J2800	Item revised: Language modified to: J2800. Involving genital systems (such as prostate, testes, ovaries, uterus, vagina, external genitalia)	X	X	na	na	na	X	X	X	na

Section K Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
K0510	Item retired	X	X	X	na	na	X	X	X	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
K0520 Column 1 - 4	New item and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply 1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B 2. While Not a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank. 3. While a Resident Performed while a resident of this facility and within the last 7 days 4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above	X	X	na	na	na	X	na	X	na
K0520 Column 2, 3	New item and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply 2. While Not a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank. 3. While a Resident Performed while a resident of this facility and within the last 7 days A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) Z. None of the above	na	na	na	na	na	na	X	na	na
K0520 Column 3, 4	New item and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply 3. While a Resident Performed while a resident of this facility and within the last 7 days 4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above	na	na	X	na	na	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
K0520 Column 4	New item and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply 4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above	na	na	na	na	X	na	na	na	X
K0710	Item revised: Coding instruction language modified to: Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B.	X	X	na	na	na	X	X	X	na

Section M Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
M0210	Item revised: Skip pattern for option 0 modified to: 0. No → Skip to N0415, High-Risk Drug Classes: Use and Indication	na	na	X	na	X	na	na	na	X
M0300G	Item revised: Skip pattern for option 1 modified to: 1. Number of unstageable pressure injuries presenting as deep tissue injury: If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication	na	na	X	na	na	na	na	na	X

Section N Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
N0300	Item revised: Skip pattern changed to: Skip to N0415, High-Risk Drug Classes: Use and Indication	X	X	na	na	na	X	na	X	na
N0410	Item and responses retired	X	X	X	na	na	X	na	X	X
N0415	New items and responses added: N0415: High-Risk Drug Classes: Use and Indication 1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days 2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class Check all that apply A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above	X	X	X	na	X	X	na	X	X

Section O Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
O0100	Items and responses retired	X	X	X	na	na	X	X	X	X
O0110 Column a - c	New items and responses added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B b. While a Resident Performed while a resident of this facility and within the last 14 days c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other	X	X	na	na	na	X	na	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above									
O0110 Column b, c	New items and responses added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed b. While a Resident Performed while a resident of this facility and within the last 14 days c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator	na	na	X	na	na	na	na	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above									
O0110 Column c	New items and responses added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration	na	na	na	na	X	na	na	na	X

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above									
O0110 Column b	New items and responses added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed b. While a Resident Performed while a resident of this facility and within the last 14 days Check all that apply Cancer Treatments A1. Chemotherapy B1. Radiation Respiratory Treatments C1. Oxygen therapy	na	na	na	na	na	na	X	na	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
	D1. Suctioning E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) Other H1. IV Medications I1. Transfusions J1. Dialysis M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) None of the Above Z1. None of the above									
O0300A	Item revised: Skip pattern for response 1 changed to: 1. Yes → Skip to O0425, Part A Therapies	na	na	X	na	na	na	na	na	na
O0400	Completion language added: Complete only when A0310B = 01.	X	X	na	na	na	X	na	X	na
O0400	Item removed	na	na	X	na	na	na	na	na	na
O0420	Completion language added: Complete only when A0310B = 01.	X	X	na	na	na	X	na	na	na
O0600	Item retired	X	X	na	na	na	X	na	X	na
O0700	Item retired	X	X	na	na	na	X	na	X	na

Section Q Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
Q0100A, Q0100B, and Q0100C	Items and responses retired	X	X	na	na	na	X	na	X	na
Q0110	New item and responses added: Q0110. Participation in Assessment and Goal Setting Identify all active participants in the assessment process Check all that apply A. Resident B. Family C. Significant other D. Legal guardian E. Other legally authorized representative Z. None of the above	X	X	na	na	na	X	na	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
Q0300A and Q0300B	Items and responses retired	X	X	na	na	na	X	na	X	na
Q0310A and Q0310B	New items and responses added: Q0310. Resident's Overall Goal Complete only if A0310E = 1 A. Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain B. Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	X	X	na	na	na	X	na	X	na
Q0400	Item revised: Item option modified to: A. Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes → Skip to Q0610, Referral	X	X	na	na	na	X	na	X	na
Q0400	Item revised: Item option modified to: A. Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes	na	na	X	na	na	na	na	na	X
Q0490	Item revised: Language and skip pattern modified to: Q0490. Resident's Documented Preference to Avoid Being Asked Question Q0500B Complete only if A0310A = 02, 06, or 99 Does resident's clinical record document a request that this question (Q0500B) be asked only on a comprehensive assessment? 0. No. 1. Yes → Skip to Q0610, Referral	X	X	na	na	na	X	na	X	na
Q0500B	Item revised: Option B language modified to: B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"	X	X	na	na	na	X	na	X	na

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
Q0500C	New items and responses added: Q0500C. Indicate information source for Q0500B 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	X	X	na	na	na	X	na	X	na
Q0550A	Item revised: Modified language and option to: Q0550. Resident's Preference to Avoid Being Asked Question Q0500B A. Does resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessments alone) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1. Yes 8. Information not available	X	X	na	na	na	X	na	X	na
Q0550B	Items and responses retired	X	X	na	na	na	X	na	X	na
Q0550C	New item and responses added: C. Indicate information source for Q0550A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	X	X	na	na	na	X	na	X	na
Q0600	Item and responses retired	X	X	X	na	na	X	na	X	X
Q0610	New item and responses added: Q0610. Referral A. Has a referral been made to the Local Contact Agency (LCA)? 0. No 1. Yes	X	X	X	na	na	X	na	X	X
Q0620	New item and responses added: Q0620. Reason Referral to Local Contact Agency (LCA) Not Made Complete only if Q0610 = 0 Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away	X	X	X	na	na	X	na	X	X

Section V Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
V0100E	Item revised: Item number in parenthetical instruction revised to: E. Prior Assessment Resident Mood Interview (PH-Q2 to 9©) Total Severity Score (D0160 value from prior assessment)	X	na	na	na	na	na	na	na	na

Section X Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	IPA	SP	SD
X0570A	Items and responses retired	X	X	X	X	X	X	X	na	na