Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 5.0

Current as of October 1, 2023

Overview

This document provides quality measure updates reflected in the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 5.0 taking effect October 1, 2023. Updates to specifications of the existing measures in this document use the Measure Calculations and Reporting User's Manual Addendum V4.0 (effective October 1, 2022) as the foundation for current changes.

Notable updates to the QM User's Manual, Version 5.0 include the addition of tables with an overview of all quality measures in the LTCH QRP and overviews of the quality measures added or removed in the LTCH QRP and/or finalized for public reporting display updates with the FY 2025 LTCH QRP, and removal of the section providing background information for the Transfer of Health (TOH) measures. This document also includes information with regard to the newly included measure, Discharge Function Score (L027.01), for the LTCH QRP. Additionally, appendix tables with coding logic for risk-adjusted assessment-based measures were moved to the Risk Adjustment Appendix File (*Risk-Adjustment-Appendix-File-for-LTCH-Effective-10-01-2023.xlsx*) and instruction on the use of Discharge Function Score Imputation Appendix File (*Imputation-Appendix-File-for-LTCH-Effective-10-01-2023.xlsx*) were added to the Appendix. Lastly, tables providing effective periods for CMS ID updates corresponding to all LTCH QRP measures and current and prior versions of this manual were added to the Appendix.

Updates are organized by manual chapter, section, page number, step/table indicator. Updated language is indicated by strikeouts of prior language, and the description of the change. The step/table column adds specificity in locating the edits by indicating if the edits are located within a specific step or table on a given page. When edits are not found in a specific step/table, the column displays "N/A". Similarly, when edits are applied in multiple locations within the manual (e.g., updates to CMS measure IDs or dates associated with quarterly report periods), the column displays "Multiple".

LTCH QRP Measure Calculations and Reporting User's Manual V5.0 Updates

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
1.	Document	Multiple	Multiple	N/A	**Long Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual, ~~V4.0~~ V5.0** **LTCH QRP Measure Calculations and Reporting User's Manual, ~~V4.0~~ V5.0**	References to prior manual (V4.0) updated to V5.0 where appropriate.
2.	Document	Multiple	Multiple	N/A	~~October 1, 2022~~ *October 1, 2023*	Updated effective date for the QM User's Manual V5.0 from that for the QM User's Manual V4.0 throughout the document.
3.	Document	Multiple	Multiple	N/A	*National Healthcare Safety Network (NHSN)* Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure *~~(NQF #0138)~~* (CMS ID L006.01) *National Healthcare Safety Network (NHSN)* Central Line-*associated* ~~Associated~~ Bloodstream Infection (CLASBI) Outcome Measure *~~(NQF #0139)~~* (CMS ID: L007.01) *National Healthcare Safety Network (NHSN)* Facility-*wide* ~~Wide~~ Inpatient Hospital-*onset* ~~Onset~~ *Clostridium difficile* Infection (CDI) Outcome Measure *~~(NQF #1717)~~* (CMS ID: L014.01) ~~National Healthcare Safety Network (NHSN)~~ Influenza Vaccination Coverage Among Healthcare Personnel *~~(NQF #0431)~~* (CMS ID: L015.01) ~~National Healthcare Safety Network (NHSN)~~ COVID-19 Vaccination Coverage Among Healthcare Personnel *(HCP)* (CMS ID: L024.~~0102~~) Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital *(LTCH)* Quality Reporting Program *(QRP)* (CMS ID L017.01) Discharge to Community *(DTC)* –Post Acute Care (PAC) Long-Term Care Hospital *(LTCH)* Quality Reporting Program *(QRP)* *~~(NQF #3480)~~* (CMS ID: L018.02)	Removed NQF references from measure lists, tables, and section and table headers, and aligned the measure titles with the rule throughout the document.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
3. (cont.)					Medicare Spending Per Beneficiary *(MSPB)*–Post Acute Care (PAC) Long-Term Care Hospital *(LTCH)* Quality Reporting Program *(QRP)* (CMS ID: L019.01) Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) ~~(NQF #0674)~~ (CMS ID: L012.01) Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ~~(NQF #2631)~~ (CMS ID: L009.03) Application of Percent of Long-Term Care Hospital (LTCH) Patients *with* ~~With~~ an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function ~~(NQF #2631)~~ (CMS ID: L010.03) ~~Long-Term Care Hospital (LTCH)~~ Functional Outcome Measure: Change in Mobility Among *Long-Term Care Hospital (LTCH)* Patients Requiring Ventilator Support ~~(NQF #2632)~~ (CMS ID: L011.05) Drug Regimen Review Conducted with Follow-Up for Identified Issues–*Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)* ~~PAC LTCH QRP~~ Transfer of Health Information to *the* Provider Post-Acute Care (PAC) Transfer of Health Information to *the* Patient Post-Acute Care (PAC)	
4.	Document	Multiple	Multiple	N/A	*Discharge Function Score (CMS ID: L027.01)*	Added Discharge Function Score to measure lists and tables throughout document.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
5.	Document	Multiple	Multiple	N/A	***Footnote*** ~~The Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) is no longer NQF endorsed as of 11/16/2021~~ ~~The Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L010.03) is an application of measure L009.03 and is not NQF endorsed.~~	Removed NQF references in footnotes throughout the document.
6.	Table of Contents	N/A	ii	N/A	*Section 1.4: QRP Measures*	Created Section 1.4: QRP Measures which includes an updated Table 1-1 and new Tables 1-2 and 1-3.
7.	Table of Contents	N/A	ii	N/A	~~Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)~~	Removed section that provides background information for TOH measures.
8.	Table of Contents	N/A	iii	N/A	*Section 6.11: Discharge Function Score (CMS ID: L027.01)*	Added section to provide measure calculations for the Discharge Function Score measure.
9.	Table of Contents	N/A	iii	N/A	~~Appendix A: Model Parameters~~ ~~Section A.1: Covariate Tables~~ ~~Section A.2: Risk-Adjustment Appendix File Overview~~ ~~Section A.3: Risk-Adjustment Procedure~~ *Appendix A: Measure Specification History* *Section A.1: CMS ID Update and Manual Version History Tables*	Moved Table A-1 through Table A-5 in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.1 and A.2 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0. Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all LTCH QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
10.	Table of Contents	N/A	iii	N/A	*Appendix B: Risk-Adjustment and Imputation Appendix Files* *Section B.1: Risk-Adjustment Appendix File Overview* *Section B.2: Risk-Adjustment Procedure* *Section B.3: Discharge Function Score Imputation Appendix File Overview* *Section B.4: Discharge Function Score Imputation Procedure*	Created Appendix B to include Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously in Appendix A of the QM User's Manual V4.0), and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.3 and B.4).
11.	List of Tables	N/A	iv	N/A	~~Table 1-1 LTCH Assessment-Based (LCDS) Quality Measure NQF Number, CMS ID, and Measure Reference Name Crosswalk~~ *Table 1-1 LTCH QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk*	Updated table header to reflect updates implemented in the table, such as inclusion of all LTCH QRP quality measures, removal of NQF numbers, and inclusion of CMIT measure ID number.
12.	List of Tables	N/A	iv	N/A	*Table 1-2 Quality Measures Added to the LTCH QRP*	Added Table 1-2 which provides an overview of the quality measures with the FY 2025 LTCH QRP.
13.	List of Tables	N/A	iv	N/A	*Table 1-3 Quality Measures Removed/Retired from the LTCH QRP*	Added Table 1-3 which provides an overview of the quality measures removed with the FY 2025 LTCH QRP.
14.	List of Tables	N/A	iv	N/A	*Table 7-11 Discharge Function Score (CMS ID L027.01)*	Added Table 7 to provide measure logic specifications for the Discharge Function Score measure.
15.	List of Tables	N/A	iv	N/A	~~Table A-1 LTCH CARE Data Set Quality Measures Requiring National Average Observed Scores and Covariate Values for Risk-Adjustment~~ ~~Table A-2 Risk-Adjustment Covariates for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury~~ ~~Table A-3 Risk-Adjustment Covariates for the Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility among Patients Requiring Ventilator Support (NQF #2632)~~ ~~Table A-4 Risk-Adjustment Covariates in the Hierarchical Logistic Regression Model (Predicted) for the Ventilator Liberation Rate~~ ~~Table A-5 Risk-Adjustment Covariates in the Logistic Regression Model (Expected) for the Ventilator Liberation Rate~~	Removed Table A-1 through Table A-5 from the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
16.	List of Tables	N/A	iv	N/A	*Table A-1 Effective Dates by CMS ID Update for all LTCH QRP Quality Measures* *Table A-2 Effective Dates of LTCH Quality Measures User's Manual Versions*	Added tables detailing the effective dates corresponding to each CMS ID update for all LTCH QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.
17.	1	1.1	2	Organization	This manual is organized by seven chapters and ~~one appendix~~ *two appendices*. The remainder of this section provides information on the contents of each chapter and an overview of the ~~appendix~~ *appendices*. Chapter 1 presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. The remaining chapters are organized by quality measure and provide detailed information about measure specifications and reporting components. *The chapter also includes a summary of existing quality measures in the LTCH QRP, as well as an overview of the quality measures added or removed in the LTCH QRP and/or finalized for public reporting display updates with the FY 2025 LTCH QRP.* Chapters 2 and 3 identify the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network Measures (NHSN) quality measures and the claims-based measures, respectively. The quality measures that rely on LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) are presented in Chapter 4 and record selection criteria are explained for each measure. Chapter 5 describes two Internet Quality Improvement and Evaluation System (iQIES) data reports for the LCDS quality measures, consisting of the iQIES Review and Correct Report and the iQIES Quality Measure (QM) Reports. The iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated patient-level data. The iQIES QM Reports are comprised of two report types, one containing facility-level measure information and a second that includes patient-level data for a selected reporting period. Following the discussion of quality measure specifications for each report, information is presented in table format to illustrate the report calculation month, reporting quarters and the months of data that are included in each monthly report. The chapter concludes with the transition from LCDS V4.00 to the LCDS V5.0 ~~and introduction of the Transfer of Health Information (TOH) quality measures~~. Data collection for LCDS V5.0 ~~begins~~ *began* on October 1, 2022 and impacts certain assessment-	Updated language to reflect major structural edits to the manual.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
17. (cont.)	1	1.1	2	Organization	based (LCDS) quality measure specifications. Chapter 6 presents the measure calculation methodology specific to the LCDS quality measures and Chapter 7 provides the measure logic specifications for each of the LCDS quality measures, in table format. Lastly, *Appendix A provides effective periods for CMS ID updates corresponding to all LTCH QRP measures and current and prior versions of this manual.* Lastly, Appendix *B* includes instruction on the use of A and the associated Risk-Adjustment Appendix File*, which* include*s* the *covariate definitions and* intercept and covariate coefficient values that are used to calculate the assessment-based (LCDS) risk-adjusted measures. *Additionally, this appendix provides instruction on the use of the associated Discharge Function Score Appendix File, which includes covariate definitions and model threshold and covariate coefficient values that are used to calculate statistically imputed values for use in Discharge Function Score measure calculations.*	Updated language to reflect major structural edits to the manual.
18.	1	1.4	5-7	QRP Measures	*Section 1.4: QRP Measures* *Table 1-1 LTCH Assessment-Based (LCDS)QRP Quality Measures: CMIT Measure NQFID Number, CMS ID, and Measure Reference Name Crosswalk* (See Appendix for full-page excerpt.)	Created Section 1.4: QRP Measures to include an updated Table 1-1 and new Tables 1-2 and 1-3. Table 1-1 was updated to include all assessment-based measures included in the LTCH QRP (including the Discharge Function Score measure), remove NQF numbers, include the CMIT measure ID number and CBE endorsement status and measure type. Additionally, updated footnotes, including the revision of existing footnotes for clarity and accuracy and the removal of NQF references.
19.	1	1.4	8	QRP Measures	*Table 1-2 Quality Measures Added to the LTCH QRP* *Table 1-3 Quality Measures Removed/Retired from the LTCH QRP* (See Appendix for full-page excerpt.)	Added Table 1-2 and Table 1-3 which provide overviews of the quality measures added and removed with the FY 2025 LTCH QRP, respectively. Table 1-2 indicates when new measures added to the LTCH QRP will be included in reports and released on Care Compare and the Provider Data Catalog. Table 1-3 indicates when measures retired from the LTCH QRP will be removed from reports and removed from Care Compare and the Provider Data Catalog.

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20.	2	N/A	9-10	N/A	• *National Healthcare Safety Network (NHSN)* Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure ~~(NQF #0138)~~ (CMS ID: L006.01) • *National Healthcare Safety Network (NHSN)* Central Line-*associated* ~~Associated~~ Bloodstream Infection (CLASBI) Outcome Measure ~~(NQF #0139)~~ (CMS ID: L007.01) • National Healthcare Safety Network (NHSN) Facility-*wide* ~~Wide~~ Inpatient Hospital-*onset* ~~Onset~~ Clostridium difficile Infection (CDI) Outcome Measure ~~(NQF #1717)~~ (CMS ID: L014.01) • ~~National Healthcare Safety Network (NHSN)~~ Influenza Vaccination Coverage Among Healthcare Personnel ~~(NQF #0431)~~ (CMS ID: L015.01)	Removed NQF references and updated measure titles.
21.	2	N/A	10	N/A	• ~~National Healthcare Safety Network (NHSN)~~ COVID-19 Vaccination Coverage Among Healthcare Personnel *(HCP)* (CMS ID: L024.0~~1~~*2*) − This measure identifies the percentage of HCP eligible to work in the LTCH setting for at least one day during the reporting period ~~who receive a complete~~, *excluding HCP with contraindications to the* COVID-19 vaccine, who *are considered up to date, regardless of clinical responsibility or patient contact.* o *This measure has been updated to replace the term 'complete vaccination course' with 'up to date' in the HCP vaccination definition and to update the numerator to specify the time frames within which a HCP is considered up to date with recommended COVID-19 vaccines, including booster doses.* o *CDC NHSN: HCP COVID-19 Vaccine* **Footnote** *The updated measure specifications were effective January 2023.*	Updated CMS ID and measure description to reflect measure specification updates. Updated hyperlink to direct readers to the updated measure specifications, and added footnote to include the specifications effective date.
22.	3	N/A	11	N/A	*Note: as of the manual publication date, updates to the claims-based measures specifications are in progress. An updated claims-based measures specifications document will be posted on the* LTCH Quality Reporting Measures Information website.	Added language to inform readers of future updated measure specifications for claims-based measures.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
23.	3	N/A	11	N/A	• **Discharge to Community** *(DTC)* **–Post Acute Care (PAC) Long-Term Care Hospital** *(LTCH)* **Quality Reporting Program** *(QRP)* ~~*(NQF #3480)*~~ **(CMS ID: L018.02)**	Removed reference to NQF number and updated measure title.
24.	4	4.1	15	4-1	Table 4-1 Target Period for all Assessment-Based (LCDS) Quality Measures (See Appendix for full-page excerpt.)	Removed NQF references and included the Discharge Function Score measure.
25.	5	N/A	16	N/A	– These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) or 24 months (eight full quarters) *as appropriate* for the ~~Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632)~~ measure, and are restricted to only the assessment-based measures. … – The assessment-based (LCDS) measures are updated monthly, at the facility- and patient-level, as data become available. The performance data contain the current quarter (may be partial) and the past three quarters or the past seven quarters ~~for the Change in Mobility Among LTCH Patients Requiring Ventilator Support (NQF #2632)~~ *as appropriate for the measure*. … – The CDC NHSN measures are *updated quarterly for all measures, except for the Influenza Vaccination Coverage Among Healthcare Personnel measure which is updated annually. The data for these measures are* provided at the facility-level only.	Removed reference to NQF number and updated language.
26.	5	N/A	17	N/A	Section 5.3 of this chapter addresses the transition from LCDS V4.00 to the LCDS V5.0. Data collection for LCDS V5.0 ~~begins~~ *began* on October 1, 2022 and ~~will impact~~ *impacts* certain quality measure specifications.	Updated language tense.
27.	5	N/A	17	N/A	~~**Section 5.4** describes the Transfer of Health Information (TOH) measures which will be available to LTCH providers in their iQIES reports starting in 2023.~~	Removed section that provides background information for TOH measures.

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28.	5	5.1	18	1.c.i	For example, the data submission deadline for Quarter ~~1~~ *4* (~~January~~ *October* 1 through ~~March~~ *December* 31) data collection would normally be 11:59 p.m. ET, ~~August~~ *May* 15, which is the 15th day of the month, 5 months after the end of the data collection period. However, in FY ~~2021~~ *2022*, ~~August~~ *May* 15th fell on a Sunday; therefore, the deadline for this data submission ~~is~~ *was* extended to the next business day which was ~~August~~ *May* 16, ~~2021~~ *2022*, at 11:59 p.m. ET.	Updated example. No effect on data submission deadlines.
29.	5	5.1	20	Table 5-2	Table 5-2 Measure Types by User-Requested Year for all Assessment-Based (LCDS) Quality Measures (See Appendix for full-page excerpt.)	Updated the user-requested years (i.e., 2019 through 2024), removed NQF references, and added the Discharge Function Score measure.
30.	5	5.1	20-21	N/A	*Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:* • For an existing measure, if the requested calendar year quarter end date is Quarter 1, 202~~4~~*3* (end date of March 31st), the four quarters of data provided in this request include Q2 202~~3~~*2* (April – June), Q3 202~~3~~*2* (July – September), Q4 202~~3~~*2* (October – December), and Q1 202~~4~~*3* (January – March). • For a new measure, if the requested calendar year quarter end date is Quarter 1, 202~~4~~*3* (end date of March 31st), the only quarter of data provided in this request is Q1 202~~4~~*3* (January – March).[12] [12] Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.	Updated explanatory language for Table 5-3; no effect on calculations.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
31.	5	5.1	23	Table 5-5	Table 5-5 iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date (See Appendix for full-page excerpt.)	Updated Table 5-5 with date windows for which data are included in the cumulative rate for the Change in Mobility measure from Q1 2022 through Q4 2024.
32.	5	5.2	26	Table 5-7	Table 5-7 iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Report End Date (See Appendix for full-page excerpt.)	Updated Table 5-7 with requested report end dates, iQIES calculation months, and date windows for which data is included in QM Report calculation for requested report end dates of Q1 2024 through Q4 2024.
33.	5	5.3	27	N/A	For LTCH stays that span October 1, 2022, that is with an admission prior to October 1, 2022 and *a* discharge*s* on or after October 1, 2022, the measure calculations will use the V3.1 QM User's Manual measure specifications for items related to the Admission assessment and will use the V~~4~~5.0 QM User's Manual measure specifications for items related to the Discharge assessment. … *A copy of the LTCH CARE Data Set Version 5.0 is available for download on the* [CMS LCDS and LTCH QRP Manual website](#)*.*	Updated language for clarity and added information on the location of the LCDS 5.0.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
34.	5	5.4	27	N/A	~~Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)~~ ~~The Transfer of Health Information (TOH) to the Provider (CMS ID #L025.01) and Transfer of Health Information to the Patient (CMS ID #L026.02) measures assess for and report on the timely transfer of health information, specifically transfer of a reconciled medication list, when a patient is discharged from their current post-acute care setting to an applicable subsequent provider or a private home/apartment, board/care, assisted living, group home, transitional living, or home under care of an organized home health service organization or hospice. The measures, developed under the IMPACT act and finalized for adoption by LTCHs under the FY 2020 IPPS/LTCH PPS Final Rule (84 FR 42044), have been developed for the LTCH, Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF), and Home Health Agency (HHA) settings, and will be available to LTCH providers in their iQIES reports starting in 2023. An update to the denominator for the TOH to the Patient measure was finalized in the FY 2022 IPPS/LTCH PPS Final Rule (86 FR 45446 – 45447) to exclude patients discharged home under the care of an organized home health agency or hospice (Item A2105 = 09, 12). Complete information regarding the background and development of the measures can be found on the LTCH QRP Measures Information website.~~ ~~The TOH to Provider measure is calculated using a standardized assessment element (Item A2121) that asks whether, at the time of discharge, the patient's current reconciled medication list was provided to the subsequent provider and a second standardized assessment element (Item A2122) that addresses the route of transmission to ensure internal measure consistency. Similarly, the TOH to Patient measure uses a standardized assessment element (Item A2123) that addresses whether the medication list was provided to the patient, family, and/or caregiver at discharge, with a second standardized assessment element (Item A2124) that addresses the route of transmission. Record selection is described in detail in Chapter 4 and measure calculations are specified in Chapter 6. Tables 7-9 and 7-10 provide the measure specifications in table format.~~	Removed section that provides background information for TOH measures.

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35.	6	6.1	30	2	*The national average observed score can be seen in **Table RA-2** in the Risk-Adjustment Appendix File on the LTCH QRP Measures Information website.*	Added language for clarity.
36.	6	6.1	30	3.2	Using the covariate definitions in ~~Table 7-1~~ **Table RA-3** in the **Risk-Adjustment Appendix File** *to* assign covariate values (COV), either '0' for covariate condition not present or '1' for covariate condition present, for each LTCH stay for each of the four covariates as reported on the Admission assessment.	Updated language to reflect the updated reference location.
37.	6	6.1	31	3.2	• *X* is a linear combination of the constant and the logistic regression coefficients times the covariate *values* ~~scores~~ (from Formula [2], below)	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
38.	6	6.1	31	3.2	• β_2 is the logistic regression coefficient for the second covariate "bowel ~~in~~continence," and COV_2 is the LTCH stay-level covariate value.	Updated language to align with covariate name in the Risk-Adjustment Appendix file.
39.	6	6.1	31	3.2	See ~~Appendix A, Table A-2~~ **Table RA-3** and **Table RA-4** *in* the associated Risk-Adjustment Appendix File for the regression constant and coefficients *as well as detailed LCDS coding for each risk adjustor*. The regression constant and coefficients are values obtained through statistical logistic regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period ~~stated~~ in ~~Table A-2~~ **Table RA-3** and **Table RA-4** *in* the Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
40.	6	6.3	35	1	Valid codes and ~~code~~ *their* definitions for the ~~coding of the~~ admission mobility items are:	Update language for concision.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
41.	6	6.3	35-36	1.1-1.2	1.1 To obtain the admission mobility score, use the following procedure: • If code is between 01 and 06, then use code as the ~~score~~ *value*. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the ~~score~~ *value*. • If the mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the ~~score~~ *value*. 1.2 Sum the ~~scores~~ *values* of the eight admission mobility items to create an admission mobility score for each LTCH stay. The admission mobility score can range from 8 – 48, with a higher score indicating greater functional ability. A score of 48 represents a ~~score~~ *value* of 6 (independence) for all 8 mobility items.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
42.	6	6.3	36	2	Valid codes and ~~code~~ *their* definitions for the ~~coding of the~~ discharge mobility items are:	Update language for concision.
43.	6	6.3	36	2.1-2.2	2.1 To obtain the score, use the following procedure: • If code is between 01 and 06, then use code as the ~~score~~ *value*. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the ~~score~~ *value*. • If the mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the ~~score~~ *value*. 2.2 Sum the ~~scores~~ *values* of the eight discharge mobility items to create a discharge mobility score for each LTCH stay. The discharge mobility score can range from 8 – 48, with a higher score indicating greater functional ability. A score of 48 represents a ~~score~~ *value* of 6 (independence) for all 8 mobility items.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
44.	6	6.3	36	3.1.1	Patient was discharged ~~(A2105)~~ to a Short-Term General Hospital (A2105 = [04]), Inpatient Psychiatric Facility (A2105 = [07]), or Critical Access Hospital (CAH) (A2105 = [11]).	Removed language to reduce redundancy.
45.	6	6.3	38	7	Round the ~~value~~ *score* to one decimal place.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
46.	6	6.3	38	1.1	To calculate the facility-level average observed change in mobility score, complete Steps 1 – 6 from Chapter 6, Section 6.3, "iQIES Review and Correct Report Measure Calculations for ~~NQF #2632~~ *Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility among Patients Requiring Ventilator Support (CMS ID: L011.05)*."	Removed NQF reference.
47.	6	6.3	39	2	*The national average observed score can be seen in **Table RA-2** in the Risk-Adjustment Appendix File on the LTCH QRP Measures Information website.*	Added language for clarity.
48.	6	6.3	39	3.1	See ~~Appendix A, Table A-3~~ **Table RA-5** and **Table RA-6** *in* the associated Risk-Adjustment Appendix File for the regression constant and coefficients as well as detailed LCDS coding for each risk adjustor. The regression constant and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period ~~stated~~ in ~~Table A-3~~ **Table RA-5** and **Table RA-6** *in* in the Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
49.	6	6.3	39	4.1	• A value that is greater than 0 indicates that the observed change in score is ~~higher~~ *greater* (better) than the expected score. • A value that is less than 0 indicates that the observed change in score is ~~lower~~ *less* (worse) than the expected score.	Updated language for grammatical correctness.
50.	6	6.3	40	5	Round the ~~value~~ *score* to one decimal place.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
51.	6	6.4/6.5	41-42/49-50	2.1	**Complete LTCH stays.** For patients with complete LTCH stays, each functional assessment item listed below must have a valid numeric ~~score~~ *code* indicating the patient's status [01 – 06] or ~~, a valid code indicating~~ *that* the activity was not attempted (i.e. GG0130A1 = [07, 09, 10, 88]). All three of the following criteria are required for inclusion in the numerator: 2.1.1 A valid numeric ~~score~~ *code* indicating the patient's functional status [01 – 06]~~, a valid~~ ~~code indicating~~ *or that* the activity was not attempted (e.g. GG0130A1 = [07, 09, 10, 88]) for each of the functional assessment items, or a "^" indicating items affected by the skip pattern on the Admission assessment. … 2.1.2 A valid numeric ~~score~~ *code* [01 – 06] or a valid code indicating the activity was not attempted (e.g. GG0130A2 = [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the Admission assessment … 2.1.3 A valid numeric ~~score~~ *code* indicating the patient's functional status [01 – 06]~~, a valid~~ ~~code indicating~~ *or that* the activity was not attempted (e.g. GG0130A3 = [07, 09, 10, 88]) for each of the functional assessment items, or a "^" indicating items affected by the skip pattern on the Discharge assessment.	Updated language for clarity, concision, and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
52.	6	6.4/6.5	42/50	2.2	**Incomplete LTCH stays.** For patients with incomplete LTCH stays, collection of discharge functional status data might not be feasible. Each functional assessment item listed below must have a valid numeric ~~score~~ *code* indicating the patient's status [01 – 06] or ~~a valid code indicating~~ *that* the activity was not attempted (e.g. GG0130A1 = [07, 09, 10, 88]). The following two criteria are required for inclusion in the numerator: 2.2.1 A valid numeric ~~score~~ *code* indicating the patient's functional status [01 – 06]~~, a valid~~ ~~code indicating~~ *or that* the activity was not attempted (i.e. GG0130A1 = [07, 09, 10, 88]) for each of the functional assessment items, or a "^" indicating items affected by the skip pattern on the Admission assessment. All admission functional assessment items (refer to 2.3) must be completed; and 2.2.2 A valid numeric ~~score~~ *code* [01 – 06] or a valid code indicating the activity was not attempted (e.g. GG0130A2 = [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the Admission assessment (refer to 2.4).	Updated language for clarity, concision, and consistency regarding the use of terms: score, code, and value.
53.	6	6.4/6.5	43/51	2.3	The following valid ~~scores/~~codes for the self-care (GG0130) and mobility (GG0170) admission performance items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
54.	6	6.4/6.5	45/52	2.5/2.4	The following valid ~~scores/~~codes for the self-care (GG0130) and mobility (GG0170) discharge goal items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
55.	6	6.4/6.5	46/53	2.6/2.5	The following valid ~~scores/~~codes for the self-care (GG0130) and mobility (GG0170) discharge performance items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
56.	6	6.5	49	N/A	This measure (L010.03) is an application of measure L009.03 ~~and is not NQF endorsed~~.	Revised footnote to remove NQF reference.
57.	6	6.7	58	5.1	Multiply the facility-level observed score for Component 1 *(Step 4)* by 100 to obtain a percent value.	Add language for clarity.
58.	6	6.7	59	9.1	Multiply the facility-level observed score for Component 2 *(Step 8)* by 100 to obtain a percent value.	Add language for clarity.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
59.	6	6.8	61	5.1	Multiply the facility-level observed score *(Step 4)* by 100 to obtain a percent value.	Add language for clarity.
60.	6	6.8	61	2	*The national average observed score can be seen in* **Table RA-2** *in the Risk-Adjustment Appendix File* on the LTCH QRP Measures Information website.	Added language for clarity.
61.	6	6.8	61	3.2	Using the covariate definitions in ~~Table 7-8~~, **Table RA-10** *in the associated Risk-Adjustment Appendix File, to* assign covariate values (COV), either '0' for covariate condition not present or '1' for covariate condition present, for each LTCH stay for each of the covariates as reported on the admission assessment.	Updated language to reflect the updated reference location and for accuracy.
62.	6	6.8	62	3.3	• μ is the LTCH-specific random effect (unique increment to the intercept associated with the LTCH; see **Table RA-12** *in the* Risk-Adjustment Appendix File). See ~~Appendix A, Table A-4~~ and **Table RA-10** *and* **Table RA-11** *in* the associated Risk-Adjustment Appendix File for the regression constant and coefficients as well as detailed LCDS coding for each covariate. The regression constant, regression coefficients, and LTCH-specific intercepts are values obtained through hierarchical logistic regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period ~~stated~~ in ~~Table A-4~~ **Table RA-10** and **Table RA-11** *in* the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
63.	6	6.8	62	4.2	4.Using the covariate definitions in ~~Table 7-8~~, **Table RA-8** *in the associated Risk-Adjustment Appendix File to* assign covariate values (COV), either '0' for covariate condition not present or '1' for covariate condition present, for each LTCH stay for each of the covariates as reported on the admission assessment.	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
64.	6	6.8	63	4.3	See ~~Appendix A, Table A-5~~ **Table RA-8** and **Table RA-9** the associated Risk-Adjustment Appendix File for the regression constant and coefficients as well as detailed LCDS coding for each risk adjustor. The regression constant and regression coefficients are values obtained through logistic regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period ~~stated~~ in **Table RA-8** and **Table RA-9** in the associated Risk-Adjustment Appendix File.	Updated language to reflect the updated reference location and for accuracy.
65.	6	6.8	63	7.1	Multiply the LTCH risk-adjusted ventilator liberation rate *(Step 6)* by 100 to obtain a percent value.	Add language for clarity.
66.	6	6.11	68-73	N/A	*Section 6.11 Discharge Function Score (CMS ID: L027.01)* (See Appendix for full-page excerpt.)	Added section to provide measure calculations for the Discharge Function Score measure.
67.	7	N/A	74	N/A	*Chapter 7 Measure Logic Specifications for Assessment-Based Quality Measures ~~Quality Measures~~ (LTCH CARE Data Set) Quality Measures*	Revised chapter title for clarity.
68.	7	N/A	76	Table 7-1	*Measure Specifications* *Covariates* *1. Functional ~~Mobility~~ Limitation Admission Performance: Supervision/touching assistance or more for the functional mobility item Lying to Sitting on Side of Bed~~:~~* *2. Bowel Continence~~:~~* *3. Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD) or Diabetes Mellitus* *4. Low body mass index (BMI), based on height (K0200A) and weight (K0200B) on the Admission assessment* *See covariate details in **Table RA-3** and **Table RA-4** in the associated Risk-Adjustment Appendix File.*	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
69.	7	N/A	77	Table 7-2	~~This measure is NQF-endorsed for long-stay residents in nursing homes (https://www.qualityforum.org/QPS/0674) and an application of this quality~~ *The application of the Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)* measure is finalized for reporting by LTCHs under the FY 2014 IPPS/LTCH PPS final rule (78 FR 50874 through 50877) and FY 2016 IPPS/LTCH PPS final rule (80 FR 49736 through 49739).	Removed NQF reference.
70.	7	N/A	78	7-3	*Footnote* This measure is ~~NQF-endorsed for use in the LTCH setting (https://www.qualityforum.org/QPS/2632) and is~~ *finalized for reporting by LTCHs under the FY 2015 IPPS/LTCH PPS final rule (79 FR 50298 through 50301).*	Removed NQF reference.
71.	7	N/A	79	7-3	***Mobility items and rating scale:*** *…* *If code is between 01 and 06, then use code as the ~~score~~ value.* *If code is 07, 09, 88, 10 then recode to 01 and use this code as the ~~score~~ value.* *If the mobility item is skipped (^), dashed (–), or missing, then recode to 01 and use this code as the ~~score~~ value.*	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
72.	7	N/A	81-82	7-3	***Measure Specifications*** ***Covariates*** ***Data for each covariate are derived from the admission assessment included in the target LTCH stay records.*** 1. **Age groups** 2. **Moderate to Severe Communication Impairment** 3. **Prior Functioning: Indoor Mobility (Ambulation): Dependent** 4. **Prior Functioning: Indoor Mobility (Ambulation): Some help** 5. **Prior Device Use: Wheelchair/Scooter**	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
72. (cont.)	7	N/A		7-3	6. **Prior Device Use: Mechanical Lift** 7. **Primary Medical Condition Category: Chronic respiratory condition** 8. **Primary Medical Condition Category: Acute onset and chronic respiratory conditions** 9. **Primary Medical Condition Category: Chronic cardiac condition** 10. **Primary Medical Condition Category: Other medical condition** 11. **Presence of a stage 3, 4, or unstageable pressure ulcer/injury** 12. **Comorbidities: Severe and Metastatic Cancers** 13. **Comorbidities: Dialysis, Hemodialysis, Peritoneal dialysis, and Chronic Kidney Disease, Stage 5** 14. **Comorbidities: Diabetes Mellitus (DM)** 15. **Comorbidities: Major Lower Limb Amputation** 16. **Comorbidities: Stroke, Hemiplegia or Hemiparesis** 17. **Comorbidities: Dementia** 18. **Comorbidities: Paraplegia, Incomplete Tetraplegia, Other Spinal Cord Disorder/Injury** See covariate details in ***Table RA-5*** and ***Table RA-6*** in the associated Risk-Adjustment Appendix File.	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
73.	7	N/A	87	Table 7-5	***Footnote*** This measure is (L010.03) is an application of measure L009.03 and is finalized for reporting by LTCHs under the FY 2016 IPPS/LTCH PPS final rule (80 FR 49739 through 49747). ~~This measure is not NQF endorsed.~~	Removed NQF reference.

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#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
74.	7	N/A	95	Table 7-8	*Covariates* 1. **Age Groups** 2. **Prior Functioning: Everyday Activities, Indoor Mobility (Ambulation)** 3. **Metastatic Cancer** 4. **Severe Cancer** 5. **Left Ventricular Assistive Device with Known Ejection Fraction ≤30%** 6. **Progressive Neuromuscular Disease** 7. **Severe Neurological Injury, Disease, or Dysfunction** 8. **Post-Transplant (lung, heart, liver, kidney, and bone marrow)** 9. **Vasoactive Medication (i.e. continuous infusions of vasopressors or inotropes)** 10. **Dialysis** See covariate details in ***Table RA-8***, ***Table RA-9***, ***Table RA-10***, ***Table RA-11*** and ***Table RA-12*** in the associated Risk-Adjustment Appendix File.	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
75.	7	N/A	98-101	Table 7-11	***Table 7-11 Discharge Function Score (CMS ID L027.01)*** (See Appendix for full-page excerpt.)	Added Table 7 to provide measure logic specifications for the Discharge Function Score measure.

#	Chapter	Section	Page Number	Step/Table	LTCH QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
76.	Appendix A	A.1	102-107	N/A	**Appendix A:** ~~Model Parameters~~ *Measure Specification History* (See Appendix for full-page excerpt.)	Moved Table A-1 (previously Section A.1) through Table A-5 in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.2 and A.3 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0. Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all LTCH QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.
77.	Appendix B	B.1-B.4	108-114	N/A	*Appendix B: Risk-Adjustment and Imputation Appendix Files* (See Appendix for full-page excerpt.)	Created Appendix B to include Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously in Appendix A of the QM User's Manual V4.0), and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.3 and B.4). Updated language in Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (Sections B.1 and B.2) to reflect the new location of Table A-1 through Table A-5 (previously in Appendix A of the QM User's Manual V4.0) in the Risk-Adjustment Appendix File and the updated structure of the Appendix file, improve language clarity, and remove NQF references.

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Appendix

Appendix Contents

This appendix provides excerpts from the [LTCH QRP Measure Calculations and Reporting User's Manual, V4.0](#) to contextualize the information that has been substantially changed and included in the change table of this manual version, V5.0 (i.e., the appendix provides the updates to the tables from V4.0 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V5.0 and the updates to the pages have been marked in red font. Please note: these pages contain footnote numbers that correspond to the footnote numbers included in the QM User's Manual V5.0. As such, the footnote numbers in the appendix do not start at "1" and may not be represented in a consecutive order. For example, footnote 14 in the appendix is not the 14th footnote included in this addenda, but instead is the 14th footnote in the QM User's Manual V5.0.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V5.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V5.0.

Appendix Table of Contents

V5.0 Change Table #	V5.0 Chapter	V5.0 Page Number	LTCH QRP Measure Calculations and Reporting User's Manual V5.0 Reference	Updated Section/Table
18.	1	5-7	Section 1.4: QRP Measures	Table 1-1 LTCH Assessment-Based (LCDS)QRP Quality Measures: CMIT Measure NQFID Number, CMS ID, and Measure Reference Name Crosswalk
19.	1	8	Section 1.4: QRP Measures	Table 1-2 Quality Measures Added to the LTCH QRP Table 1-3 Quality Measures Removed/Retired from the LTCH QRP
24.	4	15	Section 4.1: Quality Measures Based on the Calendar Year	Table 4-1: Target Period for all Assessment-Based (LCDS) Quality Measures
29.	5	20	Section 5.1: iQIES Review and Correct Reports	Table 5-2: Measure Types by User-Requested Year for all Assessment-Based (LCDS) Quality Measures
31.	5	23	Section 5.1: iQIES Review and Correct Reports	Table 5-5: iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date
32.	5	26	Section 5.2: iQIES Quality Measure (QM) Reports	Table 5-7: iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months) for Each Requested Report End Date
66.	6	68-73	Section 6.11 Discharge Function Score	Section 6.11 Discharge Function Score (CMS ID: L027.01)
75.	7	98-101	Table 7-11 Discharge Function Score (CMS ID L027.01)	Table 7-11 Discharge Function Score (CMS ID L027.01)
76.	Appendix A	102-107	Appendix A: Measure Specification History	Appendix A: Measure Specification History
77.	Appendix B	108-114	Appendix B: Risk-Adjustment and Imputation Appendix Files	Appendix B: Risk-Adjustment and Imputation Appendix Files

Section 1.4:   QRP Measures

Table 1-1 below provides a list of the measures included in the LTCH QRP, the corresponding CMS ID, reference name (short name), and measure type for each measure.

Table 1-1
LTCH ~~Assessment-Based (LCDS)~~ *QRP* Quality Measures: ~~NQF Number~~ *CMIT Measure ID Number*, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # [2] **	~~NQF #**~~	CMS ID [3]	Measure Type**	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures*					
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	*00459 (CBE-endorsed)*		*L006.01*	*Outcome*	*CAUTI*
National Healthcare Safety Network (NHSN) Central Line-associated Bloodstream Infection (CLASBI) Outcome Measure	*00460 (CBE-endorsed)*		*L007.01*	*Outcome*	*CLASBI*
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure	*00462 (CBE-endorsed)*		*L014.01*	*Outcome*	*CDI*
Influenza Vaccination Coverage Among Healthcare Personnel	*00390 (CBE-endorsed)*		*L015.01*	*Process*	*HCP Influenza Vaccine*
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)[4]	*00180 (not endorsed)*		*L024.02*	*Process*	*HCP COVID-19 Vaccine*

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast rations between the text and background for 508-compliance purposes.

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[2] *Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (https://cmit.cms.gov/cmit/#/) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled CMS CBE Endorsement and Maintenance (https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf).*

[3] *Reflects changes in CMS measure identifiers based on updated measure specifications.*

[4] *This measure, "Quarterly Reporting of COVID-19 Vaccination Coverage Among Healthcare Personnel," received CBE-endorsement on July 26, 2022, based on its specifications depicted under LTCH QRP (Federal Register 86(13 August 2021): 45428-45434). This endorsed version of the measure does not capture information about whether HCP are up to date with their COVID-19 vaccinations, including booster doses. This measure was replaced by the COVID-19 Vaccination Coverage Among Healthcare Personnel effective October, 1, 2023 (FY 2024 IPPS/LTCH*

PPS final rule).The CDC will pursue CBE endorsement for this modified version of the measure and is considering an expedited review process of the measure.

Table 1-1 (continued)
LTCH ~~Assessment-Based (LCDS)~~ *QRP* Quality Measures: ~~NQF Number~~ *CMIT Measure ID Number*, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # [2] **	~~NQF #[3]~~ **	CMS ID	Measure Type**	Measure Reference Name
Medicare Claims-Based Measures**					
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	*00575 (not endorsed)*		*L017.01*	*Outcome*	*PPR*
Discharge to Community (DTC) – Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	*00210 (CBE-endorsed)*		*L018.02*	*Outcome*	*DTC*
Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	*00434 (CBE-endorsed)*		*L019.01*	*Cost/Resource*	*MSPB*
Assessment-Based Measures					
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	*00121 (not endorsed)*	~~*N/A*~~	L021.01	*Outcome*	Pressure Ulcer/Injury
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)~~-~~	*00520 [5] (CBE-endorsed)*	~~*0674*[4]~~	L012.01	*Outcome*	Application of Falls
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support	*00275 (CBE-endorsed)*	~~*2632*~~	L011.05	*Outcome*	Change in Mobility
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	*00513 (not endorsed)[6]*	~~*2631*[5]~~	L009.03	*Process*	Functional Assessment

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast rations between the text and background for 508-compliance purposes.

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[5] This measure is CBE-endorsed for long-stay residents in nursing homes

(https://www.qualityforum.org/QPS/0674). An application of this quality measure was finalized for reporting by LTCHs under the FY 2014 IPPS/LTCH PPS final rule (78 FR 50874 through 50877) and was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49736 through 49739). The use of the words "resident" and "long stay" in the title of this measure refer to the use of this measure in the SNF/NH setting. CMS's use of these words does not imply that the LTCH patient is a "resident" or that a stay in an LTCH is a "long stay."

[6] *This measure is finalized for removal beginning with the FY 2025 LTCH QRP.*

[4] This measure is NQF-endorsed for long-stay residents in nursing homes (https://www.qualityforum.org/QPS/0674). An application of this quality measure was finalized for reporting by LTCHs under the FY 2014 IPPS/LTCH PPS final rule (78 FR 50874 through 50877) and was finalized as an IMPACT Act measure in the FY 2016 IPPS/LTCH PPS final rule (80 FR 49736 through 49739). The use of the words "resident" and "long stay" in the title of this measure refer to the use of this measure in the SNF/NH setting. CMS's use of these words does not imply that the LTCH patient is a "resident" or that a stay in an LTCH is a "long stay."

[5] The Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) is no longer NQF-endorsed as of 11/16/2021.

Table 1-1 (continued)
LTCH ~~Assessment-Based (LCDS)~~ *QRP* Quality Measures: ~~NQF Number~~ *CMIT Measure ID Number*, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #**	~~NQF #**~~	CMS ID	Measure Type**	Measure Reference Name
Assessment-Based Measures (cont.)					
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	*00513 (not endorsed)* [7]	~~2631[6]~~	L010.03	*Process*	Application of Functional Assessment
Drug Regimen Review Conducted with Follow-Up for Identified Issues–Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	*00225 (not endorsed)*	~~N/A~~	L020.01	*Process*	DRR
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	*00143 (not endorsed)*	~~N/A~~	L022.02	*Process*	Compliance with SBT
Ventilator Liberation Rate	*00759 (not endorsed)*	~~N/A~~	L023.02	*Outcome*	Ventilator Liberation
Transfer of Health Information to the Provider Post-Acute Care (PAC)	*00728 (not endorsed)*	~~N/A~~	L025.01	*Process*	TOH-Provider
Transfer of Health Information to the Patient Post-Acute Care (PAC)	*00727 (not endorsed)*	~~N/A~~	L026.02	*Process*	TOH-Patient
Discharge Function Score	*1698 (not endorsed)*	~~No data~~	*L027.01*	*Outcome*	*DC Function*

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast rations between the text and background for 508-compliance purposes.

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[7] This measure (L010.03) is an application of measure L009.03 *and is finalized for removal beginning with the FY 2025 LTCH QRP.*

[6] ~~This measure (L010.03) is an application of measure L009.03 and is not NQF endorsed.~~

Table 1-2 and *Table 1-3* provide an overview of the quality measures added and removed with the FY 2025 LTCH QRP, respectively. *Table 1-2* shows when new measures added to the LTCH QRP will be included in reports and released on Care Compare and the Provider Data Catalog. *Table 1-3* shows when measures retired from the LTCH QRP will be removed from reports and removed from Care Compare and the Provider Data Catalog.

Table 1-2
Quality Measures Added to the LTCH QRP

Quality Measure	Planned Initial Release Date[8]		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Transfer of Health Information to the Provider Post-Acute Care (PAC)	*January 2023*	*October 2023*	*September 2024*
Transfer of Health Information to the Patient Post-Acute Care (PAC)	*January 2023*	*October 2023*	*September 2024*
Discharge Function Score	*January 2024*	*January 2024*	*September 2024*

Table 1-3
Quality Measures Removed/Retired from the LTCH QRP

Quality Measure	Planned Removal Date[9]		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	*January 2024*	*January 2024*	*September 2024*
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	*January 2024*	*January 2024*	*September 2024*

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[8] Planned initial release dates are based on the FY 2023 and FY2024 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) final rules.

[9] Planned removal dates are based on the FY2024 IPPS/LTCH PPS final rule.

2. Select all LTCH stays with a Discharge Date (Item A0270) within the data target period.

- If a patient has multiple LTCH stays with a discharge date within the data target period, then include each eligible LTCH stay in the measure.

Table 4-1
Target Period for all Assessment-Based (LCDS) Quality Measures

Quality Measure	Target Period[11]
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	January 1 through December 31
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) *(NQF #0674)* (CMS ID: L012.01)	January 1 through December 31
Long-Term Care Hospital (LTCH) Functional Outcome Measure: Change in Mobility Among Patients Requiring Ventilator Support *(NQF #2362)* (CMS ID: L011.05)	January 1 through December 31 (24 months)
Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function *(NQF #2361)* (CMS ID: L009.03)	January 1 through December 31
Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function *(NQF #2361)* (CMS ID: L010.03)	January 1 through December 31
Drug Regimen Review Conducted with Follow-Up for Identified Issues–*Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)* *PAC LTCH QRP*	January 1 through December 31
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	January 1 through December 31
Ventilator Liberation Rate (CMS ID: L023.02)	January 1 through December 31
Transfer of Health Information to *the* Provider Post-Acute Care (PAC) (CMS ID: L025.01)	January 1 through December 31
Transfer of Health Information to *the* Patient Post-Acute Care (PAC) (CMS ID: L026.02)	January 1 through December 31
Discharge Function Score (CMS ID: L027.01)	*January 1 through December 31*

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[11] The target period for the assessment-based quality measures is 12 months, with the exception of the Change in Mobility *(NQF #2632)* measure which is 24 months.

Table 5-2
Measure Types by User-Requested Year for all Assessment-Based (LCDS) Quality Measures

Quality Measure	Measure Type by User-Requested Year			
	2019	2020-2022	2023	2024**
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	New	Existing	Existing	*Existing*
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) *(NQF 0674)* (CMS ID: L012.01)	Existing	Existing	Existing	*Existing*
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (CMS ID: L011.05)	Existing	Existing	Existing	*Existing*
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L009.03)	Existing	Existing	Existing	*Removed*
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L010.03)	Existing	Existing	Existing	*Removed*
Drug Regimen Review Conducted with Follow-Up for Identified Issues–*Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)* ~~PAC LTCH QRP~~	New	Existing	Existing	*Existing*
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	New	Existing	Existing	*Existing*
Ventilator Liberation Rate (CMS ID: L023.02)	New	Existing	Existing	*Existing*
Transfer of Health Information to *the* Provider Post-Acute Care (PAC) (CMS ID: L025.01)	—	—	New	*Existing*
Transfer of Health Information to *the* Patient Post-Acute Care (PAC) (CMS ID: L026.02)	—	—	New	*Existing*
Discharge Function Score (CMS ID: L027.01)	—	—	—	*New*

** Note that the measure user type years in the header have been updated. Updated header text in this table is kept as white text, rather than red, to ensure sufficient contrast rations between the text and background for 508-compliance purposes.

[Table 5-3](#) below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:

- For an existing measure, if the requested calendar year quarter end date is Quarter 1, ~~2023~~ *2024* (end date of March 31st), the four quarters of data provided in this request

include Q2 ~~2022~~ *2023* (April – June), Q3 ~~2022~~ *2023* (July – September), Q4 ~~2022~~ *2023* (October – December), and Q1 ~~2023~~ *2024* (January – March).

- For a new measure, typically, if the requested calendar year quarter end date is Quarter 1, ~~2023~~ *2024* (end date of March 31st), the only quarter of data provided in this request is Q1 ~~2023~~ *2024* (January – March).[12]

Table 5-3
iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date[13]

Requested Calendar Year Quarter End Date[14]	Measure Type	Quarter(s) Included from Previous Year[15]	Quarter(s) Included from User-Requested Year
Quarter 1, YYYY	New	—	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	—	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	—	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3
Quarter 4, YYYY	New	—	Quarter 1 Quarter 2 Quarter 3 Quarter 4

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[12] *Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. I.e., if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.*

[13] *See **Table 5-1** for discharge dates included for each quarter and **Table 5-2** to determine the measure type for each quality measure.*

[14] *YYYY = User-Requested Year*

[15] *Calendar year prior to the User-Requested Year.*

Table 5-5
iQIES Review and Correct Reports: Change in Mobility Data Included in the Cumulative Rate (24-months) for Each Requested Quarter End Date [19]

Requested Calendar Year Quarter End Date [20]	Data Included in the Cumulative Rate
Quarter 1, 2022	Quarter 2, 2020 through Quarter 1, 2022
Quarter 2, 2022	Quarter 3, 2020 through Quarter 2, 2022
Quarter 3, 2022	Quarter 4, 2020 through Quarter 3, 2022
Quarter 4, 2022	Quarter 1, 2021 through Quarter 4, 2022
Quarter 1, 2023	Quarter 2, 2021 through Quarter 1, 2023
Quarter 2, 2023	Quarter 3, 2021 through Quarter 2, 2023
Quarter 3, 2023	Quarter 4, 2021 through Quarter 3, 2023
Quarter 4, 2023	Quarter 1, 2022 through Quarter 4, 2023
Quarter 1, 2024	Quarter 2, 2022 through Quarter 1, 2024
Quarter 2, 2024	Quarter 3, 2022 through Quarter 2, 2024
Quarter 3, 2024	Quarter 4, 2022 through Quarter 3, 2024
Quarter 4, 2024	Quarter 1, 2023 through Quarter 4, 2024

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[19] See **_Table 5-1_** for discharge dates included for each quarter and **_Table 5-2_** to determine the measure type for each quality measure.
[20] YYYY = User-Requested Year

Table 5-7
**iQIES QM Reports: Change in Mobility Data Included in the Cumulative Rate (24 months)
for Each Requested Report End Date**

Requested Report End Date [23]	iQIES QM Report Calculation Month	Data Included in the Requested Report End Date
03/31/2024 (Quarter 1, 2024)	February 2024	April 1, 2022 through January 31, 2024
	March 2024	April 1, 2022 through February 28, 2024
	April 2024	April 1, 2022 through March 31, 2024
06/30/2024 (Quarter 2, 2024)	May 2024	July 1, 2022 through April 30, 2024
	June 2024	July 1, 2022 through May 31, 2024
	July 2024	July 1, 2022 through June 30, 2024
09/30/2024 (Quarter 3, 2024)	August 2024	October 1, 2022 through July 31, 2024
	September 2024	October 1, 2022 through August 31, 2024
	October 2024	October 1, 2022 through September 30, 2024
12/31/2024 (Quarter 4, 2024)	November 2024	January 1, 2023 through October 31, 2024
	December 2024	January 1, 2023 through November 30, 2024
	January 2025	January 1, 2023 through December 31, 2024

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[23] YYYY = User-Requested Year

Section 6.11: Discharge Function Score (CMS ID: L027.01)

iQIES Review and Correct Report Measure Calculations for Discharge Function Score (CMS ID: L027.01)

This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of LTCH patients who meet or exceed an expected discharge function score. Using the definitions from **Table 7-11**, the following steps are used to calculate the quality measure.

1. **Identify excluded LTCH stays**. The LTCH stay is excluded if any of the following are true (Steps 1.1 through 1.4).

    1.1 Incomplete LTCH stays:

    - Patient was discharged to a Short-Term General Hospital (A2105 = [04]), Inpatient Psychiatric Facility (A2105 = [07]), or Critical Access Hospital (CAH) (A2105 = [11]).

    - Patient transferred to another LTCH facility (A2105 = [05]).

    - Patient discharged against medical advice? (A1990 = [1]).

    - Patient had an unplanned discharge or expired (A0250 = [11, 12]). Note: discharges against medical advice are considered an unplanned discharge.

    - Length of stay is less than 3 days: Discharge Date (A0270) – Admission Date (A0220) < 3 days.

    1.2 Patient is younger than 18 years: Truncate (Admission Date (A0220) – Birth Date (A0900)). Use exact values in calculating age; do not round to nearest whole number.

    1.3 Patient is discharged to hospice (A2105 = [09, 10]).

    1.4 Patient is in a coma, persistent vegetative state, or locked-in syndrome, or has complete tetraplegia.

    - Items used to identify these LTCH stays (on admission assessment):
        - Comatose (B0100 = [1])
        - Complete Tetraplegia (I5101 = [1])
        - Locked-In State (I5460 = [1])
        - Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain (I5470 = [1])

2. **Calculate the observed discharge function score** (Steps 2.1 through 2.5) using the discharge function items and valid codes identified below and incorporating imputed item values. Please note there are different items used if the patient does not walk at both admission and discharge (Step 2.1) than for the remaining patients (Step 2.2):

    2.1 For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) either at admission or at discharge, the following assessment items are used for discharge function score calculations:

    - GG0130A3. Eating

    - GG0130B3. Oral hygiene

- *GG0130C3. Toileting hygiene*

- *GG0170A3. Roll left and right*

- *GG0170C3. Lying to sitting on side of bed*

- *GG0170D3. Sit to stand*

- *GG0170E3. Chair/bed-to-chair transfer*

- *GG0170F3. Toilet transfer*

- *GG0170R3. Wheel 50 feet with 2 Turns**

*Please count the value for this item twice; 10 items are used to calculate a patient's score (scores range from 10 – 60).

2.2 *For the remaining patients, the following assessment items are used for discharge function score calculations:*

- *GG0130A3. Eating*

- *GG0130B3. Oral hygiene*

- *GG0130C3. Toileting hygiene*

- *GG0170A3. Roll left and right*

- *GG0170C3. Lying to sitting on side of bed*

- *GG0170D3. Sit to stand*

- *GG0170E3. Chair/bed-to-chair transfer*

- *GG0170F3. Toilet transfer*

- *GG0170I3: Walk 10 Feet*

- *GG0170J3: Walk 50 Feet with 2 Turns*

Valid codes and their definitions for the discharge function items are:

- *06 – Independent*

- *05 – Setup or clean-up assistance*

- *04 – Supervision or touching assistance*

- *03 – Partial/moderate assistance*

- *02 – Substantial/maximal assistance*

- *01 – Dependent*

- *07 – Patient refused*

- *09 – Not applicable*

- *10 – Not attempted due to environmental limitations*

- *88 – Not attempted due to medical condition or safety concerns*

- *^ – Skip pattern*

- *- – Not assessed/no information*

2.3   To obtain the score, use the following procedure:

- *If code is between 01 and 06, use the code as the value.*

- *If code is 07, 09, 10, 88, dashed (-), skipped (^), or missing (all henceforth referred to as NA), then use statistical imputation to estimate the code for that item and use this code as the value. See Step 2.4 for more details on the statistical imputation approach.*

2.4   Calculate the imputed values for items with NA codes. To obtain the imputed values, use the procedure below. (Note that these steps first describe imputing the value for a single item at discharge and then describe the relevant modifications for the other items.)

2.4.1   Start with Eating (GG0130A). For each LTCH stay where the item has a NA code at discharge, calculate z, a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

$$[1] \quad z = \gamma_1 x_1 + \ldots + \gamma_m x_m$$

Where:

- *γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model. (See Discharge Function Score Imputation Appendix File. Note that the coefficients used in this calculation do not include the thresholds described in Step 2.4.2.)*

- *$x_1 - x_m$ are the imputation risk adjustors specific to the GG0130A discharge model.*

2.4.2   Calculate the probability for each possible item value, had the GG item been assessed, using z (Step 2.4.1) and the equations below.

$$[2] \quad \Pr(z \leq \alpha_1) = \Phi(\alpha_1 - z),$$
$$\Pr(\alpha_1 < z \leq \alpha_2) = \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z),$$
$$\Pr(\alpha_2 < z \leq \alpha_3) = \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z),$$
$$\Pr(\alpha_3 < z \leq \alpha_4) = \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z),$$
$$\Pr(\alpha_4 < z \leq \alpha_5) = \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z),$$
$$\Pr(z > \alpha_5) = 1 - \Phi(\alpha_5 - z),$$

Where:

- *$\Phi(.)$ is the standard normal cumulative distribution function.*

- *$\alpha_1 \ldots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see Discharge Function Score Imputation Appendix File).*

2.4.3   Compute the imputed value of the GG item using the six probabilities determined in Step 2.4.2 and the equation below.

$$[3] \text{ Imputed value of GG item} = \Pr(z \leq \alpha_1) + 2 * \Pr(\alpha_1 < z \leq \alpha_2) + 3 * \Pr(\alpha_2 < z \leq \alpha_3) + \\ 4 * \Pr(\alpha_3 < z \leq \alpha_4) + 5 * \Pr(\alpha_4 < z \leq \alpha_5) + 6 * \Pr(z > \alpha_5)$$

2.4.4   *Repeat Steps 2.4.1-2.4.3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.*

*See Table IA-1, Table IA-2, and Table IA-3 in the associated **Discharge Function Score Imputation Appendix File** for the imputation coefficients and thresholds, as well as detailed LCDS coding for each risk adjustor.[32] The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible LTCH stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates includes the predictors used in risk adjustment (See Step 3) and values on all GG items available in LCDS. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values.[33] Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in Table IA-1, Table IA-2, and Table IA-3 in the associated **Discharge Function Score Imputation Appendix File**.*

2.5   *Sum the values of the discharge function items to calculate the observed discharge function score for each LTCH stay. Scores can range from 10 to 60, with a higher score indicating greater independence.*

3.   *Calculate the **expected discharge function score.***

3.1   *For each LTCH stay: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:*

[4] Expected discharge function score $= \beta_0 + \beta_1 x_1 + \ldots + \beta_n x_n$
Where:

- ***Expected discharge function score** estimates an expected discharge function score.*

- *β_0 is the regression intercept.*

- *β_1 through β_n are the regression coefficients for the covariates (see Risk Adjustment Appendix File).*

- *$x_1 - x_n$ are the risk adjustors.*

Note that any expected discharge function score greater than the maximum should be recoded to the maximum score (i.e., 60).

*See **Table RA-5** and **Table RA-7** in the associated **Risk-Adjustment Appendix File** for the regression intercept and coefficients as well as detailed LCDS coding for each risk adjustor.[34] The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values.[35] The regression intercept and coefficients are values obtained through ordinary least squares linear regression analysis on all eligible LTCH stays. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period in **Table RA-5** and **Table RA-7** in the **Risk-Adjustment Appendix File**.*

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[32] *The imputation coefficient and threshold values have been rounded to four decimal places. When applying these values to the equation to calculate imputed item values, these coefficient and threshold values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.*
[33] *To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word "discharge" with the word "admission."*

4. ***Calculate the difference in observed and expected discharge function scores***. *For each LTCH stay which does not meet the exclusion criteria, compare each patient's observed discharge function score (Step 2) and expected discharge function score (Step 3) and classify the difference as one of the following:*

   4.1 *Observed discharge function score is equal to or greater than the expected discharge function score.*

   4.2 *Observed discharge function score is less than the expected discharge function score.*

5. ***Determine the denominator count***. *Determine the total number of LTCH stays with a LCDS discharge date in the measure target period, which do not meet the exclusion criteria.*

6. ***Determine the numerator count***. *The numerator is the number of LTCH stays in which the observed discharge function score is the same as or greater than the expected discharge function score (Step 4.1).*

7. ***Calculate the facility-level discharge function percent***. *Divide the facility's numerator count (Step 6) by its denominator count (Step 5) to obtain the facility-level discharge function proportion, then multiply by 100 to obtain a percent value.*

8. ***Round the percent value to two decimal places.***

   8.1 *If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.*

   8.2 *Drop all digits following the second decimal place.*

iQIES QM Report Measure Calculations for Discharge Function Score CMS ID: L027.01)

This measure requires risk-adjustment for the iQIES QM Reports. Follow the steps provided above for the iQIES Review and Correct Report measure calculations for the Discharge Function Score (CMS ID: L027.01) measure.

National Average Calculation for Discharge Function Score (CMS ID: L027.01)

Use the following steps to calculate the <u>*LTCH stay-level*</u> *(i.e., prevalence) national average:*

1. *Determine the total number of LTCH stays in the nation after applying the exclusion criteria. This is the denominator for the national average.*

2. *Identify LTCH stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.*

3. *Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to the second decimal place to obtain the national average.*

   a. *If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.*

   b. *Drop all of the digits following the second decimal place.*

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[34] *The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.*

[35] *To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word "discharge" with the word "admission."*

Table 7-11

Discharge Function Score (CMS ID L027.01) [67]

Measure Description
This measure estimates the percentage of Long-Term Care Hospital (LTCH) Medicare patients who meet or exceed an expected discharge function score.

Measure Specifications[68]

Function items and Rating scale:
The function assessment items used for discharge function score calculations are:
- *GG0130A3. Eating*
- *GG0130B3. Oral hygiene*
- *GG0130C3. Toileting hygiene*
- *GG0170A3. Roll left and right*
- *GG0170C3. Lying to sitting on side of bed*
- *GG0170D3. Sit to stand*
- *GG0170E3. Chair/bed-to-chair transfer*
- *GG0170F3. Toilet transfer*
- *GG0170I3: Walk 10 Feet**
- *GG0170J3: Walk 50 Feet with 2 Turns**
- *GG0170R3. Wheel 50 feet with 2 Turns**

* Count Wheel 50 Feet with 2 Turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 Feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) has a code between 1 and 6 at either admission or discharge. The remaining stays use Walk 10 Feet (GG0170I) + Walk 50 Feet with 2 Turns (GG0170J) to calculate the total observed discharge function score.
In either case, 10 items are used to calculate a resident's total observed discharge function score and scores range from 10 – 60.

(continued)

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[67] *This measure was finalized for reporting by LTCHs under the* FY 2024 IPPS/LTCH PPS final rule.
[68] *Effective on October 1, 2022, the LTCH CARE Data Set Version 5.0 is used to collect and submit assessment data for the LTCH QRP. A copy of the LTCH CARE Data Set Version 5.0 is available for download on the* CMS LCDS and LTCH QRP Manual website.

Table 7-11 (continued)
Discharge Function Measure (CMS ID: L027.01)

Measure Specifications[69]

Valid codes and code definitions for the coding of the discharge function items are:
- *06 – Independent*
- *05 – Setup or clean-up assistance*
- *04 – Supervision or touching assistance*
- *03 – Partial/moderate assistance*
- *02 – Substantial/maximal assistance*
- *01 – Dependent*
- *07 – Resident refused*
- *09 – Not applicable*
- *10 – Not attempted due to environmental limitations*
- *88 – Not attempted due to medical condition or safety concerns*
- *^ – Skip pattern*
- *- – Not assessed/no information*

To obtain the discharge function score, use the following procedure:
- *If code is between 01 and 06, then use code as the value.*
- *If code is 07, 09, 10, or 88, then use statistical imputation to estimate the item value for that item and use this code as the value.*
- *If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.*

Sum the values of the discharge function items to create a discharge function score for each LTCH stay. Scores can range from 10 – 60, with a higher score indicating greater independence.

Numerator
The numerator is the number of patients in a LTCH, except those that meeting the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.[70]

(continued)

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[69] *Effective on October 1, 2022, the LTCH CARE Data Set Version 5.0 is used to collect and submit assessment data for the LTCH QRP. A copy of the LTCH CARE Data Set Version 5.0 is available for download on the* CMS LCDS and LTCH QRP Manual website.
[70] *Functional assessment items included in the discharge function score are GG0130A3, GG0130B3, GG0130C3, GG0170A3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, and GG0170R3.*

Table 7-11 (continued)
Discharge Function Measure (CMS ID: L027.01)

Measure Specifications[71]

Denominator
The total number of LTCH stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions
LTCH stay is excluded if:

Patient is younger than 18 years:
- *Age (A0220 minus A0900) < 18 years (Age is calculated based on the truncated difference between admission date (A0220) and birth date (A0900); i.e., the difference is not rounded to nearest whole number.)*

Patient had an unplanned discharge or expired:
- *A0250 (Reason for Assessment) = [11, 12] (Note: Discharges against medical advice are considered an unplanned discharge.)*

Patient discharged against Medical Advice:
- *A1990 (Discharged Against Medical Advice) = [1]*

Patient was discharged to short-term general hospital, long-term care hospital, inpatient psychiatric hospital or unit, hospice, or critical access hospital:
- *A2105 (Discharge Location) = [04, 05, 07, 09, 10, 11]*

Length of stay is less than 3 days:
- *A0270 (Discharge Date) minus A0220 (Admission Date) < 3 days*

Patient is in a coma, has complete tetraplegia locked-in syndrome, or is in a persistent vegetative state:
- *B0100 (Comatose) = [1] (checked)*
- *I5101 (Complete Tetraplegia) = [1] (checked)*
- *I5460 (Locked-In State) = [1] (checked)*
- *I5470 (Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain) = [1] (checked)*

(continued)

Table 7-11 (continued)
Discharge Function Measure (CMS ID: L027.01)

Covariates
Data for each covariate are derived from the admission assessment included in the target LTCH stay records.

1. *Age groups (< 55 years, 55-64 years, 65-74 years, 75-84 years, ≥ 85 years)*
2. *Admission function – continuous[72]*
3. *Admission function – squared[72]*
4. *Bladder continence*
5. *Bowel continence*
6. *Communication impairment*
7. *Prior functioning: indoor ambulation*
8. *Prior mobility device/aids*
9. *Primary medical condition category*
10. *Interaction between admission function and primary medical condition category*
11. *Stage 2 pressure ulcer*
12. *Stage 3, 4, or unstageable pressure ulcer/injury*
13. *High BMI*
14. *Low BMI*
15. *Nutritional approaches*
16. *Ventilator status*
17. *Comorbidities*

*See covariate details in **Table RA-5** and **Table RA-7** in the associated Risk Adjustment Appendix File.*

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[72] *Admission function is the sum of admission values for function items included in the discharge score. NAs coded on admission items are treated the same way as NAs coded on discharge items, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.*

Appendix A:
~~Model Parameters~~ *Measure Specification History*

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~~Appendix A provides the following information:~~

- ~~Tables listing the covariates and associated LTCH CARE Data Set items used to calculate each covariate for assessment-based quality measures requiring risk-adjustment (Section A.1).~~

Appendix A provides tables detailing the effective dates corresponding to each CMS ID update for all LTCH QRP quality measures, and the effective dates corresponding to each manual/addendum version (Section A.1).

Section A.1: CMS ID Update and Manual Version History Tables

*This section contains tables detailing the effective dates corresponding to each CMS ID update for all LTCH QRP quality measures (**Table A-1**), and the effective dates corresponding to each manual/addendum version (**Table A-2**).*

Table A-1
Effective Dates by CMS ID Update for all LTCH QRP Quality Measures

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
National Healthcare Safety Network (NHSN) Measures					
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (CMS ID: L006.01)	*Inception – Present*	—	—	—	—
National Healthcare Safety Network (NHSN) Central Line-associated Bloodstream Infection (CLASBI) Outcome Measure (CMS ID: L007.01)	*Inception – Present*	—	—	—	—
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (CMS ID: L014.01)	*Inception – Present*	—	—	—	—
Influenza Vaccination Coverage Among Healthcare (CMS ID: L015.01)	*Inception – Present*	—	—	—	—
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) (CMS ID: L024.02)	*Inception – 09/30/2023*	*10/01/2023 – Present*	—	—	—

(Continued)

Table A-1 (cont.)
Effective Dates by CMS ID Update for all LTCH QRP Quality Measures

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
Medicare Claims-Based Measures					
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L017.01)	*Inception – Present*	—	—	—	—
Discharge to Community–Post Acute Care (PAC) Long-Term Care Hospital Quality Reporting Program (QRP) (CMS ID: L018.02)	*Inception – 09/30/2020*	*10/01/2020 – Present*	—	—	—
Medicare Spending Per Beneficiary (MSPB)–Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L019.01)	*Inception – Present*	—	—	—	—

(Continued)

Quality Measure	Measure ID Update				
	.01	**.02**	**.03**	**.04**	**.05**
Assessment-Based Measures					
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	*Inception – Present*	—	—	—	—
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)	*Inception – Present*	—	—	—	—
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L010.03)	*Inception – 06/30/2018*	*07/01/2018 – 09/30/2022*	*10/01/2022 – 09/30/2023*	—	—
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (CMS ID: L011.05)	*Inception – 06/30/2018*	*07/01/2018 – 09/30/2019*	*10/01/2019 – 09/30/2020*	*10/01/2020 – 09/30/2022*	*10/01/2022 – Present*
Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: L009.03)	*Inception – 06/30/2018*	*07/01/2018 – 09/30/2022*	*10/01/2022 – 09/30/2023*	—	—
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	*Inception – 09/30/2022*	*10/01/2022 – Present*	—	—	—
Ventilator Liberation Rate (CMS ID: L023.02)	*Inception – 09/30/2022*	*10/01/2022 – Present*	—	—	—
Drug Regimen Review Conducted with Follow-Up for Identified Issues –Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L020.01)	*Inception – Present*	—	—	—	—
Transfer of Health Information to the Provider Post-Acute Care (PAC) (CMS ID: L025.01)	*Inception – Present*	—	—	—	—
Transfer of Health Information to the Patient Post-Acute Care (PAC) (CMS ID: L026.02)	*Inception – 09/30/2021*	*10/01/2022 – Present*	—	—	—
Discharge Function Score (CMS ID: L027.01)	*Inception – Present*	—	—	—	—

Table A-2
Effective Dates of LTCH Quality Measures User's Manual Versions

Manual Version	Effective Dates
Manual V1.0	09/04/2015 – 06/26/2017
Manual V2.0	06/27/2017 – 06/30/2018
Manual V3.0	07/01/2018 – 09/30/2019
Addendum V3.1	10/01/2019 – 09/30/2020
Addendum V3.1.1/V3.1.2	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – Present

Appendix B:
Risk-Adjustment and Imputation
Appendix Files

Appendix B provides the following information:

- Overview of the Risk-Adjustment Appendix File for the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual (Risk- Adjustment Appendix File) (Section ~~A.2~~ *B.1*).

- Procedure on how to use the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (Section ~~A.3~~ *B.2*).

- *Overview of the Discharge Function Score Imputation Appendix File for the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual (Discharge Function Score Imputation Appendix File) (Section B.3).*

- *Procedure on how to use the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply model threshold and coefficient values for calculating statistically imputed values for GG items with missing codes, for use in Discharge Function Score measure calculations (Section B.4).*

Section ~~A.2~~ *B.1*: Risk-Adjustment Appendix File Overview

The intercept and coefficient values for each of the covariates ~~listed by~~ *used in assessment-based* quality ~~measure in Section A-1~~ *measures requiring risk-adjustment* are available in the Risk-Adjustment Appendix File, which can be accessed on the [LTCH Quality Reporting Measures Information website](). This Risk-Adjustment Appendix File, which is used alongside this appendix, contains current and historical intercept and coefficient values ~~and,~~ the risk-adjustment schedule including applicable discharge dates for each update to the intercept and coefficient values*, and covariate definitions*.

Excel Worksheets in the Risk-Adjustment Appendix File:

Overview*:* Brief description of the document and its content.

Schedule*:* The risk-adjustment schedule for each quality measure.

- *Quality Measure Name*: Full measure name as referenced throughout the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual V~~4~~*5*.0. ~~*A National Quality Forum (NQF) identification number is provided with the quality measure name, as applicable.*~~

- *Measure Reference Name:* Abbreviated name for the quality measure.

- *Risk-Adjustment Update ID:* Number assigned to the initial and subsequent updates of the coefficient and intercept values for a unique risk-adjusted quality measure.

- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.

- *QM User's Manual Specification Posting Date:* Month and year of the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the [LTCH Quality Reporting Measures Information website]().

- *Measure Calculation Application Dates:* Discharge dates associated with the intercept and coefficient values for each Risk-Adjustment Update ID.

National Average: This document provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Compare Website may vary from the national average observed score provided by this document.

Quality Measure Specific Covariate Definition Tabs: Lists each covariate and its coding definition. Note that information on these tabs were previously included as covariate definition tables in Appendix A of this manual.

Quality Measure Specific *Coefficient* Tabs: Lists each covariate and its associated coefficient value for each risk-adjustment update ID.

Section ~~A.3~~ *B.2*: Risk-Adjustment Procedure

Below is the procedure on how to use the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficients values to calculate the risk-adjusted score. Steps to calculate the risk-adjusted quality measure may vary by each measure. The following procedure contains the general steps:

1. Utilize the stay selection guidance as listed in **Chapter 4** Stay Selection for Assessment-Based Quality Measures (LCDS) in this manual.
2. Follow the guidance for the version or versions of the LTCH CARE Data Set applicable to the assessment dates (based on discharge date) required for your calculation found in **Chapter 5, Section 5.3**: Measure Calculations During the Transition from LTCH CARE Data Set V4.00 to LTCH CARE Data Set V5.0.
3. Use the specific calculation steps provided in **Chapter 6** Measure Calculations for Assessment-Based Quality Measures (LTCH CARE Data Set) for the measure(s).
    a. Refer to ~~Appendix A~~ *the covariate definition table for the applicable quality measure in the* **Risk-Adjustment Appendix File** on details to calculate the covariates for each quality measure.
4. Refer to the **Risk-Adjustment Appendix File**, *Overview tab, for* information *on how* to apply intercept and coefficient values to measure calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.
5. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Risk-Adjustment Update ID associated with those discharge dates.
6. Select the *coefficients tab corresponding to the* applicable quality measure ~~tab, and~~ then use the applicable Risk-Adjustment Values Update ID column. Apply the intercept and coefficient values for each covariate.
    a. For quality measures using the national average observed score in the measure calculation, select the National Average tab and use the national average observed score that corresponds to the Risk-Adjustment Values Update ID column used.

Example (Steps 4–6): LTCH Functional Outcome Measure: Change in Mobility Score among Patients Requiring Ventilator Support ~~(NQF #2362)~~

- LCDS assessment had a discharge date of 06/15/2017.

- In the Schedule tab of the **Risk-Adjustment Appendix File**, refer to the Change in Mobility measure.

    – The discharge date of 06/15/2017 is within the discharge date range for Risk-Adjustment Update ID 1 (04/01/2016 – 09/30/2018). Therefore, the user should use the information provided in the Risk-Adjustment ID 1 column.

- Select the Change in Mobility tab and apply the intercept and coefficient values in the Risk-Adjustment ID 1 column for each covariate.

- Select the National Average tab and use the Risk-Adjustment Update ID 1 column for the Change in Mobility national average observed score.

Section B.3: Discharge Function Score Imputation Appendix File Overview

The model thresholds and coefficient values for each of the covariates used in the imputation models for the Discharge Function Score measure are available in the Discharge Function Score Imputation Appendix File, which can be accessed on the <u>LTCH Quality Reporting Measures Information website</u>. This Discharge Function Score Imputation Appendix File, which is used alongside this appendix, contains model thresholds and coefficient values, the imputation schedule including applicable discharge dates for each update to the model threshold and coefficient values, and covariate definitions.

<u>***Excel Worksheets in the Discharge Function Score Imputation Appendix File***</u>***:***

<u>*Overview*</u>*: Brief description of the document and its content.*

<u>*Schedule*</u>*: The imputation schedule for the Discharge Function Score measure.*

- *Quality Measure Name: Full measure name as referenced throughout the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0. A Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT) Measure identification number is provided with the quality measure name, as applicable.*

- *Measure Reference Name: Abbreviated name for the Discharge Function Score measure.*

- *Imputation Update ID: Number assigned to the initial and subsequent updates of the coefficient and model threshold values for the Discharge Function Score measure.*

- *QM User's Manual Specification Version: Number assigned to the initial and subsequent versions of the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.*

- *QM User's Manual Specification Posting Date: Month and year of the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the <u>LTCH Quality Reporting Measures Information website</u>.*

- *Measure Calculation Application Dates: Discharge dates associated with the model threshold and coefficient values for each Imputation Update ID.*

<u>*Covariate Definitions Tab*</u>*: Lists the model thresholds and each covariate and its coding definition, and indicates thresholds and covariates used in each of the imputation models.*

<u>Coefficients – Admission</u> Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG admission item imputation model.

<u>Coefficients – Discharge Tab</u>: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG discharge item imputation model.

Section B.4: Discharge Function Score Imputation Procedure

Below is the procedure for how to use the Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply coefficient and model threshold values to calculate the statistically imputed item value. The following procedure contains the general steps:

1. *Use the specific calculation steps of Step 2.4 provided in **Section 6.11**: Discharge Function Score of **Chapter 6** Measure Calculations for Assessment-Based Quality Measures (LTCH CARE Data Set).*

   a. *Refer to the covariate definition table in the **Discharge Function Score Imputation Appendix File** for details to calculate the covariates.*

2. *Refer to the **Discharge Function Score Imputation Appendix File**, Overview tab, for information on how to apply coefficient and model threshold values to imputation calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.*

3. *Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Imputation Update ID associated with those discharge dates.*

4. *Select the coefficients tab corresponding to the GG item model (Admission/Discharge) and Update ID, and then use the applicable Imputation Values GG item model column. Apply the coefficient values for each covariate and the model threshold values.*

Example (Steps 2–4):

- *LCDS assessment had a discharge date of 06/15/2023 and a "Not Attempted" value coded for GG0130A1 (Eating at Admission).*

- *In the Schedule tab of the **Discharge Function Score Imputation Appendix File**, refer to the Discharge Function Score measure.*

  – *The discharge date of 06/15/2023 is within the discharge date range for Imputation Update ID 1 (10/01/2022-09/30/2023). Therefore, the user should use the information provided in the Imputation Update ID 1 tabs.*

- *Select the Coefficients – Admissions – ID 1 tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 1, GG0130A1 column.*