# Change Table for Final SNF QRP New and Modified Items – Effective Date: October 1, 2020

<table>
<thead>
<tr>
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<th>Item Set(s) Affected</th>
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<th>MDS Item Set Version 1.17.0</th>
<th>MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)</th>
<th>Rationale for Change / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge, Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD, ST</td>
<td>A1000</td>
<td>A1000. Race/Ethnicity&lt;br&gt;  Check all that apply&lt;br&gt; A. American Indian or Alaska Native&lt;br&gt; B. Asian&lt;br&gt; C. Black or African American&lt;br&gt; D. Hispanic or Latino&lt;br&gt; E. Native Hawaiian or Other Pacific Islander&lt;br&gt; F. White</td>
<td>N/A – delete item</td>
<td>A1000 is deleted and replaced with A1005 and A1010.</td>
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<td>2</td>
<td>Admission (Start of SNF Stay), Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD, ST</td>
<td>A1005</td>
<td>N/A – new item</td>
<td>A1005. Ethnicity&lt;br&gt; Are you of Hispanic, Latino/a, or Spanish origin?&lt;br&gt; ✔ Check all that apply&lt;br&gt; A. No, not of Hispanic, Latino/a, or Spanish origin&lt;br&gt; B. Yes, Mexican, Mexican American, Chicano/a&lt;br&gt; C. Yes, Puerto Rican&lt;br&gt; D. Yes, Cuban&lt;br&gt; E. Yes, another Hispanic, Latino, or Spanish origin&lt;br&gt; X. Resident unable to respond</td>
<td>A1000 is deleted and replaced with A1005. Finalized as SPADE in the FY 2020 SNF PPS final rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.</td>
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### Change Table for Final SNF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

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</table>
| 3. | Admission (Start of SNF Stay), Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD | A1010 | N/A – new item on admission | A1010. Race  
What is your race?  
 entidad any  
A. White  
B. Black or African American  
C. American Indian or Alaska Native  
D. Asian Indian  
E. Chinese  
F. Filipino  
G. Japanese  
H. Korean  
J. Vietnamese  
K. Other Asian  
L. Native Hawaiian  
M. Samoan  
N. Other Pacific Islander  
X. Resident unable to respond | A1000 is deleted and replaced with A1010. Finalized as SPADE in the FY 2020 SNF PPS final rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity. |
| 4. | Admission (Start of SNF Stay) NC, NQ, ND, NPE, NP, SP, OSA, IPA, SD | A1100, A1100A, A1100B | A1100. Language  
A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?  
0. No ➔ Skip to A1200, Marital Status  
1. Yes ➔ Specify in A1100B, Preferred language  
9. Unable to determine ➔ Skip to A1200, Marital Status  
B. Preferred language: | A1110. Language  
A. What is your preferred language?  
B. Do you need or want an interpreter to communicate with a doctor or health care staff?  
0. No  
1. Yes  
9. Unable to determine | A1100 is replaced with A1110. Finalized as SPADE in the FY 2020 SNF PPS final rule. |
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| 5  | Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | A1250 | N/A – new item | A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? **¶ Check all that apply**  
A. Yes, it has kept me from medical appointments or from getting my medications  
B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need  
C. No  
X. Resident unable to respond | Finalized as SPADE in the FY 2020 SNF PPS final rule. Consistent with Healthy People 2020 priority to address resident social determinants of health. |
| 6  | Admission (Start of SNF Stay) NC, NQ, ND, NT, NPE, NP, SP, SD, ST | A1800  
A1805 | A1800. Entered From  
01. Community (private home/apt., board/care, assisted living, group home)  
02. Another nursing home or swing bed  
03. Acute hospital  
04. Psychiatric hospital  
05. Inpatient rehabilitation facility  
06. ID/DD facility  
07. Hospice  
09. Long Term Care Hospital (LTCH)  
99. Other | A1805. Entered From  
01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements)  
02. Nursing home (long-term care facility)  
03. Skilled Nursing Facility (SNF, swing bed)  
04. Short-term general hospital (acute hospital, IPPS)  
05. Long-Term Care Hospital (LTCH)  
06. Inpatient rehabilitation facility (IRF, free standing facility or unit)  
07. Inpatient psychiatric facility (psychiatric hospital or unit)  
08. Intermediate care facility (ID/DD facility)  
09. Hospice (home/non-institutional)  
10. Hospice (institutional facility)  
11. Critical Access Hospital (CAH)  
12. Home under care of organized home health service organization  
99. Not Listed | Revised for PAC alignment. |
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<td>7.</td>
<td>Planned Discharge, Unplanned Discharge NC, NQ, ND, NT, NPE, NP, SP, SD, ST</td>
<td>A2100</td>
<td>A2100. Discharge Status Complete only if A0310F = 10, 11, or 12 01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 08. Deceased 09. Long Term Care Hospital (LTCH) 99. Other</td>
<td>A2105. Discharge Status Complete only if A0310F = 10, 11, or 12 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing bed) 04. Short-term general hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient rehabilitation facility (IRF, free standing facility or unit) 07. Inpatient psychiatric facility (psychiatric hospital or unit) 08. Intermediate care facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 13. Deceased 99. Not Listed</td>
<td>Revised for Transfer of Health Information measure calculation and PAC alignment.</td>
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<td>8.</td>
<td>Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD</td>
<td>A2121</td>
<td>N/A – new item</td>
<td>A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge At the time of discharge to another provider, did your facility provide the resident’s current reconciled medication list to the subsequent provider? 0. No – Current reconciled medication list not provided to the subsequent provider 1. Yes – Current reconciled medication list provided to the subsequent provider</td>
<td>New data element added for the Transfer of Health Information quality measures.</td>
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| 9. | Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD | A2122 | N/A – new item | A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. 
↓ Check all that apply 
A. Electronic Health Record 
B. Health Information Exchange Organization 
C. Verbal (e.g., in-person, telephone, video conferencing) 
D. Paper-based (e.g., fax, copies, printouts) 
E. Other Methods (e.g., texting, email, CDs) | New data element added for the Transfer of Health Information quality measures. |
| 10. | Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD | A2123 | N/A – new item | A2123. Provision of Current Reconciled Medication List to Resident at Discharge At the time of discharge, did your facility provide the resident’s current reconciled medication list to the resident, family and/or caregiver? 
0. No – Current reconciled medication list not provided to the resident, family and/or caregiver 
1. Yes – Current reconciled medication list provided to the resident, family and/or caregiver | New data element added for the Transfer of Health Information quality measures. |
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| 11 | Planned Discharge, Unplanned Discharge | A2124A, A2124B, A2124C, A2124D, A2124E | N/A – new item | A2124. Route of Current Reconciled Medication List Transmission to Resident  
Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver.  
↓ Check all that apply  
A. Electronic Health Record  
B. Health Information Exchange Organization  
C. Verbal  
D. Paper-based  
E. Other Methods  
New data element added for the Transfer of Health Information quality measures. |
| 12 | Admission (Start of SNF Stay), Planned Discharge | B1300 | N/A – new item | B1300. Health Literacy  
How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?  
0. Never  
1. Rarely  
2. Sometimes  
3. Often  
4. Always  
8. Resident unable to respond  
Finalized as SPADE in the FY 2020 SNF PPS final rule. Recommended for inclusion in Medicare data by HHS and the National Academies of Sciences, Engineering and Medicine. |
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| 13 | Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | C0100 | N/A – new item on discharge | C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? Attempt to conduct interview with all residents.  
0. No (resident is rarely/never understood) → Skip to XXXX  
1. Yes → Continue to C0200. Repetition of Three Words | Added BIMS to Cognitive Patterns section on Planned Discharge of the MDS 3.0 to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility. |
| 14 | Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | C0200 | N/A – new item on discharge | C0200. Repetition of Three Words  
Ask resident: “I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words.”  
Number of words repeated after first attempt  
0. None  
1. One  
2. Two  
3. Three  
After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times. | Added BIMS to Cognitive Patterns section on Planned Discharge of the MDS 3.0 to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility. |
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| 15 | Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | C0300 C0300A C0300B C0300C | N/A – new item on discharge | **C0300. Temporal Orientation** (orientation to year, month, and day)  
Ask resident: "Please tell me what year it is right now."  
A. Able to report correct year  
0. Missed by > 5 years or no answer  
1. Missed by 2-5 years  
2. Missed by 1 year  
3. Correct  
Ask resident: "What month are we in right now?"  
B. Able to report correct month  
0. Missed by > 1 month or no answer  
1. Missed by 6 days to 1 month  
2. Accurate within 5 days  
Ask resident: "What day of the week is today?"  
C. Able to report correct day of the week  
0. Incorrect or no answer  
1. Correct | Added BIMS to Cognitive Patterns section on Planned Discharge of the MDS 3.0 to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility. |
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| 16.| Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | C0400 C0400A C0400B C0400C | N/A – new item on discharge | C0400. Recall  
Ask resident: “Let’s go back to an earlier question. What were those three words that I asked you to repeat?” If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.  
A. Able to recall "sock"  
0. No - could not recall  
1. Yes, after cueing ("something to wear")  
2. Yes, no cue required  
B. Able to recall "blue"  
0. No - could not recall  
1. Yes, after cueing ("a color")  
2. Yes, no cue required  
C. Able to recall "bed"  
0. No - could not recall  
1. Yes, after cueing ("a piece of furniture")  
2. Yes, no cue required | Added BIMS to Cognitive Patterns section on Planned Discharge of the MDS 3.0 to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility. |
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| 17. | Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | C0500 | N/A – new item on discharge | **C0500. BIMS Summary Score**  
Add scores for questions C0200-C0400 and fill in total score (00-15)  
Enter 99 if the resident was unable to complete the interview | Added BIMS to Cognitive Patterns section on Planned Discharge of the MDS 3.0 to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility. |
| 18. | Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD | C1310A  
C1310B  
C1310C  
C1310D | N/A – new item on discharge | **C1310. Signs and Symptoms of Delirium (from CAM©)**  
Code after completing Brief Interview for Mental Status and reviewing medical record.  
**A. Acute Onset Mental Status Change**  
Is there evidence of an acute change in mental status from the resident's baseline?  
0. No  
1. Yes  
**Enter Codes in Boxes**  
**B. Inattention** - Did the resident have difficulty focusing attention, for example being easily distractible or having difficulty keeping track of what was being said? | Added on Discharge TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.  
Coding instructions for Unplanned Discharge will be: Code after evaluating cognitive status and reviewing medical record. |
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C. **Disorganized thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

D. **Altered level of consciousness** - Did the resident have altered level of consciousness as indicated by any of the following criteria?

- **Vigilant** – startled easily to any sound or touch
- **Lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch
- **Stuporous** – very difficult to arouse and keep aroused for the interview
- **Comatose** – could not be aroused

**Coding:**

<table>
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<tr>
<th>0. Behavior not present</th>
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<tbody>
<tr>
<td>1. Behavior continuously present, does not fluctuate</td>
</tr>
<tr>
<td>2. Behavior present, fluctuates (comes and goes, changes in severity)</td>
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<tr>
<td>20.</td>
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<td>D0150C2</td>
<td>Enter scores in boxes. A. Little interest or pleasure in doing things B. Feeling down, depressed, or hopeless C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way</td>
<td>If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.</td>
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<tr>
<td>D0150D1</td>
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<td>D0150I2</td>
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<tr>
<td>D0300</td>
<td>D0300. Total Severity Score</td>
<td>Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</td>
<td>D0160. Total Severity Score</td>
<td>Adding PHQ-2 to 9 to discharge.</td>
<td></td>
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<tr>
<td>21</td>
<td>Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD</td>
<td>D0160</td>
<td>Add scores for all frequency responses in column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</td>
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| 22 | Admission (Start of SNF Stay), Planned Discharge, NC, NQ, ND, NPE, NP, SP, SD | D0700                | N/A – new item              | D0700. Social Isolation  
How often do you feel lonely or isolated from those around you?  
0. Never  
1. Rarely  
2. Sometimes  
3. Often  
4. Always  
8. Resident unable to respond | Finalized as SPADE in the FY 2020 SNF PPS final rule.  
Recommended for inclusion in Medicare data by HHS and the NASEM. |
| 23 | Admission (Start of SNF Stay), Planned Discharge, NC, NQ, ND, NPE, NP, SP, SD | J0500                | J0500. Pain Effect on Function  
A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”  
   0. No  
   1. Yes  
9. Unable to answer  
A. Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”  
   0. No  
   1. Yes  
9. Unable to answer | J0510. Pain Effect on Sleep  
Ask resident: “Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”  
   1. Rarely or not at all  
   2. Occasionally  
   3. Frequently  
   4. Almost Constantly  
8. Unable to answer | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
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| 24 | Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD | J0500 | J0500. Pain Effect on Function  
A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”  
   0. No
   1. Yes
   9. Unable to answer  
A. Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”  
   0. No
   1. Yes
   9. Unable to answer | J0520. Pain Interference with Therapy Activities  
Ask resident: “Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”  
0. Does not apply – I have not received rehabilitation therapy in the past 5 days  
1. Rarely or not at all  
2. Occasionally  
3. Frequently  
4. Almost Constantly  
8. Unable to answer | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
| 25 | Admission (Start of SNF Stay), Planned Discharge | J0500 | J0500. Pain Effect on Function  
A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”  
   0. No
   1. Yes
   9. Unable to answer  
A. Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”  
   0. No
   1. Yes
   9. Unable to answer | J0530. Pain Interference with Day-to-Day Activities  
Ask resident: “Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”  
1. Rarely or not at all  
2. Occasionally  
3. Frequently  
4. Almost Constantly  
8. Unable to answer | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
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</table>
| 26 | Admission (Start of SNF Stay) | K0510 K0510A K0510B K0510C K0510D K0510Z K0520 K0520A1 K0520B1 K0520C1 K0520D1 K0520Z1 | K0510. Nutritional Approaches Check all of the following nutritional approaches that were performed during the last 7 days | K0520. Nutritional Approaches Check all of the following nutritional approaches that apply on admission 1. On Admission  
↓ Check all that apply  
A. Parenteral/IV feeding  
B. Feeding tube (e.g., nasogastric or abdominal (PEG))  
C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)  
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)  
Z. None of the above | Replaces K0510. Nutritional Approaches. |
# Change Table for Final SNF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

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<tbody>
<tr>
<td>27</td>
<td>Planned Discharge, Unplanned Discharge</td>
<td>K0520</td>
<td>N/A – new item</td>
<td>K0520. Nutritional Approaches</td>
<td>Added on Discharge.</td>
</tr>
<tr>
<td></td>
<td>NC, NQ, ND, NPE, NP, SP, SD</td>
<td>K0520A3</td>
<td></td>
<td>3. While a Resident Check all of the nutritional approaches that were received while a resident of this facility and within the last 7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>K0520A5</td>
<td></td>
<td>5. At Discharge Check all of the nutritional approaches that were being received at discharge</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>K0520B3</td>
<td></td>
<td>↓ Check all that apply A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG))</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>K0520B5</td>
<td></td>
<td>C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>K0520C3</td>
<td></td>
<td>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above</td>
<td></td>
</tr>
</tbody>
</table>


## Change Table for Final SNF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

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</table>
| 28. | Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD | N0410 | N0410. Medications Received  
Indicate the number of DAYS the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days or since admission, entry or reentry if less than 7 days. Enter “0” if medication was not received by the resident during the last 7 days.  
A. Antipsychotic  
B. Antianxiety  
C. Antidepressant  
D. Hypnotic  
E. Anticoagulant (e.g., warfarin, heparin, or low molecular weight heparin)  
F. Antibiotic  
G. Diuretic  
H. Opioid | N/A – delete item | Replaced with N0415. |
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<tr>
<td>29</td>
<td>Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD</td>
<td>N0415 N0415A1 N0415A2 N0415B1 N0415B2 N0415C1 N0415C2 N0415D1 N0415D2 N0415E1 N0415E2 N0415F1 N0415F2 N0415G1 N0415G2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2 N0415Z1</td>
<td>N/A – new item</td>
<td>N0415. High-Risk Drug Classes: Use and Indication 1. <em>Is taking</em> Check if the resident is taking any medications by pharmacological classification, not how it is used, in the following classes 2. <em>Indication noted</em> If column 1 is checked, check if there is an indication noted for all medications in the drug class ↓ Check all that apply A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above</td>
<td>TEP comments and National Beta Test data supports cross-setting reliability and feasibility.</td>
</tr>
<tr>
<td>30</td>
<td>Admission (Start of SNF Stay) NC, NQ, ND, NPE, NP, SP, SD</td>
<td>O0100</td>
<td>O0100. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed during the last 14 days 1. <em>While NOT a Resident</em> Performed <em>while not a resident</em> of this facility and within the <em>last 14 days</em>. Only</td>
<td>N/A – delete item</td>
<td>Replaced with O0110.</td>
</tr>
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<td>check column if resident entered (admission or reentry IN THE LAST 14 DAYS. If resident entered 14 or more days ago, leave column 1 blank</td>
<td>2. While a Resident Performed while a resident of this facility and within the last 14 days.</td>
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<td></td>
<td></td>
<td>Cancer Treatments</td>
<td>A. Chemotherapy</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>B. Radiation Respiratory Treatments</td>
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<td></td>
<td></td>
<td></td>
<td>C. Oxygen Therapy</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>D. Suctioning</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>E. Tracheostomy care</td>
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<td></td>
<td></td>
<td></td>
<td>F. Invasive Mechanical Ventilator</td>
<td>(ventilator or respirator)</td>
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<td></td>
<td></td>
<td></td>
<td>G. Non-Invasive Mechanical Ventilator</td>
<td>(BiPAP/CPAP)</td>
<td></td>
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<td></td>
<td></td>
<td>Other</td>
<td>H. IV Medications</td>
<td></td>
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<td></td>
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<td></td>
<td>I. Transfusions</td>
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<td>J. Dialysis</td>
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<td>K. Hospice care</td>
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<td></td>
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<td></td>
<td>M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)</td>
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<td></td>
<td></td>
<td>None of the above</td>
<td>None of the above</td>
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<td></td>
<td></td>
<td>Z. None of the above</td>
<td>None of the above</td>
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<td>31.</td>
<td>Admission (Start of SNF Stay) &lt;br&gt; NC, NQ, ND, NPE, NP, SP, SD</td>
<td>O0110a</td>
<td>N/A – new item on admission</td>
<td>O0110. Special Treatments, Procedures, and Programs &lt;br&gt; Check all of the following treatments, procedures, and programs that apply on admission. &lt;br&gt; a. On Admission &lt;br&gt; ‣ Check all that apply</td>
<td>TEP comments and National Beta Test data supports cross-setting reliability and feasibility.</td>
</tr>
<tr>
<td>32.</td>
<td>Planned Discharge, Unplanned Discharge &lt;br&gt; NC, NQ, ND, NPE, NP, SP, SD</td>
<td>O0110c</td>
<td>N/A – new item on discharge</td>
<td>O0110. Special Treatments, Procedures, and Programs &lt;br&gt; Check all of the following treatments, procedures, and programs that apply at discharge. &lt;br&gt; c. At Discharge &lt;br&gt; ‣ Check all that apply</td>
<td>TEP comments and National Beta Test data supports cross-setting reliability and feasibility.</td>
</tr>
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</tbody>
</table>
| 34 | Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD | O0110C1a O0110C1c O0110C2a O0110C2c O0110C3a O0110C3c O0110C4a O0110C4c O0110D1a O0110D1c O0110D2a O0110D2c O0110D3a O0110D3c O0110E1a O0110E1c O0110F1a O0110F1c O0110G1a O0110G1c O0110G2a O0110G2c O0110G3a O0110G3c | N/A – new item | Respiratory Therapies  
C1. Oxygen Therapy  
C2. Continuous  
C3. Intermittent  
C4. High-concentration  
D1. Suctioning  
D2. Scheduled  
D3. As needed  
E1. Tracheostomy Care  
F1. Invasive Mechanical Ventilator (ventilator or respirator)  
G1. Non-invasive Mechanical Ventilator  
G2. BiPAP  
G3. CPAP | Public comment and subject matter experts support: breaking the parent item “oxygen therapy” into continuous vs. intermittent to distinguish resident complexity/burden of care; breaking the parent item “suctioning” into frequency of suctioning to distinguish resident complexity/burden of care. In public comment, there was support for breaking the parent item into 2 response options (BiPAP and CPAP). |
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| 35 | Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge, NC, NQ, ND, NPE, NP, SP, SD | O0110H1a O0110H1c O0110H2a O0110H2c O0110H3a O0110H3c O0110H4a O0110H4c O0110H10a O0110H10c O0110I1a O0110I1c O0110J1a O0110J1c O0110J2a O0110J2c O0110J3a O0110J3c O0110O1a O0110O1c O0110O2a O0110O2c O0110O3a O0110O3c O0110O4a O0110O4c O0110Z1a O0110Z1c | N/A – new item | Other  
H1. IV Medications  
H2. Vasoactive medications  
H3. Antibiotics  
H4. Anticoagulation  
H10. Other  
  
I1. Transfusions  
J1. Dialysis  
  J2. Hemodialysis  
  J3. Peritoneal dialysis  
O1. IV Access  
  O2. Peripheral  
  O3. Midline  
  O4. Central (e.g., PICC, tunneled, port)  
None of the Above  
  Z1. None of the above | In public comment, there was support for: further delineating types of IV medications (and the new vasoactive medication item, O0110H2, is included in the LTCH ventilator liberation quality measures); breaking out the dialysis parent item into type of dialysis. New dialysis items added; breaking out the IV access parent item (which appears on the MDS and LTCH CARE Data Set) into types of IV access. |