

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
1.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge, Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD, ST	A1000	A1000. Race/Ethnicity ↓ Check all that apply A. American Indian or Alaska Native B. Asian C. Black or African American D. Hispanic or Latino E. Native Hawaiian or Other Pacific Islander F. White	N/A – delete item	A1000 is deleted and replaced with A1005 and A1010.
2.	Admission (Start of SNF Stay), Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD, ST	A1005	N/A – new item	A1005. Ethnicity Are you of Hispanic, Latino/a, or Spanish origin? ↓ Check all that apply A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes, Puerto Rican D. Yes, Cuban E. Yes, another Hispanic, Latino, or Spanish origin X. Resident unable to respond	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.

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3.	Admission (Start of SNF Stay), Tracking NC, NQ, ND, NT, NPE, NP, SP, OSA, IPA, SD, ST	A1010	N/A – new item on admission	A1010. Race What is your race? ↓ Check all that apply A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese H. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Resident unable to respond	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 A1110 A1110A A1110B	A1100. Language A. Does the resident need or want an interpreter to communicate with a doctor or health care staff? 0. No → <i>Skip to A1200, Marital Status</i> 1. Yes → <i>Specify in A1100B, Preferred language</i> 9. Unable to determine → <i>Skip to A1200, Marital Status</i> B. Preferred language: <input type="text"/>	A1110. Language A. What is your preferred language? <input type="text"/> 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	<p>A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?</p> <p>↓ 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</p>	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	<p>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</p>	<p>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</p>	Revised for PAC alignment.

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7.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NT, NPE, NP, SP, SD, ST	A2100 A2105	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	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	Revised for Transfer of Health Information measure calculation and PAC alignment.
8.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	A2121	N/A – new item	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	New data element added for the Transfer of Health Information quality measures.

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9.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	A2122	N/A – new item	<p>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.</p> <p>↓ Check all that apply</p> <p>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)</p>	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	<p>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?</p> <p>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</p>	New data element added for the Transfer of Health Information quality measures.

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11.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	A2124A A2124B A2124C A2124D A2124E	N/A – new item	<p>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.</p> <p>↓Check all that apply</p> <p>A. Electronic Health Record (e.g., electronic access to patient portal) 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)</p>	New data element added for the Transfer of Health Information quality measures.
12.	Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD	B1300	N/A – new item	<p>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?</p> <p>0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 8. Resident unable to respond</p>	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	<p>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? Attempt to conduct interview with all residents.</p> <ul style="list-style-type: none"> 0. No (resident is rarely/never understood) → <i>Skip to XXXX</i> 1. Yes → <i>Continue to C0200. Repetition of Three Words</i> 	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	<p>C0200. Repetition of Three Words</p> <p>Ask resident: <i>“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.”</i></p> <p>Number of words repeated after first attempt</p> <ul style="list-style-type: none"> 0. None 1. One 2. Two 3. Three <p>After the resident's first attempt, repeat the words using cues (<i>“sock, something to wear; blue, a color; bed, a piece of furniture”</i>). You may repeat the words up to two more times.</p>	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	<p>C0300. Temporal Orientation (orientation to year, month, and day)</p> <p>Ask resident: <i>"Please tell me what year it is right now."</i></p> <p>A. Able to report correct year</p> <p>0. Missed by > 5 years or no answer</p> <p>1. Missed by 2-5 years</p> <p>2. Missed by 1 year</p> <p>3. Correct</p> <p>Ask resident: <i>"What month are we in right now?"</i></p> <p>B. Able to report correct month</p> <p>0. Missed by > 1 month or no answer</p> <p>1. Missed by 6 days to 1 month</p> <p>2. Accurate within 5 days</p> <p>Ask resident: <i>"What day of the week is today?"</i></p> <p>C. Able to report correct day of the week</p> <p>0. Incorrect or no answer</p> <p>1. Correct</p>	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	<p>C0400. Recall Ask resident: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</p> <p>A. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required</p> <p>B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required</p> <p>C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required</p>	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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				<p>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)?</p> <p>D. Altered level of consciousness - Did the resident have altered level of consciousness as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • 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 <p>Coding:</p> <p>0. Behavior not present</p> <p>1. Behavior continuously present, does not fluctuate</p> <p>2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	
19.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	CAM © Footnote	<i>Adapted with permission from: Inouye SK et al., Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. Annals of Internal Medicine. 1990; 113: 941-948. Confusion Assessment Method: Training Manual and Coding Guide, Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.</i>	<i>Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.</i>	TEP supportive of CAM use.

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20.	Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD	D0200 D0200A1 D0200A2 D0200B1 D0200B2 D0200C1 D0200C2 D0200D1 D0200D2 D0200E1 D0200E2 D0200F1 D0200F2 D0200G1 D0200G2 D0200H1 D0200H2 D0200I1 D0200I2 D0150 D0150A1 D0150A2 D0150B1 D0150B2 D0150C1	<p>D0200. Resident Mood Interview (PHQ-9) Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"</p> <p>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the resident: "About how often have you been bothered by this?"</p> <p>Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p> <p>2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day)</p>	<p>D0150. Resident Mood Interview (PHQ-2 to 9) Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"</p> <p>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the resident: "About how often have you been bothered by this?"</p> <p>Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p> <p>2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days). 3. 12-14 days (nearly every day)</p>	Replacing PHQ-9 with PHQ-2 to 9 in MDS. Stakeholder and expert input, including public comments and the TEP, supportive of using PHQ-2 as gateway to full PHQ-9 depression screening. This approach reduces burden while ensuring that residents with some depressive symptoms are screening with full PHQ-9. Results of the National Beta Test support the PHQ-2 to 9 as feasible and reliable across PAC settings.

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		D0150C2 D0150D1 D0150D2 D0150E1 D0150E2 D0150F1 D0150F2 D0150G1 D0150G2 D0150H1 D0150H2 D0150I1 D0150I2	<p>Enter scores in boxes.</p> <p><i>A. Little interest or pleasure in doing things</i></p> <p><i>B. Feeling down, depressed, or hopeless</i></p> <p><i>C. Trouble falling or staying asleep, or sleeping too much</i></p> <p><i>D. Feeling tired or having little energy</i></p> <p><i>E. Poor appetite or overeating</i></p> <p><i>F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i></p> <p><i>G. Trouble concentrating on things, such as reading the newspaper or watching television</i></p> <p><i>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></p> <p><i>I. Thoughts that you would be better off dead, or of hurting yourself in some way</i></p>	<p>Enter scores in boxes.</p> <p><i>A. Little interest or pleasure in doing things</i></p> <p><i>B. Feeling down, depressed, or hopeless</i></p> <p>If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.</p> <p><i>C. Trouble falling or staying asleep, or sleeping too much</i></p> <p><i>D. Feeling tired or having little energy</i></p> <p><i>E. Poor appetite or overeating</i></p> <p><i>F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i></p> <p><i>G. Trouble concentrating on things, such as reading the newspaper or watching television</i></p> <p><i>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></p> <p><i>I. Thoughts that you would be better off dead, or of hurting yourself in some way</i></p>	
21.	Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD	D0300 D0160	<p>D0300. Total Severity Score</p> <p>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).</p>	<p>D0160. Total Severity Score</p> <p>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).</p>	Adding PHQ-2 to 9 to discharge.

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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 J0510	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 J0520	<p>J0500. Pain Effect on Function</p> <p>A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”</p> <p>0. No 1. Yes 9. Unable to answer</p> <p>A. Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”</p> <p>0. No 1. Yes 9. Unable to answer</p>	<p>J0520. Pain Interference with Therapy Activities</p> <p>Ask resident: “Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</p> <p>0. Does not apply – I have not received rehabilitation therapy in the past 5 days</p> <p>1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost Constantly 8. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
25.	Admission (Start of SNF Stay), Planned Discharge NC, NQ, ND, NPE, NP, SP, SD	J0500 J0530	<p>J0500. Pain Effect on Function</p> <p>A. Ask resident: “Over the past 5 days, has pain made it hard for you to sleep at night?”</p> <p>0. No 1. Yes 9. Unable to answer</p> <p>A. Ask resident: “Over the past 5 days, have you limited your day-to-day activities because of pain?”</p> <p>0. No 1. Yes 9. Unable to answer</p>	<p>J0530. Pain Interference with Day-to-Day Activities</p> <p>Ask resident: “Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”</p> <p>1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost Constantly 8. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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

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26.	Admission (Start of SNF Stay) NC, NQ, ND, NPE, NP, SP, SD	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)

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
27.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	K0520 K0520A3 K0520A5 K0520B3 K0520B5 K0520C3 K0520C5 K0520D3 K0520D5 K0520Z3 K0520Z5	N/A – new item	<p>K0520. Nutritional Approaches</p> <p>3. While a Resident Check all of the nutritional approaches that were received <i>while a resident</i> of this facility and within the <i>last 7 days</i></p> <p>5. At Discharge Check all of the nutritional approaches that were being received at discharge</p> <p>↓Check all that apply</p> <p>A. Parenteral/IV feeding</p> <p>B. Feeding tube (e.g., nasogastric or abdominal (PEG))</p> <p>C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids)</p> <p>D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)</p> <p>Z. None of the above</p>	Added on Discharge.

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
28.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	N0410	<p>N0410. Medications Received</p> <p>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.</p> <p>Enter “0” if medication was not received by the resident during the last 7 days.</p> <p>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</p>	N/A – delete item	Replaced with N0415.

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
29.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	N0415 N0415A1 N0415A2 N0415B1 N0415B2 N0415C1 N0415C2 N0415D1 N0415D2 N0415E1 N0415E2 N0415F1 N0415F2 N0415G1 N0415G2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2 N0415Z1	N/A – new item	<p>N0415. High-Risk Drug Classes: Use and Indication</p> <p>1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, in the following classes</p> <p>2. Indication noted If column 1 is checked, check if there is an indication noted for all medications in the drug class</p> <p>↓ Check all that apply</p> <p>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</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
30.	Admission (Start of SNF Stay) NC, NQ, ND, NPE, NP, SP, SD	O0100	<p>O0100. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed during the last 14 days</p> <p>1. While NOT a Resident Performed <i>while not a resident</i> of this facility and within the last 14 days. Only</p>	N/A – delete item	Replaced with O0110.

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
			<p>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</p> <p>2. While a Resident Performed while a resident of this facility and within the last 14 days.</p> <p>Cancer Treatments</p> <ul style="list-style-type: none"> A. Chemotherapy B. Radiation Respiratory Treatments C. Oxygen Therapy D. Suctioning E. Tracheostomy care F. Invasive Mechanical Ventilator (ventilator or respirator) G. Non-Invasive Mechanical Ventilator (BiPAP/CPAP) <p>Other</p> <ul style="list-style-type: none"> H. IV Medications I. Transfusions J. Dialysis K. Hospice care M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) <p>None of the above</p> <p>Z. None of the above</p>		

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
31.	Admission (Start of SNF Stay) NC, NQ, ND, NPE, NP, SP, SD	00110a	N/A – new item on admission	00110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission. a. On Admission ↓ Check all that apply	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
32.	Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	00110c	N/A – new item on discharge	00110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge. c. At Discharge ↓ Check all that apply	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
33.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	00110A1a 00110A2a 00110A3a 00110A10a 00110A1c 00110A2c 00110A3c 00110A10c 00110B1a 00110B1c	N/A – new item	Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation	Public comment and subject matter experts support breaking the parent item “chemotherapy” into type of chemotherapy to distinguish resident complexity/burden of care.

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#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
34.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	00110C1a 00110C1c 00110C2a 00110C2c 00110C3a 00110C3c 00110C4a 00110C4c 00110D1a 00110D1c 00110D2a 00110D2c 00110D3a 00110D3c 00110E1a 00110E1c 00110F1a 00110F1c 00110G1a 00110G1c 00110G2a 00110G2c 00110G3a 00110G3c	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).

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

#	Item Set(s) Affected	Item / Text Affected	MDS Item Set Version 1.17.0	MDS 3.0 Item Set Version 1.18.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
35.	Admission (Start of SNF Stay), Planned Discharge, Unplanned Discharge NC, NQ, ND, NPE, NP, SP, SD	00110H1a 00110H1c 00110H2a 00110H2c 00110H3a 00110H3c 00110H4a 00110H4c 00110H10a 00110H10c 00110I1a 00110I1c 00110J1a 00110J1c 00110J2a 00110J2c 00110J3a 00110J3c 00110O1a 00110O1c 00110O2a 00110O2c 00110O3a 00110O3c 00110O4a 00110O4c 00110Z1a 00110Z1c	N/A – new item	<p>Other</p> <p>H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulation H10. Other</p> <p>I1. Transfusions</p> <p>J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis</p> <p>O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port)</p> <p>None of the Above Z1. None of the above</p>	In public comment, there was support for: further delineating types of IV medications (and the new vasoactive medication item, 00110H2, 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.