

**Track Changes
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Chapter	Section	Page	Change
1	—	1-1	<ul style="list-style-type: none"> Jennifer Pettis, MS, RN, BSCNE, WCC
1	—	1-2	<p>Abt Associates</p> <ul style="list-style-type: none"> Rosanna Bertrand, PhD Donna Hurd, RN, MSN Terry Moore, BSN, MPH Teresa M. Mota, BSN, RN, CALA, WCC
1	—	1-2	<p>Telligen</p> <ul style="list-style-type: none"> Gloria Batts Debra Weiland, BSN, RN Jean Eby, BS Debra Cory, BS Kathy Langenberg, RN
1	—	1-3– 1-4	Page length changed due to revised content.
1	—	1-3	<p>Hendall Inc.</p> <ul style="list-style-type: none"> Terresita Gayden Anne Jones Galen Snowden Terese Ketchen Jessie Pelasara Michael Harrup Anh Nguyen Sunitha Koka
1	—	1-3	<p>Chase Consulting Group, LLC.</p> <ul style="list-style-type: none"> Joshua Lewis, MA, MBA Anne Jones
1	—	1-3	<p>Tantus Technologies, Inc.</p> <ul style="list-style-type: none"> Michael Barron Toyin Bolaji

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1	—	1-3	<p>The MITRE Corporation</p> <ul style="list-style-type: none"> • Kathy Langenberg, RN • Siama Rizvi, BSN, RN
1	—	1-3	<ul style="list-style-type: none"> • Thomas Dudley, MS, RN
1	—	1-4	<ul style="list-style-type: none"> • Melissa Hulbert, Director—Division of Advocacy and Special Issues • John Kane • Jeanette Kranacs, Deputy Director—Division of Institutional Post-Acute Care Chronic Care Policy Group • Sheila Lambowitz, Director (Retired)—Division of Institutional Post-Acute Care • Sharon Lash, MPH, MA, RN • Alan Levitt, MD, Medical Officer—Division of Chronic and Post-Acute Care • Shari Ling, MD • Stella Mandl, BSW, BSN, PHN, RN, Deputy Director—Division of Chronic and Post-Acute Care • Tara McMullen, PhD, MPH • Teresa M. Mota, BSN, RN, CALA, WCC • Mary Pratt, MSN, RN, Deputy Director—Division of Chronic and Post-Acute Care • MaryBeth Ribar, MSN, RN • Karen Schoeneman, Director (Retired)—Division of Nursing Homes • John E. V. Sorensen • Christina Stillwell-Deaner, RN, MPH, PHP • Michael Stoltz • Jennifer Sutcliffe, RN, BSN, RAC-CT • Christine Teague, RN-BC, BS, RAC-CT • Daniel Timmel • John Williams, Director—Division of National Systems • Cheryl Wiseman, MPH, MS • Anne Blackfield • Casey Freeman, MSN, ANP-BC • Debra Weiland, BSN, RN

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1	—	1-4	<i>Special Recognition for the development of the RAI Manual goes to Ellen Berry, PT and Stella Mandl, BSW, BSN, PHN, RN. Without their dedication, drive, and endless hours of work this manual would not have come to fruition.</i>
1	—	1-7	<ul style="list-style-type: none"> • Medicare and Medicaid Payment Systems. The MDS contains items that reflect the acuity level of the resident, including diagnoses, treatments, and an evaluation of the resident's functional status. The MDS is used as a data collection tool to classify Medicare residents into RUGs (Resource Utilization Groups) PDPM components. The RUG PDPM classification system is used in SNF PPS for skilled nursing facilities, and non-critical access hospital swing bed programs, and in many States may use PDPM, a Resource Utilization Group-based system, or an alternate system Medicaid case mix payment systems to group residents into similar resource usage categories for the purposes of Medicaid reimbursement. More detailed information on the SNF PPS is provided in Chapters 2 and 6. Please refer to the Medicare Internet-Only Manuals, including the Medicare Benefit Policy Manual, located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html for comprehensive information on SNF PPS, including, but not limited to, SNF coverage, SNF policies, and claims processing.
1	—	1-11	<p>The goals of the MDS 3.0 revision are to introduce advances in assessment measures, increase the clinical relevance of items, improve the accuracy and validity of the tool, increase user satisfaction, and increase the resident's voice by introducing more resident interview items. Providers, consumers, and other technical experts in nursing home care requested that MDS 3.0 revisions focus on improving the tool's clinical utility, clarity, and accuracy. CMS also wanted to increase the usability of the instrument while maintaining the ability to use MDS data for quality measure reporting and Medicare SNF PPS reimbursement (via resource utilization group [RUG] classification). (via Patient Driven Payment Model [PDPM] classification).</p>

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1	—	1-12	The MDS is completed for all residents in Medicare- or Medicaid-certified nursing homes and residents in a PPS stay in non-critical access hospitals with Medicare swing bed agreements. The mandated assessment schedule is discussed in Chapter 2. States may also establish additional MDS requirements. For specific information on State requirements, please contact your State RAI Coordinator (see Appendix B).