

CH.	Sect.	Pg.	March 2006 Revision
NA	NA	Title Page	Revised date changed
NA	NA	CMS Acknowledgements Page	Change URL from http://www.cms.hhs.gov/quality/mds20 to http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQMDS20.asp
CH1		1-7	Change URL from http://www.cms.hhs.gov/medicaid/mds20 to http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQMDS20.asp
		1-16	Change URL from http://www.cms.hhs.gov/providers/snfpps/sbtraining.asp to http://cms.hhs.gov/SNFPPS/03_SwingBed.asp
CH2		2-23	Add bullet on Section W Supplemental Item under The Discharge Tracking form contains <ul style="list-style-type: none"> • Section W Supplemental Items.
CH3		3-3	Change URL from http://www.cms.hhs.gov/medicaidmds20 to http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQMDS20.asp
		3-130	Typo correction to pp. Delete Anemia and add Cancer <p>pp. Cancer</p>
		3-241	Delete the word year's from sentence below: <p>responsible party/legal guardian to determine Influenza vaccination status during this year's flu season, defined as October 1 through March 31. Use the following steps:</p>
		3-241	Move text to page 3-242 <p>Example: Mrs. T. received the Influenza vaccine in</p>
		3-242	Delete the word year from the sentence below and add flu season: <ul style="list-style-type: none"> • If the ARD of this assessment or the discharge date of this discharge tracking form is on or after October 1, include the Influenza vaccine administered in the facility on or after October 1 of the current year flu season.
		3-243	Text moved from page 3-243 to page 3-342. <p>4. Offered and declined – Resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.</p>

CH4		4-29	Change URL from http://www.cms.hhs.gov/manuals/pbu%5F07.asp to http://www.cms.hhs.gov/Manuals/IOMlist.asp
CH5		5-6	Moved text from page 5-6 to page 5-7 In summary, the facility must then take the following actions: 1. Correct the original assessment,
CH5		5-7	Change URL from http://www.qtso.com/download/mds/mdscorrectionpolicy.pdf to http://www.qtso.com/download/mds/prMn1002.pdf

	Appendix	Page	March 2006 Revision
	A	10	Change URL from http://www.hcfa.gov/pubforms/tranmit/memos/comm_date_dsc.htm to http://new.cms.hhs.gov/Transmittals/CMSPM/List.asp Change URL from http://www.hcfa.gov/pubforms/tranmit/transmittals/com_date_dsc.htm to http://new.cms.hhs.gov/Transmittals/CMSPM/List.asp
	B	1-9	Update RAI Coordinator's list. Add Automation Coordinator list to Appendix B
	E	4	Change URL from http://www.cms.hhs.gov/manuals/107_som/som107_appredixtoc.asp to http://www.cms.hhs.gov/SurveyCertificationGenInfo/
	H	1-2	Change URL from http://www.cms.hhs.gov/medicaidmds20 to http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp
			Change URL from http://www.cms.hhs.gov/providers/snfpps/snfpps_swingved.asp to http://cms.hhs.gov/SNFPPS/03_SwingBed.asp
			Change URL from http://www.qtso.com/download/mds/facman.pdf to http://www.qtso.com/mdsdownload.html
			Change URL from http://www.cms.hhs.gov/manuals/pbu%5F07.asp to http://www.cms.hhs.gov/Manuals/IOMlist.asp
			Change URL from http://www.qtso.com/download/mds/mdscorrectionpolicy.pdf to http://www.qtso.com/download/mds/prMn1002.pdf
			Change URL from http://www.cms.hhs.gov/providerupdate to http://www.cms.hhs.gov/QuarterlyProviderUpdates
			Add: Quality Measures http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp
	I	1-23	Because of format Appendix I can not be separate. Replace entire Appendix I.

		2	The matrix version and date have been updated to 4.8 02/14/06
		11	The entry I1(j) has been corrected to include a checkmark in the QM column.
		22	The W2a and W3a items have a checkmark in the AM column since the new QMs will be implemented the summer of 2006.

**Centers For Medicare &
Medicaid Services**



**Revised
Long-Term Care
Facility Resident
Assessment
Instrument
User's Manual**

Version 2.0

December 2002

March 2006

CMS ACKNOWLEDGEMENTS

**2002 Edition
(continued)**

Special thanks also goes to the Hebrew Rehabilitation Center staff, Dr. Courtney Lyder of the National Pressure Ulcer Advisory Panel, Diane Carter and Rena Shephard of the American Association of Nurse Assessment Coordinators (AANAC), Dr. Tom Clark of the American Society of Consultant Pharmacists (ASCP), Sue Mitchell and Kelli Marsh of the American Health Information Management Association (AHIMA), Ann Gallagher of the American Dietetic Association (ADA), Janet Brown of the American Speech-Language Hearing Association (ASHA), and last (but certainly not least) Dr. Bob Godbout of Stepwise Systems for sharing their expertise. Many national associations provided real world perspectives from the provider and advocacy viewpoints to assure the usability of the RAI process. Special thanks go to Ruta Kadonoff and Evvie Munley of the American Association of Homes and Services for the Aging (AAHSA), Sandra Fitzler of the American Health Care Association (AHCA), and Sarah Greene Burger and Janet Wells of the National Citizens' Coalition for Nursing Home Reform (NCCNHR).

Finally, we want to thank our colleagues in the CMS Regional Offices and State agencies for their support and assistance. Throughout the years, we have worked together to identify problems, answer questions, clarify coding requirements, and train providers. They've been our "eyes and ears" in the communities, and we could not have completed this update without their contributions, suggestions, and support.

We hope that you find this revised manual to be a positive resource. Questions regarding information presented in this Manual should be directed to your State's RAI Coordinator. Also, please email your question to mdsquestions@cms.hhs.gov so we can ensure you receive a response to your inquiry. Please continue to check our web site for more information at: http://cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp.

In addition, CMS established a process for answering questions and clarifying MDS coding instructions for nursing facility staff. CMS posted responses to questions on their web site. These responses are now incorporated into this manual. The instructions in this revised manual incorporate and supersede previous Q&A documents.

CMS recognizes that the publication of this revised manual will not preclude future questions or the need for more clarification about MDS items. Therefore, CMS has developed a procedure to review, respond and distribute clarifications to the MDS coding process.

STEP 1: If clinicians have a question about a particular MDS item, they should first review the manual and then contact their State RAI Coordinator for a clarification. If necessary, the State RAI Coordinator will contact the appropriate CMS staff if he/she is not able to answer a specific question.

STEP 2: CMS will determine if a clarification about an item is needed and will post new clarifications on the CMS web site. If a clarification is posted on the official CMS web site, then it can be considered policy. CMS will periodically update the manual and incorporate additional clarifications. Clinicians should monitor the CMS web site for these clarifications at: http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp.

1.6 Statutory and Regulatory Basis for the RAI in Nursing Facilities

Minimum Data Set (MDS): The statutory authority for the MDS Version 2.0 and the Resident Assessment Instrument (RAI) is found in Section 1819(f)(6)(A-B) for Medicare and 1919 (f)(6)(A-B) for Medicaid in the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987). These sections of the Social Security Act required the Secretary of the Department of Health and Human Services (the Secretary) to specify a minimum data set of core elements for use in conducting comprehensive assessments. It furthermore required the Secretary to designate one or more resident assessment instruments based on the minimum data set. The Secretary designated Version 2.0 of the RAI in the State Operations Manual Transmittal #272, issued April 1995. Revision #22, issued December 8, 2000, required nursing facilities to implement the September 2000 update of the Resident Assessment Instrument (RAI).

Federal requirements at 42 CFR 483.20(b)(1)(i) -- (F272) require that facilities use an RAI that has been specified by the State. This assessment system provides a comprehensive, accurate, standardized, reproducible assessment of each long-term care facility resident's functional capabilities and helps staff to identify health problems. The Federal requirement also mandates facilities to encode and electronically transmit the MDS data from the facility to the State MDS database. (Detailed submission requirements are located in Chapter 5.)

- **Swing bed facilities.** Swing bed hospitals providing Part A skilled nursing facility-level services were phased into the skilled nursing facility prospective payment system (SNF PPS) starting July 1, 2002. Beginning on the first day of each hospital's cost reporting year on and after July 1, 2002, swing bed hospitals must complete a customized two-page MDS assessment form that will be used to determine payment levels for Medicare beneficiaries. A separate Swing Bed MDS Assessment Training Manual has been developed and can be found on the CMS website at:

http://www.cms.hhs.gov/SNFPPS/03_SwingBed.asp

Federal RAI requirements are not applicable to individuals residing in non-certified units of long-term care facilities or licensed-only facilities. This does not preclude a state from mandating the RAI for residents who live in these units. Please contact your State RAI Coordinator for State requirements. A list of RAI Coordinators can be found in Appendix B.

1.11 Facility Responsibilities for Completing Assessments

NEWLY CERTIFIED NURSING FACILITIES

Nursing facilities must admit residents and operate in compliance with certification requirements before a survey can be conducted. The OBRA assessments are a condition of participation and should be performed as if the beds were already certified. Then, assuming a survey where the SNF has been determined to be in substantial compliance, the facility will be certified effective on the last day of the survey. If the facility completed the Admission assessment prior to the certification date, there is no need to do another Admission assessment. The facility simply continues the OBRA schedule using the actual admission date as Day 1. NOTE: Even in situations where the facility's certification date is delayed due to the need for a resurvey, the facility must continue performing OBRA assessments according to the original schedule.

Medicare cannot be billed for any care provided prior to the certification date. Therefore, the facility must use the certification date as Day 1 (of the covered Part A stay) when establishing the Assessment Reference Date for the 5-Day Medicare assessments. For OBRA assessments, the assessment schedule is determined from the resident's actual date of admission. Assuming a survey where the SNF has been determined to be in substantial compliance, the SNF should implement the Medicare assessment schedule (for any resident in a bed that is pending certification) using the last day of the survey as Day 1.

If the SNF is already certified and is adding additional certified beds, the procedure for changing the number of certified beds is different from that of the initial certification. Medicare and Medicaid residents should not be placed in a bed until you are notified that the bed has been certified.

CHANGE IN OWNERSHIP

There are two types of change in ownership transactions. The more common situation requires the new owner to assume the assets and liabilities of the prior owner. In this case, the assessment schedule for existing residents continues, and the facility continues to use the existing provider number. For example, if the Admission assessment was done 10 days prior to the change in

2.4 Tracking Documents: Discharge and Reentry for Nursing Facilities

With MDS Version 2.0, two new forms have been developed to track each resident's "whereabouts" in the health care system. The Discharge and Reentry Tracking forms provide key information to identify and track the movement of residents in and out of the facility.

The Discharge Tracking form contains:

- Section AA (Identification Information), Items 1 through 7,
- A subset of codes from Item AA8a, Primary Reason for Assessment, numbers 6, 7, or 8,
- AB1 (Date of Entry) and AB2 (Admitted From [at Entry]) completed if AA8a = 8,
- A6 (Medical Record Number),
- R3 (Discharge Status) and R4 (Discharge Date),
- Section W Supplemental Items.

The Reentry Tracking form contains:

- Section AA (Identification Information), Items 1 through 7,
- A single code from Item AA8a, Primary Reason for Assessment, number 9,
- A4a (Date of Reentry), A4b (Admitted From [at Reentry]) and A6 (Medical Record Number).

Some parts of the State specific Section S may be required with these tracking documents. The Discharge and Reentry documents can be found in Chapter 1. Contact your State RAI Coordinator for specific State requirements.

In some situations, Discharge and Reentry Tracking forms **are not completed**:

- When the resident leaves the facility on a temporary visit home, or on another type of therapeutic or social leave.
- When residents are in a hospital outpatient department for an observational stay of less than 24 hours and the resident is not admitted for acute care as an inpatient.

If the observational stay goes beyond 24 hours or if the resident is admitted for acute care, then a Discharge Tracking form must be completed within seven days. The discharge date entered at R4 would be the date that the resident actually left the facility, not the date he was admitted to the hospital.

The clinician must clearly understand the differences between the three types of discharge in order to correctly select the appropriate response at AA8a. They are:

- Discharged-return not anticipated (Reason for Assessment AA8a = 6)
- Discharged-return anticipated (Reason for Assessment AA8a = 7)
- Discharged prior to completing initial assessment (Reason for Assessment AA8a = 8)

Recommended Approach for Becoming Familiar with the MDS**(continued)**

- Make notations next to any section(s) of this Manual you have questions about. Be prepared to discuss these issues during any formal training program you attend, or contact your State RAI Coordinator (see Appendix B).
- (C) In a second review of this chapter, focus on issues that seemed to you to be more difficult, problematic, or unfamiliar during the first pass.** Make notes on the MDS of issues that warrant attention.
- (D) The third chapter review may occur during the formal MDS training program at your facility.** It will provide you with another opportunity to review the material in this chapter. If you have questions, raise them during the training session.
- (E) Future use of information in this chapter:**
- Keep this chapter at hand during the assessment process.
 - Where necessary, review the intent of each item in question.
 - This Manual is the primary source of information for completing an assessment. Use it to increase the accuracy of your assessments.
 - Check the MDS 2.0 web site regularly for updates at:
http://cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp

PULMONARY**hh. Asthma**

- ii. Emphysema/COPD** - Includes COPD (chronic obstructive pulmonary disease) or COLC (chronic obstructive lung disease), and chronic restrictive lung diseases such as asbestosis and chronic bronchitis.

SENSORY**jj. Cataracts****kk. Diabetic Retinopathy****ll. Glaucoma****mm. Macular Degeneration****OTHER**

- nn. Allergies** - Any hypersensitivity caused by exposure to a particular allergen. Includes agents (natural and artificial) to which the resident is susceptible for an allergic reaction, not only those to which he or she currently reacted to in the last seven days. This item includes allergies to drugs (e.g., aspirin, antibiotics), foods (e.g., eggs, wheat, strawberries, shellfish, milk), environmental substances (e.g., dust, pollen), animals (e.g., dogs, birds, cats), and cleaning products (e.g., soap, laundry detergent), etc. Hypersensitivity reactions include but are not limited to, itchy eyes, runny nose, sneezing, contact dermatitis, etc.

- oo. Anemia** - Includes anemia of any etiology.

pp. Cancer**qq. Renal Failure**

- rr. NONE OF ABOVE** (*Not Used on the MPAF*)

Process: Consult transfer documentation and medical record (including current physician treatment orders and nursing care plans). If the resident was admitted from an acute care or rehabilitation hospital, the discharge forms often list diagnoses and corresponding ICD-9-CM codes that were current during the hospital stay. If these diagnoses are still active, record them on the MDS form. Also, accept statements by the resident that seem to have clinical validity. Consult with physician for confirmation. A physician diagnosis is required to code the MDS.

responsible party/legal guardian to determine Influenza vaccination status during this flu season, defined as October 1 through March 31. Use the following steps:

- **Step 1.** Review the resident's medical record to determine whether an Influenza vaccination was received during the flu season. If vaccination status is unknown, proceed to the next step.
- **Step 2.** Ask the resident if he/she received a dose of Influenza vaccine outside of the facility for this year's flu season. If vaccination status is still unknown, proceed to the next step.
- **Step 3.** If the resident is unable to answer, then ask the same question of the responsible party/legal guardian. If vaccination status is still unknown, proceed to the next step.
- **Step 4.** If vaccine status cannot be determined, administer the vaccination to the resident according to standards of clinical practice.

The CDC has evaluated inactivated Influenza vaccine co-administration with the pneumococcal polysaccharide vaccine systematically among adults. Simultaneous vaccine administration is safe when administered by a separate injection in the opposite arm^{2,3}. If the resident is an amputee or if intramuscular injections are contraindicated in the upper extremities, administer the vaccine(s) according to standards of clinical practice.

Coding: W2a

Enter **"0"** for a **'No'** response and proceed to item **W2b**

- If the resident did not receive the Influenza vaccine in this facility from October 1 – March 31.

Example: Mrs. J. received the Influenza vaccine in January 2005. The ARD of this assessment is October 2005. The facility has not yet administered the Influenza vaccine for the current flu season. W2a would be coded "0", No.

Enter **"1"** for a **'Yes'** response and proceed to item **W3**

- If the ARD of this assessment or the discharge date of this discharge tracking form is from January 1 through June 30, include Influenza vaccine administered in the facility from October 1 of last year through March 31 of the current year.

Example: Mrs. T. received the Influenza vaccine in November 2004. The ARD of this assessment is February 2005. Include the November 2004 vaccination on this assessment and code W2a "1", Yes.

- If the ARD of this assessment or the discharge date of this discharge tracking form is on or after October 1, include the Influenza vaccine administered in the facility on or after October 1 of the current flu season.

Example: Mr. C received the Influenza vaccine in October 2005. The ARD of this assessment is December 2005. Include the October 2005 vaccination on this assessment and code W2a "1", Yes.

Skip item W2 and go to item W3

- If the ARD of this assessment or the discharge date of this discharge tracking form is from July 1 through September 30.

Example: Mr. P. received the Influenza vaccine in February 2005. The ARD of this assessment is in August 2005. Skip this item and go to item W3.

W2b

If the resident has not received the Influenza vaccine in the facility, code the reason from the following list:

1. Not in facility during this year's flu season - Resident not in the facility from October 1 – March 31.

2. Received outside of this facility - Includes Influenza vaccinations administered from October 1 through March 31 in any other setting (e.g. physician office, health fair, grocery store, hospital, fire station).

3. Not eligible – Due to contraindications including:

- allergic reaction to eggs or other vaccine component(s)
- a physician order not to immunize
- or an acute febrile illness is present; however, the resident should be vaccinated if contraindications end

4. Offered and declined – Resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.

5. Not offered – Resident or responsible party/legal guardian not offered the vaccine. See pages 3-36 & 37 for types of responsibility/legal guardian.

6. Inability to obtain vaccine – Vaccine unavailable at the facility due to declared vaccine shortage; however, the resident should be vaccinated once the vaccine is received. The annual supply of inactivated Influenza vaccine and the timing of its distribution cannot be guaranteed in any year.

W3. Pneumococcal Immunization

Intent: To determine the rate of vaccination and causes for non-vaccination.

Section W3 must be completed for all residents on all assessment types (OBRA and/or PPS) and all discharge tracking forms.

- The CDC has evaluated inactivated Influenza vaccine co-administration with the Pneumococcal Polysaccharide Vaccine (PPV) systematically among adults. Simultaneous vaccine administration is safe when administered by a separate injection in the opposite arm^{2,3}. If the resident is an amputee or intramuscular injections are contraindicated in the upper extremities, administer the vaccine(s) according to clinical standards of care.
- Persons less than 65 years of age who are living in environments or social settings (e.g. nursing homes and other long-term care facilities) in which the risk for invasive pneumococcal disease or its complications is increased should receive the PPV².
- All adults 65 years of age or older should get the PPV. PPV is given once in a lifetime, with certain exceptions¹.

11. Depending upon the conclusions of the assessment, types of goals may include improvement goals, prevention goals, palliative goals or maintenance goals.
12. Specific, individualized steps or approaches that staff will take to assist the resident to achieve the goal(s) will be identified. These approaches serve as instructions for resident care and provide for continuity of care by all staff. Short and concise instructions, which can be understood by all staff, should be written.
13. The final care plan should be discussed with the resident or the resident's representative.
14. The goals and their accompanying approaches are to be communicated to all direct care staff who were not directly involved in the development of the care plan.
15. The effectiveness of the care plan must be evaluated from its initiation and modified as necessary.
16. Changes to the care plan should occur as needed in accordance with professional standards of practice and documentation (e.g., signing and dating entries to the care plan). Communication about care plan changes should be ongoing among interdisciplinary team members.

4.12 The Care Planning Process

The care planning process is based on good clinical practice and specified in the interpretive guideline probes for the care planning requirements at 42 CFR 483.20(k)(1) and (2). The appropriate **F Tags** have been added to the end of each question to guide the reader back to the regulation. The regulatory language and associated probes may be found in **Appendix P** of the State Operations Manual (SOM). The SOM can be found at the following web site: <http://www.cms.gov/Manuals/IOMlist.asp>.

The care plan must be oriented toward preventing avoidable declines in functioning or functional levels - F 279

The care plan is a guide for all staff to ensure that decline is avoided, if possible. Not only is the resolution of clinical problems important (e.g., treatment of a pressure ulcer), so is the prevention of further decline. For example, the resident with pressure ulcers, a program of bed mobility as well as efforts at improving the resident's mood to increase willingness to get out of bed, will improve chances for slowing decline. There must be a realistic, directed effort to provide quality care in addressing immediate concerns while, at the same time, attempting to ensure that functional decline does not occur. This is "proactive" involvement by the interdisciplinary team to make sure that declines in resident functioning are avoided if possible.

A flow chart is provided at the end of this chapter to graphically present the decision processes necessary to identify the proper correction steps.

MDS assessments that have not yet been accepted in the State MDS database include records that have been submitted and rejected, production records that were inadvertently submitted as test records, or records that have not been submitted at all. These records can generally be corrected and retransmitted without any special correction procedures, since they were never accepted by the State MDS database. The paper copy should be corrected according to standard procedures detailed below.

ERRORS IDENTIFIED DURING THE ENCODING PERIOD

Facilities have up to 7 days to encode and edit an MDS assessment after the MDS has been completed. Amendments may be made to the electronic record for any item during the encoding period, provided the amended response refers to the same observation period. To make revisions to the paper copy, enter the correct response, draw a line through the previous response without obliterating it, and initial and date the corrected entry. This procedure is similar to how an entry in the medical record is corrected.

When the data is encoded into the facility's MDS system, the facility is responsible for verifying that all responses in the computer file match the responses on the paper form. Any discrepancies must be corrected in the computer file during the 7-day encoding period.

In addition, the facility is responsible for running encoded MDS assessment data against CMS and State-specific edits that software vendors are responsible for building into MDS Version 2.0 computer systems. For each MDS item, the response must be within the required range and also be consistent with other item responses. During this 7-day encoding period that follows the completion of the MDS assessment, a nursing facility may "correct" item responses to meet required edits. Only MDS assessments that meet all of the required edits are considered complete. For "corrected" items, the facility must use the same "period of observation" as that used for the original item completion (i.e., the same Assessment Reference Date – A3a). Any corrections must be accurately reflected in both the electronic and paper copies of the MDS (i.e., the paper version of the MDS must be corrected.)

ERRORS IDENTIFIED AFTER THE ENCODING PERIOD

The corrections process is more complex if errors are identified after the end of the encoding process but before the record has been accepted into the State database. After the 7-day editing period, the facility must correct and submit the record, using the process detailed above, but must also evaluate whether or not an additional Significant Change in Status or Significant Correction of a Prior assessment is required. Errors that inaccurately reflect the resident's clinical status and/or result in an inappropriate plan of care are considered "major" errors and require a new assessment. All other errors related to the coding of clinical items are considered "minor," and can be addressed through the correction process without performing another assessment.

In summary, the facility must then take the following actions:

1. Correct the original assessment,
2. Submit the corrected assessment, and
3. Perform a Significant Correction of a Prior assessment or Significant Change in Status assessment if the error was major, and update the care plan as necessary.

If the MDS (MPAF) is performed for Medicare purposes only (AA8a = 00, AA8b = 1, 2, 3, 4, 5, 7 or 8), no Significant Change in Status or Significant Correction of a Prior assessment is required. RAPs and care planning are not required with Medicare assessments.

5.6 Correcting Errors in MDS Records That Have Been Accepted Into The State MDS Database

Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item coding errors or other errors. Two processes have been established to correct MDS records (assessments or tracking forms) that have been accepted into the State MDS database:

- **Modification**
- **Inactivation**

A Modification request moves the inaccurate record into the history file in the State MDS database and replaces it with the corrected record in the active database. An Inactivation request also moves the inaccurate record into the history file in the State MDS database, but does not replace it with a new record. Both the Modification and Inactivation processes require an MDS Correction Request form.

The MDS Correction Request form (Prior Record Section and Section AT) contains the minimum amount of information necessary to enable correction of the erroneous MDS data previously submitted and accepted into the State MDS database. A hard copy of the Correction Request form must be kept with the corrected paper copy of the MDS record in the clinical file to track the changes made with the modification. A hard copy of the Correction Request form should also be kept with an inactivated record. (A copy of the Correction Request form can be found at the end of this chapter.)

Detailed instructions concerning completion of the Correction Request form and examples of the correction process are included in the final [Provider Instructions for Making Automated Corrections Using the New MDS Correction Request Form](http://www.gtso.com/download/mds/prMn1002.pdf) (March, 2000), which may be accessed at <http://www.gtso.com/download/mds/prMn1002.pdf>.

**Program
Memos**

Official agency transmittals used for communicating reminder items, request for action or information of a one time only, non-recurring nature. Program Memos can be found at the following web site:

<http://new.cms.hhs.gov/Transmittals/CMSPM/List.asp>

**Program
Transmittal**

Transmittal pages summarize the instructions to providers, emphasizing what has been changed, added or clarified. They provide background information that would be useful in implementing the instructions. Program Transmittals can be found at the following web site:

<http://new.cms.hhs.gov/Transmittals/CMSPM/List.asp>

**Prospective
Payment System**

PPS

A payment system, developed for Medicare skilled nursing facilities, which pays facilities an all-inclusive rate for all Medicare Part A beneficiary services. Payment is determined by a case mix classification system that categorizes patients by the type and intensity of resources used.

**PPS
Assessments**

Those assessments required by Medicare Prospective Payment Regulations for residents in a Medicare Part A stay. Each Medicare assessment is classified into a RUG-III group based on the clinical resource needs as recorded on the MDS assessment and is used to determine the Medicare reimbursement rate. These assessments are performed in addition to those assessments required by OBRA regulations. PPS assessments are: 5-Day, 14-Day, 30-Day, 60-Day, 90-Day, OMRA and Return/Readmission.

**Quality
Improvement
and Evaluation
System**

QIES

The umbrella system that encompasses the MDS and SB-MDS system as well as other systems for survey and certification, and home health providers.

**Quality
Improvement
Organization**

QIO

A program administered by CMS that is designed to monitor and improve utilization and quality of care for Medicare beneficiaries. The program consists of a national network of fifty-three QIOs (formerly known as Peer Review Organizations or PRO) responsible for each US State, territory, and the District of Columbia. Their mission is to ensure the quality, effectiveness, efficiency, and economy of healthcare services provided to Medicare beneficiaries.

APPENDIX B

STATE AGENCY CONTACTS RESPONSIBLE FOR ANSWERING RAI QUESTIONS

STATE AGENCY CONTACTS – MDS RAI COORDINATORS

STATE	MDS RAI Coordinator	PHONE #	E-mail Address
AK	Ginger Beal	907-334-2483	Ginger_Beal@health.state.ak.us
AL	Pamela Carpenter	334-206-5164	pamelacarpenter@adph.state.al.us
AR	Cecilia Vinson	501-837-8159	Cecilia.vinson@arkansas.gov
AR	Twyla Moore, RN	501-661-2201	tmoore@healthyarkansas.com
AZ	Sylvia Balistreri	602-364-3878	balists@azdhs.gov
CA	Virginia E. Aquino, RN	916-324-2362 Helpdesk	VAquino@dhs.ca.gov mdsoasis@dhs.ca.gov (Helpdesk)
CO	Betty Keen, RN	303-692-2894	Betty.Keen@state.co.us
CT	Lori Giffin, RN Alternate: Angela White, RN	860-509-7400	Lori.Griffin@po.state.ct.us Angela.white@po.state.ct.us
DC	Mary Sklencar	202-442-4759	Mary.sklencar@dc.gov
DE	Kim Paugh	302-424-8425	Kim.paugh@state.de.us
FL	Claire Hoagland, RN	727-552-1133 x179	hoaglanc@ahca.myflorida.com
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DIURETICS

Brand	Generic	Brand	Generic
Aldactazide,	Spironolactone/ hydrochlorothiazide	GlaucTabs	Methazolamide
Aldactone	Spironolactone	Lasix	Furosemide
Aquatensen	Methyclothiazide	Lozol	Indapamide
Bumex	Bumetanide	Mannitol	Mannitol
Daranide	Dichlorphenamide	Maxzide	Triameterene/hydrochlorothiazide
Demadex	Torsemide	Midamor	Amiloride
Diamox	Acetazolamide	Moduretic	AmilorideHCl/hydrochlorothiazide
Diuril	Chlorothiazide	Mykrox	Metolazone
Dyazide	Triamterene/ hydrochlorothiazide	Naqua	Trichlormethiazide
Dyrenium	Triamterene	Naturetin	Bendroflumethiazide
Edecrin	Ethacrynic Acid	Oretic	Hydrochlorothiazide
Enduron	Methyclothiazide	Osmitrol	Mannitol
Esidrix	Hydrochlorothiazide	Renese	Polythiazide
Hydrodiuril	Hydrochlorothiazide	Saluron	Hydroflumethiazide
Hygroton	Chlorthalidone	Thalitone	Chlorthalidone
		Zaroxolyn	Metolazone

NOTES:

This appendix should be used as a resource when completing Section O.

The medications identified with an asterisk, “generally not recommended for use in the elderly” are adopted from an article published in 1997 in the Archives of Internal Medicine, written by Mark Beers, M.D., entitled Potentially Inappropriate Medications in the Elderly.

REFERENCES:

Drug Facts and Comparisons, 2003

The Orange Book, <http://www.fda.gov/cder/ob/default.htm>

The National Drug Code Directory, <http://www.fda.gov/cder/ndc/database/Default.htm>

See State Operations Manual, Chapter 9, Appendix PP – Interpretive Guidelines for Long-Term Care Facilities, <http://www.cms.hhs.gov/SurveyCertificationGenInfo/>

APPENDIX H

WEB SITE INFORMATION

Contact Information

1. The following Centers for Medicare and Medicaid Services (CMS) web sites should be monitored for updates.

MDS

http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp

SNF Prospective Payment System

<http://cms.hhs.gov/providers/snfpps>

Swing Bed

http://www.cms.hhs.gov/snfpps/03_swingbed.asp

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2. The following web sites provide additional resources.

QI Manual

<https://www.qtso.com/mdsdownload.html>

State Operations Manual

<http://www.cms.hhs.gov/Manuals/IOM/list.asp>

Medicare and Medicaid Program Manuals

<http://cms.hhs.gov/manuals/>

MDS Correction Policy

<https://www.qtso.com/download/mds/prMn1002.pdf>

CMS Quarterly Provider Update

<http://www.cms.hhs.gov/QuarterlyProviderUpdates>

Quality Measures

http://www.cms.hhs.gov/NursingHomeQualityInits/20_NHQIMDS20.asp

APPENDIX I

MDS Item Matrix

MDS 2.0 Item Matrix
Matrix Version 4.8 (02/14/2006)
Data Specifications Version: 1.30

Record Type Codes Used:

- A** = Admission Assessment
- Y** = Comprehensive Assessment (Annual, Significant Change, Significant Correction of Prior Full)
- P** = Medicare PPS Assessment form (MPAF)
- N** = Full Assessment with no RAPs (Full Quarterly where required by State)
- M** = Minimum Quarterly (HCFA Standard 2-page Quarterly)
- RQ** = RUG-III Quarterly (Optional Quarterly Version for RUG-III 1997 Update)
- D** = Discharge Tracking Form
- R** = Reentry Tracking Form

Application Codes Used:

- RG** = RUG-III Case Mix Classification, Version 5.20
- QI** = CHSRA Quality Indicators as defined in "Nursing Facility Quality Indicator Definitions: 11/25/97" from the Center for Health Science Research and Analysis, The University of Wisconsin at Madison
- RP** = Resident Assessment Protocols as defined in the "Long-Term Care Resident Assessment User's Manual: Version 2.0", HCFA, 1995 and in the MDS Data Specifications Version 1.30
- QM** = Quality Measures publicly reported in 11/2004 (15 QMs)

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
REC_ID	Record ID	✓	✓	✓	✓	✓	✓	✓	✓				
REC_TYPE	Record Type Code	✓	✓	✓	✓	✓	✓	✓	✓				
ASMT_LCK	Assessment Lock Date												
CARE_LCK	Care Planning Lock Date												
P_REC_DT	Previous Record Date		✓										
FAC_DOC_CD	Document ID Code (Facility Use)	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE1	Version Completed Code	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE2	Layout Submitted Version Code	✓	✓	✓	✓	✓	✓	✓	✓				
SFTW_ID	Software Vendor Or Agent Tax ID	✓	✓	✓	✓	✓	✓	✓	✓				
SFT_VER	Software Version	✓	✓	✓	✓	✓	✓	✓	✓				
FAC_ID	Unique Facility ID Code (Location)	✓	✓	✓	✓	✓	✓	✓	✓				
RES_ID	Unique Resident ID Code	✓	✓	✓	✓	✓	✓	✓	✓				
AT1	Correction: Attestation Sequence Number	✓	✓	✓	✓	✓	✓	✓	✓				
AT2	Correction: Action Requested	✓	✓	✓	✓	✓	✓	✓	✓				
AT3a	Modification: Transcription error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3b	Modification: Data entry error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3c	Modification: Software product error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3d	Modification: Item coding error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3e	Modification: Other error	✓	✓	✓	✓	✓	✓	✓	✓				
AT4a	Inactivation: Test record submitted as production record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4b	Inactivation: Event did not occur	✓	✓	✓	✓	✓	✓	✓	✓				
AT4c	Inactivation: Submission of inappropriate record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4d	Inactivation: Other reasons requiring inactivation	✓	✓	✓	✓	✓	✓	✓	✓				
AT5a	Attesting Individual: First name	✓	✓	✓	✓	✓	✓	✓	✓				
AT5b	Attesting Individual: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
AT6	Attestation date	✓	✓	✓	✓	✓	✓	✓	✓				
AT_SRC	Correction request source												
SUB_REQ	Requirement for submitting this MDS record	✓	✓	✓	✓	✓	✓	✓	✓				
CNT_FILLER	Control Section Filler (Future Use)												
AA1a	Resident First Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1b	Resident Middle Initial	✓	✓	✓	✓	✓	✓	✓	✓				

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
AA1c	Resident Last Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1d	Resident Name Suffix	✓	✓	✓	✓	✓	✓	✓	✓				
AA2	Gender	✓	✓	✓	✓	✓	✓	✓	✓				
AA3	Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
AA4	Race/Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓				
AA5a	Social Security Number	✓	✓	✓	✓	✓	✓	✓	✓				
AA5b	Resident Medicare number (or comparable number)	✓	✓	✓	✓	✓	✓	✓	✓				
AA6a	Facility State No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA6b	Facility Federal No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA7	Resident Medicaid No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA8a	Primary reason for assessment	✓	✓	✓	✓	✓	✓	✓	✓				✓
AA8b	Special assessment code	✓	✓	✓	✓					✓			✓
AB1	Date of Entry	✓						✓					
AB2	Admitted from (at Entry)	✓						✓					
AB3	Lived Alone (Prior to Entry)	✓											
AB4	Zip Code of Prior Primary Residence	✓											
AB5a	Prior stay at this nursing home	✓			✓								✓
AB5b	Stay in other nursing home	✓			✓								✓
AB5c	Other residential facility	✓			✓								✓
AB5d	MH/psychiatric setting	✓			✓								✓
AB5e	MR/DD setting	✓			✓								✓
AB5f	Residential history: None of Above	✓			✓								✓
AB6	Lifetime Occupation(s)	✓											
AB7	Education (Highest Level Completed)	✓											
AB8a	Primary Language	✓											
AB8b	If other (language), specify	✓											
AB9	Mental Health History	✓											
AB10a	Not applicable--no MR/DD	✓											
AB10b	Down's syndrome	✓											
AB10c	Autism	✓											
AB10d	Epilepsy	✓											
AB10e	Other organic condition related to MR/DD	✓											
AB10f	MR/DD with no organic condition	✓											
AB11	Date Background Information Completed	✓											
AC1a	Stays up late at night	✓											
AC1b	Naps regularly during day	✓											
AC1c	Goes out 1+ days a week	✓											

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
AC1d	Stays busy with hobbies/fixed routine	✓											
AC1e	Spends most time alone or TV	✓											
AC1f	Moves independently indoors	✓											
AC1g	Use of tobacco daily	✓											
AC1h	Cycle of daily events: None of Above	✓											
AC1i	Distinct food preferences	✓											
AC1j	Eats between meals most days	✓											
AC1k	Use of alcohol/weekly	✓											
AC1l	Eating patterns: None of Above	✓											
AC1m	In bedclothes much of day	✓											
AC1n	Wakens to toilet most nights	✓											
AC1o	Has irregular bowel movement pattern	✓											
AC1p	Showers for bathing	✓											
AC1q	Bathing in PM	✓											
AC1r	ADL patterns: None of Above	✓											
AC1s	Daily contact with relatives/friends	✓											
AC1t	Usually attends church, temple, etc.	✓											
AC1u	Finds strength in faith	✓											
AC1v	Daily animal companion	✓											
AC1w	Involved in group activities	✓											
AC1x	Involvement patterns: None of Above	✓											
AC1y	Unknown customary routine	✓											
A2	Room Number	✓	✓	✓	✓	✓	✓						
A3a	Last day of MDS observation period	✓	✓	✓	✓	✓	✓				✓		✓
A3b	Original/corrected copy of form	✓	✓	✓		✓	✓						
A4a	Date of Reentry	✓	✓	✓	✓	✓	✓		✓				
A4b	Admitted from (at Reentry)								✓				
A5	Marital Status	✓	✓	✓	✓								
A6	Medical Record No.	✓	✓	✓	✓	✓	✓	✓	✓				
A7a	Medicaid per diem	✓	✓	✓									
A7b	Medicare per diem	✓	✓	✓									
A7c	Medicare ancillary part A	✓	✓	✓									
A7d	Medicare ancillary part B	✓	✓	✓									
A7e	CHAMPUS per diem	✓	✓	✓									
A7f	VA per diem	✓	✓	✓									
A7g	Self or family pays for per	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	diem												
A7h	Medicaid resident liability or Medicare copay	✓	✓	✓									
A7i	Private insurance per diem	✓	✓	✓									
A7j	Other per diem	✓	✓	✓									
A9a	Legal guardian	✓	✓	✓									
A9b	Other legal oversight	✓	✓	✓									
A9c	Durable power attorney/health	✓	✓	✓									
A9d	Durable power attorney/financial	✓	✓	✓									
A9e	Family member responsible	✓	✓	✓									
A9f	Patient responsible for self	✓	✓	✓									
A9g	Responsibility/guardian: None of Above	✓	✓	✓									
A10a	Living will	✓	✓	✓									
A10b	Do not resuscitate	✓	✓	✓	✓								
A10c	Do not hospitalize	✓	✓	✓	✓								
A10d	Organ donation	✓	✓	✓									
A10e	Autopsy request	✓	✓	✓									
A10f	Feeding restrictions	✓	✓	✓									
A10g	Medication restrictions	✓	✓	✓									
A10h	Other treatment restrictions	✓	✓	✓									
A10i	Advanced directives: None of Above	✓	✓	✓									
B1	Comatose	✓	✓	✓	✓	✓	✓				✓	✓	✓
B2a	Short-term memory OK	✓	✓	✓	✓	✓	✓				✓	✓	✓
B2b	Long-term memory OK	✓	✓	✓	✓	✓	✓					✓	
B3a	Recall current season	✓	✓	✓	✓		✓						
B3b	Recall location of own room	✓	✓	✓	✓		✓						
B3c	Recall staff names/faces	✓	✓	✓	✓		✓						
B3d	Recall that he/she in nursing home	✓	✓	✓	✓		✓						
B3e	Recall: None of Above	✓	✓	✓	✓		✓						
B4	Cognitive Skills/Daily Decision Making	✓	✓	✓	✓	✓	✓				✓	✓	✓
B5a	Easily distracted	✓	✓	✓	✓	✓	✓					✓	✓
B5b	Periods of altered perception/awareness	✓	✓	✓	✓	✓	✓					✓	✓
B5c	Episodes of disorganized speech	✓	✓	✓	✓	✓	✓					✓	✓
B5d	Periods of restlessness	✓	✓	✓	✓	✓	✓					✓	✓
B5e	Periods of lethargy	✓	✓	✓	✓	✓	✓					✓	✓
B5f	Mental function varies during day	✓	✓	✓	✓	✓	✓					✓	✓
B6	Change in Cognitive Status	✓	✓	✓									✓
C1	Hearing	✓	✓	✓									✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
C2a	Hearing aid present/used	✓	✓	✓									
C2b	Hearing aid present/not used regularly	✓	✓	✓									
C2c	Other receptive comm. techniques used	✓	✓	✓									
C2d	Communication devices: None of Above	✓	✓	✓									
C3a	Speech	✓	✓	✓									
C3b	Writing messages	✓	✓	✓									
C3c	Amer. sign language/Braille	✓	✓	✓									
C3d	Signs/gestures/sounds	✓	✓	✓									
C3e	Communication board	✓	✓	✓									
C3f	Other	✓	✓	✓									
C3g	Modes of expression: None of Above	✓	✓	✓									
C4	Making Self Understood	✓	✓	✓	✓	✓	✓				✓		✓
C5	Speech Clarity	✓	✓	✓									
C6	Ability to Understand Others	✓	✓	✓	✓	✓	✓						✓
C7	Change in Communication/Hearing	✓	✓	✓									✓
D1	Vision	✓	✓	✓	✓								✓
D2a	Side vision problems	✓	✓	✓									✓
D2b	Sees halos/rings/flashes/curtains	✓	✓	✓									
D2c	Visual limitations: None of Above	✓	✓	✓									
D3	Visual Appliances	✓	✓	✓									
E1a	Negative statements	✓	✓	✓	✓	✓	✓				✓	✓	✓
E1b	Repetitive questions	✓	✓	✓	✓	✓	✓				✓		✓
E1c	Repetitive verbalizations	✓	✓	✓	✓	✓	✓				✓		✓
E1d	Persistent anger with self/others	✓	✓	✓	✓	✓	✓				✓		✓
E1e	Self deprecation	✓	✓	✓	✓	✓	✓				✓		✓
E1f	Expression of unrealistic fears	✓	✓	✓	✓	✓	✓				✓		✓
E1g	Recurrent statements of terrible future	✓	✓	✓	✓	✓	✓				✓	✓	✓
E1h	Repetitive health complaints	✓	✓	✓	✓	✓	✓				✓		✓
E1i	Repetitive anxious complaints/concerns	✓	✓	✓	✓	✓	✓				✓		✓
E1j	Unpleasant mood in morning	✓	✓	✓	✓	✓	✓				✓	✓	✓
E1k	Insomnia/change in sleeping pattern	✓	✓	✓	✓	✓	✓				✓		✓
E1l	Sad/pained/worried facial expressions	✓	✓	✓	✓	✓	✓				✓		✓
E1m	Crying/tearfulness	✓	✓	✓	✓	✓	✓				✓		✓
E1n	Repetitive physical movements	✓	✓	✓	✓	✓	✓				✓	✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
E1o	Withdrawal from activities of interest	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1p	Reduced social interaction	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E2	Mood Persistence	✓	✓	✓	✓	✓	✓				✓	✓	✓
E3	Change in Mood	✓	✓	✓								✓	
E4aA	Wandering: Frequency	✓	✓	✓	✓	✓	✓			✓		✓	
E4aB	Wandering: Alterability	✓	✓	✓	✓	✓	✓						
E4bA	Verbal abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4bB	Verbal abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4cA	Physical abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4cB	Physical abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4dA	Socially inappropriate: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4dB	Socially inappropriate: Alterability	✓	✓	✓	✓	✓	✓						
E4eA	Resist care: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4eB	Resist care: Alterability	✓	✓	✓	✓	✓	✓						
E5	Change in Behavioral Symptoms	✓	✓	✓								✓	
F1a	At ease interacting with others	✓	✓	✓									
F1b	At ease doing planned/structured activities	✓	✓	✓									
F1c	At ease doing self-initiated activities	✓	✓	✓									
F1d	Establishes own goals	✓	✓	✓									✓
F1e	Pursues involvement in life of facility	✓	✓	✓									
F1f	Accepts invitations to most group activities	✓	✓	✓									
F1g	Initiative/involvement: None of Above	✓	✓	✓									
F2a	Covert/open conflict with staff	✓	✓	✓									✓
F2b	Unhappy with roommate	✓	✓	✓									✓
F2c	Unhappy with other residents	✓	✓	✓									✓
F2d	Open conflict/anger with family/friends	✓	✓	✓									✓
F2e	Absence of contact with family/friends	✓	✓	✓									
F2f	Recent loss family/friend	✓	✓	✓									
F2g	Does not easily adjust to routine change	✓	✓	✓									
F2h	Unsettled relationships: None of Above	✓	✓	✓									
F3a	Strong identification with past roles	✓	✓	✓									✓
F3b	Sadness/anger over lost roles/status	✓	✓	✓									✓

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
F3c	Perceives daily routine very different	✓	✓	✓									✓
F3d	Past roles: None of Above	✓	✓	✓									
G1aA	Bed mobility: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1aB	Bed mobility: Support Provided	✓	✓	✓	✓		✓				✓		
G1bA	Transfer: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1bB	Transfer: Support Provided	✓	✓	✓	✓		✓				✓		
G1cA	Walk in room: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1cB	Walk in room: Support Provided	✓	✓	✓	✓		✓						
G1dA	Walk in corridor: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1dB	Walk in corridor: Support Provided	✓	✓	✓	✓		✓						
G1eA	Locomotion on unit: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1eB	Locomotion on unit: Support Provided	✓	✓	✓	✓		✓						
G1fA	Locomotion off unit: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1fB	Locomotion off unit: Support Provided	✓	✓	✓	✓		✓						
G1gA	Dressing: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1gB	Dressing: Support Provided	✓	✓	✓	✓		✓						
G1hA	Eating: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1hB	Eating: Support Provided	✓	✓	✓	✓		✓						
G1iA	Toilet: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1iB	Toilet: Support Provided	✓	✓	✓	✓		✓				✓		
G1jA	Personal hygiene: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1jB	Personal hygiene: Support Provided	✓	✓	✓	✓		✓						
G2A	Bathing: Self-Performance	✓	✓	✓	✓	✓	✓						✓
G2B	Bathing: Support Provided	✓	✓	✓									
G3a	Balance while standing	✓	✓	✓	✓		✓						
G3b	Balance while sitting	✓	✓	✓	✓		✓						✓
G4aA	Neck: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4aB	Neck: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4bA	Arm: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4bB	Arm: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4cA	Hand: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4cB	Hand: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4dA	Leg: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4dB	Leg: Voluntary movement	✓	✓	✓	✓	✓	✓						

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
G4eA	Foot: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4eB	Foot: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4fA	Other: Range of motion	✓	✓	✓	✓	✓	✓				✓		
G4fB	Other: Voluntary movement	✓	✓	✓	✓	✓	✓						
G5a	Cane/walker/crutch	✓	✓	✓									
G5b	Wheeled self	✓	✓	✓	✓								
G5c	Other person wheeled	✓	✓	✓									
G5d	Wheelchair for primary locomotion	✓	✓	✓									
G5e	Modes of locomotion: None of Above	✓	✓	✓									
G6a	Bedfast all or most of the time	✓	✓	✓	✓	✓	✓				✓	✓	✓
G6b	Bed rails for bed mobility/transfer	✓	✓	✓	✓	✓	✓						
G6c	Lifted manually	✓	✓	✓									
G6d	Lifted mechanically	✓	✓	✓									
G6e	Transfer aid	✓	✓	✓									
G6f	Modes of transfer: None of Above	✓	✓	✓		✓	✓						
G7	Task Segmentation	✓	✓	✓	✓		✓						
G8a	Resident--increased independence capability	✓	✓	✓								✓	
G8b	Staff--increased independence capability	✓	✓	✓								✓	
G8c	Resident slow performing tasks/activity	✓	✓	✓									
G8d	Morning to evening difference in ADLs	✓	✓	✓									
G8e	ADL rehab potential: None of Above	✓	✓	✓									
G9	Change in ADL Function	✓	✓	✓									
H1a	Bowel continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H1b	Bladder continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H2a	Bowel elimination pattern regular	✓	✓	✓									
H2b	Constipation	✓	✓	✓								✓	
H2c	Diarrhea	✓	✓	✓	✓		✓						
H2d	Fecal impaction	✓	✓	✓	✓	✓	✓				✓	✓	
H2e	Bowel elimination pattern: None of Above	✓	✓	✓		✓	✓						
H3a	Any scheduled toileting plan	✓	✓	✓	✓	✓	✓			✓	✓		
H3b	Bladder retraining program	✓	✓	✓	✓	✓	✓			✓	✓		
H3c	External (condom) catheter	✓	✓	✓	✓	✓	✓					✓	
H3d	Indwelling catheter	✓	✓	✓	✓	✓	✓				✓	✓	✓
H3e	Intermittent catheter	✓	✓	✓								✓	
H3f	Did not use	✓	✓	✓									

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	toilet/commode/urinal												
H3g	Pads/briefs used	✓	✓	✓								✓	
H3h	Enemas/irrigation	✓	✓	✓									
H3i	Ostomy present	✓	✓	✓	✓	✓	✓					✓	✓
H3j	Appliances and programs: None of Above	✓	✓	✓		✓	✓						
H4	Change in Urinary Continence	✓	✓	✓									
I1a	Diabetes mellitus	✓	✓	✓	✓		✓				✓		✓
I1b	Hyperthyroidism	✓	✓	✓									
I1c	Hypothyroidism	✓	✓	✓									
I1d	Arteriosclerotic heart disease (ASHD)	✓	✓	✓	✓								
I1e	Cardiac dysrhythmias	✓	✓	✓									
I1f	Congestive heart failure	✓	✓	✓	✓								
I1g	Deep vein thrombosis	✓	✓	✓									
I1h	Hypertension	✓	✓	✓									
I1i	Hypotension	✓	✓	✓								✓	
I1j	Peripheral vascular disease	✓	✓	✓	✓							✓	✓
I1k	Other cardiovascular disease	✓	✓	✓									
I1l	Arthritis	✓	✓	✓									
I1m	Hip fracture	✓	✓	✓	✓		✓						
I1n	Missing limb	✓	✓	✓									
I1o	Osteoporosis	✓	✓	✓									
I1p	Pathological bone fracture	✓	✓	✓									
I1q	Alzheimer's disease	✓	✓	✓									
I1r	Aphasia	✓	✓	✓	✓		✓				✓		
I1s	Cerebral palsy	✓	✓	✓	✓		✓				✓		
I1t	Cerebrovascular accident (stroke)	✓	✓	✓	✓		✓						
I1u	Dementia other than Alzheimer's	✓	✓	✓									
I1v	Hemiplegia/hemiparesis	✓	✓	✓	✓		✓				✓		
I1w	Multiple sclerosis	✓	✓	✓	✓		✓				✓		
I1x	Paraplegia	✓	✓	✓	✓								
I1y	Parkinson's disease	✓	✓	✓									
I1z	Quadriplegia	✓	✓	✓	✓		✓				✓		
I1aa	Seizure disorder	✓	✓	✓									
I1bb	Transient ischemic attack (TIA)	✓	✓	✓									
I1cc	Traumatic brain injury	✓	✓	✓									
I1dd	Anxiety disorder	✓	✓	✓									
I1ee	Depression	✓	✓	✓	✓		✓					✓	
I1ff	Manic depressive (bipolar disease)	✓	✓	✓	✓		✓				✓		
I1gg	Schizophrenia	✓	✓	✓	✓						✓		

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
I1hh	Asthma	✓	✓	✓	✓								
I1ii	Emphysema/COPD	✓	✓	✓	✓								
I1jj	Cataracts	✓	✓	✓								✓	
I1kk	Diabetic retinopathy	✓	✓	✓									
I1ll	Glaucoma	✓	✓	✓									✓
I1mm	Macular degeneration	✓	✓	✓									
I1nn	Allergies	✓	✓	✓									
I1oo	Anemia	✓	✓	✓									
I1pp	Cancer	✓	✓	✓									
I1qq	Renal failure	✓	✓	✓									
I1rr	Diseases: None of Above	✓	✓	✓				✓					
I2a	Antibiotic resistant infection	✓	✓	✓	✓			✓					
I2b	Clostridium difficile (c. diff.)	✓	✓	✓	✓			✓					
I2c	Conjunctivitis	✓	✓	✓	✓			✓					
I2d	HIV infection	✓	✓	✓	✓			✓					
I2e	Pneumonia	✓	✓	✓	✓			✓			✓		
I2f	Respiratory infection	✓	✓	✓	✓			✓					
I2g	Septicemia	✓	✓	✓	✓			✓			✓		
I2h	Sexually transmitted diseases	✓	✓	✓	✓			✓					
I2i	Tuberculosis	✓	✓	✓	✓			✓					
I2j	Urinary tract infection in last 30 days	✓	✓	✓	✓	✓	✓					✓	✓
I2k	Viral hepatitis	✓	✓	✓	✓			✓					
I2l	Wound infection	✓	✓	✓	✓			✓					
I2m	Infections: None of Above	✓	✓	✓	✓	✓	✓						
I3a	Other diagnosis a	✓	✓	✓	✓	✓	✓					✓	✓
I3b	Other diagnosis b	✓	✓	✓	✓	✓	✓					✓	✓
I3c	Other diagnosis c	✓	✓	✓								✓	✓
I3d	Other diagnosis d	✓	✓	✓								✓	✓
I3e	Other diagnosis e	✓	✓	✓								✓	✓
J1a	Weight fluctuation 3+ lbs in 7 days	✓	✓	✓	✓			✓					✓
J1b	Inability to lie flat--shortness of breath	✓	✓	✓	✓			✓					
J1c	Dehydrated--output exceeds input	✓	✓	✓	✓	✓	✓				✓	✓	✓
J1d	Insufficient fluid in last 3 days	✓	✓	✓	✓			✓					✓
J1e	Delusions	✓	✓	✓	✓			✓			✓		
J1f	Dizziness/vertigo	✓	✓	✓									✓
J1g	Edema	✓	✓	✓	✓			✓					
J1h	Fever	✓	✓	✓	✓			✓			✓		✓
J1i	Hallucinations	✓	✓	✓	✓	✓	✓				✓	✓	✓
J1j	Internal bleeding	✓	✓	✓	✓			✓			✓		✓
J1k	Recurrent lung aspirations in	✓	✓	✓	✓			✓					✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	last 90 days												
J1l	Shortness of breath	✓	✓	✓	✓		✓						
J1m	Syncope (fainting)	✓	✓	✓								✓	
J1n	Unsteady gait	✓	✓	✓	✓		✓					✓	
J1o	Vomiting	✓	✓	✓	✓		✓			✓			
J1p	Problem conditions: None of Above	✓	✓	✓		✓	✓						
J2a	Pain: Frequency	✓	✓	✓	✓	✓	✓						✓
J2b	Pain: Intensity	✓	✓	✓	✓	✓	✓						✓
J3a	Back pain	✓	✓	✓									
J3b	Bone pain	✓	✓	✓									
J3c	Chest pain during usual activities	✓	✓	✓									
J3d	Headache	✓	✓	✓									
J3e	Hip pain	✓	✓	✓									
J3f	Incisional pain	✓	✓	✓									
J3g	Joint pain (other than hip)	✓	✓	✓									
J3h	Soft tissue pain (lesion)	✓	✓	✓									
J3i	Stomach pain	✓	✓	✓									
J3j	Other	✓	✓	✓									
J4a	Fell in past 30 days	✓	✓	✓	✓	✓	✓					✓	✓
J4b	Fell in past 31-180 days	✓	✓	✓	✓	✓	✓						✓
J4c	Hip fracture in last 180 days	✓	✓	✓	✓	✓	✓					✓	✓
J4d	Other fracture in last 180 days	✓	✓	✓	✓	✓	✓					✓	
J4e	Accidents: None of Above	✓	✓	✓	✓	✓	✓						
J5a	Conditions/diseases lead to instability	✓	✓	✓	✓	✓	✓						
J5b	Resident experiencing acute episode/flare-up	✓	✓	✓	✓	✓	✓						
J5c	End-stage disease, 6 or fewer months to live	✓	✓	✓	✓	✓	✓					✓	✓
J5d	Stability of conditions: None of Above	✓	✓	✓	✓	✓	✓						
K1a	Chewing problem	✓	✓	✓	✓		✓						
K1b	Swallowing problem	✓	✓	✓	✓		✓						✓
K1c	Mouth pain	✓	✓	✓									✓
K1d	Oral problems: None of Above	✓	✓	✓			✓						
K2a	Height (inches)	✓	✓	✓	✓		✓						✓
K2b	Weight (pounds)	✓	✓	✓	✓		✓						✓
K3a	Weight loss	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
K3b	Weight gain	✓	✓	✓	✓	✓	✓						
K4a	Complains about taste of many foods	✓	✓	✓									✓
K4b	Regular complaints of hunger	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
K4c	Leaves 25%+ food uneaten at most meals	✓	✓	✓								✓	✓
K4d	Nutritional problems: None of Above	✓	✓	✓									
K5a	Parenteral IV	✓	✓	✓	✓		✓			✓		✓	
K5b	Feeding tube	✓	✓	✓	✓	✓	✓			✓	✓	✓	
K5c	Mechanically altered diet	✓	✓	✓								✓	
K5d	Syringe (oral feeding)	✓	✓	✓								✓	
K5e	Therapeutic diet	✓	✓	✓								✓	
K5f	Dietary supplement between meals	✓	✓	✓									
K5g	Plate guard, stabilized utensil, etc.	✓	✓	✓									
K5h	On a planned weight change program	✓	✓	✓	✓	✓	✓						
K5i	Nutritional approaches: None of Above	✓	✓	✓		✓	✓						
K6a	Total calories (%) received in last 7 days	✓	✓	✓	✓		✓			✓			
K6b	Average fluid intake (daily) in last 7 days	✓	✓	✓	✓		✓			✓			
L1a	Debris in mouth before bed	✓	✓	✓								✓	
L1b	Has dentures or removable bridge	✓	✓	✓									
L1c	Some/all natural teeth lost	✓	✓	✓								✓	
L1d	Broken, loose, or carious teeth	✓	✓	✓								✓	
L1e	Inflamed/bleeding gums, oral abscesses, etc.	✓	✓	✓								✓	
L1f	Daily cleaning teeth/dentures or mouth care	✓	✓	✓								✓	
L1g	Oral status: None of Above	✓	✓	✓									
M1a	Ulcers: Stage 1	✓	✓	✓	✓	✓	✓			✓			
M1b	Ulcers: Stage 2	✓	✓	✓	✓	✓	✓			✓			
M1c	Ulcers: Stage 3	✓	✓	✓	✓	✓	✓			✓			
M1d	Ulcers: Stage 4	✓	✓	✓	✓	✓	✓			✓			
M2a	Pressure ulcer highest stage	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
M2b	Stasis ulcer highest stage	✓	✓	✓	✓	✓	✓						
M3	History of resolved ulcers	✓	✓	✓	✓							✓	✓
M4a	Abrasions, bruises	✓	✓	✓	✓		✓						
M4b	Burns (second or third degree)	✓	✓	✓	✓		✓			✓			
M4c	Open lesions other than ulcers, rashes, cuts	✓	✓	✓	✓		✓			✓			
M4d	Rashes--e.g., intertrigo, eczema, etc.	✓	✓	✓	✓		✓						
M4e	Skin desensitized to pain or pressure	✓	✓	✓	✓		✓					✓	

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
M4f	Skin tears or cuts (other than surgery)	✓	✓	✓	✓		✓						
M4g	Surgical wounds	✓	✓	✓	✓		✓			✓			
M4h	Other skin problems: None of Above	✓	✓	✓	✓		✓						
M5a	Pressure relieving device(s) for chair	✓	✓	✓	✓		✓			✓			
M5b	Pressure relieving device(s) for bed	✓	✓	✓	✓		✓			✓			
M5c	Turning/repositioning program	✓	✓	✓	✓		✓			✓			
M5d	Nutrition/hydration intervention	✓	✓	✓	✓		✓			✓			
M5e	Ulcer care	✓	✓	✓	✓		✓			✓			
M5f	Surgical wound care	✓	✓	✓	✓		✓			✓			
M5g	Application of dressings	✓	✓	✓	✓		✓			✓			
M5h	Application of ointments/medications	✓	✓	✓	✓		✓			✓			
M5i	Other preventative/protective skin care	✓	✓	✓	✓		✓						
M5j	Skin treatments: None of Above	✓	✓	✓	✓		✓						
M6a	Resident has one or more foot problems	✓	✓	✓	✓		✓						
M6b	Infection of foot--e.g., cellulitis, etc.	✓	✓	✓	✓		✓			✓			
M6c	Open lesions on foot	✓	✓	✓	✓		✓			✓			
M6d	Nails/calluses trimmed in last 90 days	✓	✓	✓	✓		✓						
M6e	Received preventative/protective foot care	✓	✓	✓	✓		✓						
M6f	Application of dressings	✓	✓	✓	✓		✓			✓			
M6g	Foot problems: None of Above	✓	✓	✓	✓		✓						
N1a	Awake in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
N1b	Awake in afternoon	✓	✓	✓	✓	✓	✓			✓	✓		
N1c	Awake in evening	✓	✓	✓	✓	✓	✓			✓	✓		
N1d	Awake: None of Above	✓	✓	✓	✓	✓	✓				✓		
N2	Average Time Involved in Activities	✓	✓	✓	✓	✓	✓				✓	✓	
N3a	Own room	✓	✓	✓									
N3b	Day/activity room	✓	✓	✓									
N3c	Inside NH/off unit	✓	✓	✓									
N3d	Outside facility	✓	✓	✓									
N3e	Activity settings: None of Above	✓	✓	✓									
N4a	Cards/other games	✓	✓	✓									
N4b	Crafts/arts	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
N4c	Exercise/sports	✓	✓	✓									
N4d	Music	✓	✓	✓									
N4e	Reading/writing	✓	✓	✓									
N4f	Spiritual/religious activities	✓	✓	✓									
N4g	Trips/shopping	✓	✓	✓									
N4h	Walking/wheeling outdoors	✓	✓	✓									
N4i	Watching TV	✓	✓	✓									
N4j	Gardening or plants	✓	✓	✓									
N4k	Talking or conversing	✓	✓	✓									
N4l	Helping others	✓	✓	✓									
N4m	Activity preferences: None of Above	✓	✓	✓									
N5a	Type of activities involved in	✓	✓	✓									✓
N5b	Extent of involvement in activities	✓	✓	✓									✓
O1	Number of Medications	✓	✓	✓	✓	✓	✓				✓		
O2	New Medications	✓	✓	✓									
O3	Injections (number days)	✓	✓	✓	✓		✓				✓		
O4a	Antipsychotic	✓	✓	✓	✓	✓	✓					✓	✓
O4b	Antianxiety	✓	✓	✓	✓	✓	✓					✓	✓
O4c	Antidepressants	✓	✓	✓	✓	✓	✓					✓	✓
O4d	Hypnotic	✓	✓	✓	✓	✓	✓					✓	
O4e	Diuretic	✓	✓	✓	✓	✓	✓						✓
P1aa	Chemotherapy	✓	✓	✓	✓		✓				✓		
P1ab	Dialysis	✓	✓	✓	✓		✓				✓		
P1ac	IV medication	✓	✓	✓	✓		✓				✓		
P1ad	Intake/output	✓	✓	✓	✓		✓						
P1ae	Monitoring acute medical condition	✓	✓	✓	✓		✓						
P1af	Ostomy care	✓	✓	✓	✓		✓						
P1ag	Oxygen therapy	✓	✓	✓	✓		✓				✓		
P1ah	Radiation	✓	✓	✓	✓		✓				✓		
P1ai	Suctioning	✓	✓	✓	✓		✓				✓		
P1aj	Tracheostomy care	✓	✓	✓	✓		✓				✓		
P1ak	Transfusions	✓	✓	✓	✓		✓				✓		
P1al	Ventilator or respirator	✓	✓	✓	✓		✓				✓		
P1am	Alcohol/drug treatment program	✓	✓	✓	✓		✓						
P1an	Alzheimer's/dementia special care unit	✓	✓	✓	✓		✓						
P1ao	Hospice care	✓	✓	✓	✓		✓						✓
P1ap	Pediatric unit	✓	✓	✓	✓		✓						
P1aq	Respite care	✓	✓	✓	✓		✓						
P1ar	Training in community skills	✓	✓	✓	✓		✓						
P1as	Special treatments: None of	✓	✓	✓	✓		✓						

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	Above												
P1baA	Speech therapy: # days	✓	✓	✓	✓		✓			✓			
P1baB	Speech therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bbA	Occupational therapy: # days	✓	✓	✓	✓		✓			✓			
P1bbB	Occupational therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bcA	Physical therapy: # days	✓	✓	✓	✓		✓			✓			
P1bcB	Physical therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bdA	Respiratory therapy: # days	✓	✓	✓	✓		✓			✓			
P1bdB	Respiratory therapy: total # minutes	✓	✓	✓	✓		✓						
P1beA	Psychotherapy: # days	✓	✓	✓	✓		✓						
P1beB	Psychotherapy: total # minutes	✓	✓	✓	✓		✓						
P2a	Special behavioral symptom evaluation program	✓	✓	✓									
P2b	Evaluation by licensed MH specialist	✓	✓	✓									
P2c	Group therapy	✓	✓	✓									
P2d	Resident-specific changes in environment	✓	✓	✓									
P2e	Reorientation--e.g., cueing	✓	✓	✓									
P2f	Intervention programs: None of Above	✓	✓	✓									
P3a	Nursing rehab: Range of motion (passive)	✓	✓	✓	✓		✓			✓			
P3b	Nursing rehab: Range of motion (active)	✓	✓	✓	✓		✓			✓			
P3c	Nursing rehab: Splint or brace assistance	✓	✓	✓	✓		✓			✓			
P3d	Nursing rehab: Bed mobility	✓	✓	✓	✓		✓			✓			
P3e	Nursing rehab: Transfer	✓	✓	✓	✓		✓			✓			
P3f	Nursing rehab: Walking	✓	✓	✓	✓		✓			✓			
P3g	Nursing rehab: Dressing or grooming	✓	✓	✓	✓		✓			✓			
P3h	Nursing rehab: Eating or swallowing	✓	✓	✓	✓		✓			✓			
P3i	Nursing rehab: Amputation/prosthesis care	✓	✓	✓	✓		✓			✓			
P3j	Nursing rehab: Communication	✓	✓	✓	✓		✓			✓			
P3k	Nursing rehab: Other	✓	✓	✓	✓		✓						
P4a	Full bed rails on all sides of bed	✓	✓	✓	✓	✓	✓						
P4b	Other types of side rails used	✓	✓	✓	✓	✓	✓						
P4c	Trunk restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓
P4d	Limb restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
P4e	Chair prevents rising	✓	✓	✓	✓	✓	✓				✓	✓	✓
P5	Hospital Stays	✓	✓	✓									
P6	Emergency Room (ER) Visits	✓	✓	✓									
P7	Physician Visits	✓	✓	✓	✓		✓			✓			
P8	Physician Orders	✓	✓	✓	✓		✓			✓			
P9	Abnormal Lab Values	✓	✓	✓									
Q1a	Resident wishes to return to community	✓	✓	✓	✓								
Q1b	Support person positive toward discharge	✓	✓	✓									
Q1c	Stay projected to be of short duration	✓	✓	✓	✓								
Q2	Overall Change in Care Needs	✓	✓	✓	✓	✓	✓						
R1a	Participate in assessment: Resident	✓	✓	✓									
R1b	Participate in assessment: Family	✓	✓	✓									
R1c	Participate in assessment: Significant other	✓	✓	✓									
R2b	Date RN Coordinator Signed Assessment as Complete	✓	✓	✓	✓	✓	✓						
R3a	Code for Resident Discharge Disposition							✓					
R3b	Optional State Discharge Code							✓					
R4	Discharge Date							✓					
S	Section S. Supplement-- State Specific												
T1aA	Recreation therapy: # of days												
T1aB	Recreation therapy: Total # minutes												
T1b	Ordered Therapies				✓					✓			
T1c	Ordered therapy: Estimated days until day 15				✓					✓			
T1d	Ordered therapy: Estimated minutes until day 15				✓					✓			
T2a	Furthest distance walked												
T2b	Time walked without sitting down												
T2c	Self-performance in walking												
T2d	Walking support provided												
T2e	Parallel bars used												
T3MDCR	Medicare Case Mix Group				✓								
T3STATE	State Case Mix Group				✓								
U01RA	Med 01--Route of Administration (RA)												
U01FR	Med 01--Frequency (Freq)												

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U01AA	Med 01--Amount Administered (AA)												
U01PR	Med 01--PRN-n												
U01NDC	Med 01--NDC Code												
U02RA	Med 02--Route of Administration (RA)												
U02FR	Med 02--Frequency (Freq)												
U02AA	Med 02--Amount Administered (AA)												
U02PR	Med 02--PRN-n												
U02NDC	Med 02--NDC Code												
U03RA	Med 03--Route of Administration (RA)												
U03FR	Med 03--Frequency (Freq)												
U03AA	Med 03--Amount Administered (AA)												
U03PR	Med 03--PRN-n												
U03NDC	Med 03--NDC Code												
U04RA	Med 04--Route of Administration (RA)												
U04FR	Med 04--Frequency (Freq)												
U04AA	Med 04--Amount Administered (AA)												
U04PR	Med 04--PRN-n												
U04NDC	Med 04--NDC Code												
U05RA	Med 05--Route of Administration (RA)												
U05FR	Med 05--Frequency (Freq)												
U05AA	Med 05--Amount Administered (AA)												
U05PR	Med 05--PRN-n												
U05NDC	Med 05--NDC Code												
U06RA	Med 06--Route of Administration (RA)												
U06FR	Med 06--Frequency (Freq)												
U06AA	Med 06--Amount Administered (AA)												
U06PR	Med 06--PRN-n												
U06NDC	Med 06--NDC Code												
U07RA	Med 07--Route of Administration (RA)												
U07FR	Med 07--Frequency (Freq)												
U07AA	Med 07--Amount Administered (AA)												
U07PR	Med 07--PRN-n												
U07NDC	Med 07--NDC Code												
U08RA	Med 08--Route of Administration (RA)												

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
U08FR	Med 08--Frequency (Freq)												
U08AA	Med 08--Amount Administered (AA)												
U08PR	Med 08--PRN-n												
U08NDC	Med 08--NDC Code												
U09RA	Med 09--Route of Administration (RA)												
U09FR	Med 09--Frequency (Freq)												
U09AA	Med 09--Amount Administered (AA)												
U09PR	Med 09--PRN-n												
U09NDC	Med 09--NDC Code												
U10RA	Med 10--Route of Administration (RA)												
U10FR	Med 10--Frequency (Freq)												
U10AA	Med 10--Amount Administered (AA)												
U10PR	Med 10--PRN-n												
U10NDC	Med 10--NDC Code												
U11RA	Med 11--Route of Administration (RA)												
U11FR	Med 11--Frequency (Freq)												
U11AA	Med 11--Amount Administered (AA)												
U11PR	Med 11--PRN-n												
U11NDC	Med 11--NDC Code												
U12RA	Med 12--Route of Administration (RA)												
U12FR	Med 12--Frequency (Freq)												
U12AA	Med 12--Amount Administered (AA)												
U12PR	Med 12--PRN-n												
U12NDC	Med 12--NDC Code												
U13RA	Med 13--Route of Administration (RA)												
U13FR	Med 13--Frequency (Freq)												
U13AA	Med 13--Amount Administered (AA)												
U13PR	Med 13--PRN-n												
U13NDC	Med 13--NDC Code												
U14RA	Med 14--Route of Administration (RA)												
U14FR	Med 14--Frequency (Freq)												
U14AA	Med 14--Amount Administered (AA)												
U14PR	Med 14--PRN-n												
U14NDC	Med 14--NDC Code												

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U15RA	Med 15--Route of Administration (RA)												
U15FR	Med 15--Frequency (Freq)												
U15AA	Med 15--Amount Administered (AA)												
U15PR	Med 15--PRN-n												
U15NDC	Med 15--NDC Code												
U16RA	Med 16--Route of Administration (RA)												
U16FR	Med 16--Frequency (Freq)												
U16AA	Med 16--Amount Administered (AA)												
U16PR	Med 16--PRN-n												
U16NDC	Med 16--NDC Code												
U17RA	Med 17--Route of Administration (RA)												
U17FR	Med 17--Frequency (Freq)												
U17AA	Med 17--Amount Administered (AA)												
U17PR	Med 17--PRN-n												
U17NDC	Med 17--NDC Code												
U18RA	Med 18--Route of Administration (RA)												
U18FR	Med 18--Frequency (Freq)												
U18AA	Med 18--Amount Administered (AA)												
U18PR	Med 18--PRN-n												
U18NDC	Med 18--NDC Code												
VA01a	Delirium: Triggered	✓	✓										
VA01b	Delirium: Proceed with care	✓	✓										
VA02a	Cognitive loss: Triggered	✓	✓										
VA02b	Cognitive loss: Proceed with care	✓	✓										
VA03a	Visual function: Triggered	✓	✓										
VA03b	Visual function: Proceed with care	✓	✓										
VA04a	Communication: Triggered	✓	✓										
VA04b	Communication: Proceed with care	✓	✓										
VA05a	ADL function: Triggered	✓	✓										
VA05b	ADL function: Proceed with care	✓	✓										
VA06a	Urinary incontinence: Triggered	✓	✓										
VA06b	Urinary incontinence: Proceed with care	✓	✓										
VA07a	Psychosocial well-being: Triggered	✓	✓										

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
VA07b	Psychosocial well-being: Proceed with care	✓	✓										
VA08a	Mood state: Triggered	✓	✓										
VA08b	Mood state: Proceed with care	✓	✓										
VA09a	Behavior symptoms: Triggered	✓	✓										
VA09b	Behavior symptoms: Proceed with care	✓	✓										
VA10a	Activities: Triggered	✓	✓										
VA10b	Activities: Proceed with care	✓	✓										
VA11a	Falls: Triggered	✓	✓										
VA11b	Falls: Proceed with care	✓	✓										
VA12a	Nutritional status: Triggered	✓	✓										
VA12b	Nutritional status: Proceed with care	✓	✓										
VA13a	Feeding tubes: Triggered	✓	✓										
VA13b	Feeding tubes: Proceed with care	✓	✓										
VA14a	Dehydration: Triggered	✓	✓										
VA14b	Dehydration: Proceed with care	✓	✓										
VA15a	Dental care: Triggered	✓	✓										
VA15b	Dental care: Proceed with care	✓	✓										
VA16a	Pressure ulcers: Triggered	✓	✓										
VA16b	Pressure ulcers: Proceed with care	✓	✓										
VA17a	Psychotropic drug use: Triggered	✓	✓										
VA17b	Psychotropic drug use: Proceed with care	✓	✓										
VA18a	Physical restraints: Triggered	✓	✓										
VA18b	Physical restraints: Proceed with care	✓	✓										
VB2	RAP Assessment Signature Date	✓	✓										
VB4	RAP Care Plan Signature Date	✓	✓										
W1	National Provider ID	✓	✓	✓	✓	✓	✓	✓	✓				
W2a	Influenza vaccine received in facility	✓	✓	✓	✓	✓	✓	✓					✓
W2b	Reason influenza vaccine not received	✓	✓	✓	✓	✓	✓	✓					
W3a	Resident up to date with PPV status	✓	✓	✓	✓	✓	✓	✓					✓
W3b	Reason PPV not received	✓	✓	✓	✓	✓	✓	✓					
FILLER1	Filler (future use)												
PRIOR_AA1a	Prior Rec: First name	✓	✓	✓	✓	✓	✓	✓	✓				

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
PRIOR_AA1c	Prior Rec: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA2	Prior Rec: Gender	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA3	Prior Rec: Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA5a	Prior Rec: Social security number	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8a	Prior Rec: Primary assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8b	Prior Rec: Supplemental assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A3a	Prior Rec: Assessment reference date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A4a	Prior Rec: Reentry date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_R4	Prior Rec: Discharge date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A3b	Prior Rec: Original/corrected copy of form												
HCFA_OTHR	HCFA Other Required Information												
MCR_GP	Medicare Recomputed Case Mix Group												
MCR_VR	Medicare Recomputed Case Mix Version												
MCR_CMI	Medicare Recomputed Case Mix Index												
MCD_GP	Medicaid Recomputed Case Mix Group												
MCD_VR	State Medicaid Recomputed Case Mix Version												
MCD_CMI	State Medicaid Recomputed Case Mix Index												
FILLER2	Blank Filler												
DATA_END	End of Data Terminator Code	✓	✓	✓	✓	✓	✓	✓	✓				
CRG_RTN	Carrage Return (ASCII 013)	✓	✓	✓	✓	✓	✓	✓	✓				
LN_FD	Line Feed (ASCII 010)	✓	✓	✓	✓	✓	✓	✓	✓				