



Long-Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 8.0

Prepared for

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Current as of October 1, 2026

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Overview

This document provides quality measure updates reflected in the Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 8.0, taking effect October 1, 2026.

Notable updates to the QM User's Manual, Version 8.0 include the following:

- Removal of the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure and the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure from applicable measure lists, tables, and sections, with a new table summarizing measures removed from the LTCH QRP.
- Updated data submission deadlines finalized in the FY 2027 IPPS/LTCH PPS Final Rule for assessments with target dates on or after January 1, 2027.
- Updates to the Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support, including reorganized calculation steps, coding and specification clarifications, and iQIES rounding instructions.
- Updates to the Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) measure describing the upcoming hybrid methodology using LTCH CARE assessment, claims, and encounter data beginning with the December 2027 Care Compare refresh.
- Measure specification and/or covariate updates for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay, Ventilator Liberation Rate, and Discharge Function Score.
- Updated references to LCDS Version 5.3 and corresponding updates to assessment-based measure tables, target periods, and the Risk-Adjustment and Imputation Appendix files.

Updates are organized by manual chapter, section, page number, and step/table indicator. Strikeouts show prior language, and "N/A" or "Multiple" are used when a specific step/table does not apply or when edits occur in multiple locations.

LTCH QRP Measure Calculations and Reporting User's Manual V8.0 Updates

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
1.	All	All	All	N/A	Long Term Care Hospital Quality Reporting Program Measure Calculations and Reporting User's Manual, V7.0 V8.0 LTCH QRP Measure Calculations and Reporting User's Manual, V7.0 V8.0	References to prior manual (V7.0) updated to V8.0 throughout the manual.
2.	All	All	All	All	October 1, 2025 October 1, 2026	Updated the date to reflect the QM User's Manual V8.0 effective date throughout the manual.
3.	Multiple	Multiple	Multiple	Multiple	Manual formatting and syntax updates	Reformatted several of the manual's features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, and syntax, including changes such as reformatting the table of contents, adjusting line spacing, and changing table column widths and row heights.
4.	Multiple	Multiple	Multiple	Multiple	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) (CMS ID: L024.02)	Removed COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: L024.02) from measure lists and tables throughout document.
5.	Multiple	Multiple	Multiple	Multiple	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.02)	Removed COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.02) from measure lists and tables throughout document.
6.	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with the Inpatient Rehabilitation Facility (IRF) and Skilled Nursing Facility (SNF) QM User's Manuals.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
7.	1	N/A	1	N/A	Footnote ¹ : Centers for Medicare & Medicaid Services. (September 2023 4). Quality Measures. Accessed in March 2025 2026. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html	Updated the footnote with a more recent citation for the Centers for Medicare & Medicaid Services website.
8.	1 and Multiple	1.4 and Multiple	3-5 and Multiple	1-1 and Multiple	Table 1-1 LTCH QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk (See Appendix for full-page excerpt).	Updated the list of measures and their reference names.
9.	1 and Multiple	1.4 and Multiple	5 and Multiple	1-2 and Multiple	Table 1-2 Quality Measures Removed from the LTCH QRP Beginning on or After October 1, 2026⁵ (See Appendix for full-page excerpt). Footnote ⁵ : Planned removal dates are based on the FY 2027 IPPS/LTCH PPS final rule. Footnote ⁶ : This measure will be removed effective with the FY 2028 LTCH QRP. However, the item will remain on the LTCH CARE Data Set (LCDS) and become voluntary effective Oct 1, 2026.	Added Table 1-2 to include the two COVID measures being removed from the LTCH QRP.
10.	2	N/A	6	N/A	An overview of the NHSN measures and annual reports containing quality measure information can be accessed on the CDC NHSN website. Additionally, quality measure information and quality reporting program details can be found in the FY-2026 IPPS/LTCH PPS final rule. FY 2027 IPPS/LTCH PPS final rule.	Updated a reference to the FY 2027 IPPS/LTCH PPS Final Rule.
11.	2 and Multiple	Multiple	6 and Multiple	N/A	National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium Clostridioides difficile Infection (CDI) Outcome Measure (CMS ID: L014.01)	Updated the measure name to align with the Partnership for Quality Measurement (PQM) naming convention.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
12.	3	N/A	7	N/A	The quality measures listed below were developed using Medicare claims data submitted for Original Medicare Fee-For-Service (FFS) patients. Footnote ⁷: Updated terminology for the type of Medicare coverage from “Medicare Fee-For-Service” to “Original Medicare”. See: https://www.medicare.gov/basics/get-started-with-medicare/medicare-basics/how-does-medicare-work	Updated terminology for the type of Medicare coverage from “Medicare Fee-For-Service” to “Original Medicare”.
13.	1 and Multiple	4.1	10	4-1	Table 4-1 Target Period for all Assessment-Based (LCDS) Quality Measures (See Appendix for full-page excerpt). Footnote ⁸: The target period for the assessment-based quality measures is 12 months, with the exception of the Change in Mobility measure which is 24 months and the Patient/Resident COVID-19 Vaccine measure which is three months.	Updated the list of CMS ABM measures and their target periods.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
14.	5	N/A	11	N/A	- The iQIES Review and Correct Reports contain facility-level and patient-level measure information and are updated on a quarterly basis with data refreshed weekly as data become available. - These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) or 24 months (eight full quarters), as appropriate for the measure, and are restricted to only the assessment-based measures. Note that, as the COVID-19 Vaccine-Percent of Patients/Residents Who Are Up To Date measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that includes data from quarters after their respective submission deadlines (“frozen” data). - The iQIES QM Reports are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the patient-level, for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline (“freeze”) dates. - The assessment-based (LCDS) measures are updated monthly, at the facility- and patient-level, as data become available. The performance data contain the current quarter (may be partial) and the past three quarters or the past seven quarters as appropriate for the measure. As noted above, the Patient/Resident COVID-19 Vaccine measure will have only one quarter of data.	Removed references to the Patient COVID Vaccine measure from the iQIES Section from the manual.
15.	5	N/A	11	N/A	Section 5.2 of this chapter presents data selection information for the LCDS quality measures that can be applied to both the iQIES Patient-level QM Reports and the iQIES Facility-level QM Reports, since the criteria and reporting periods for the iQIES QM Reports are consistent across the patient- and facility-level reports.	Updated wording for additional clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
16.	5	5.1	12	1.d	d. Data submission deadline: As finalized in the FY27 IPPS/LTCH PPS final rule, data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However for assessments with a target date before January 1, 2027. Effective with the FY 2029 payment determination, data must be submitted by 11:59 p.m. ET on the 15th day of the second month after the end of the calendar quarter. For all data submissions, if the 15th day of the second month falls on a Friday, weekend, or federalFederal holiday, the data submission deadline is delayed until 11:59 p.m. ET/EST on the next business day. The new data submission is in effect for assessments with a target date on or after January 1, 2027. For example, under the finalized policy, the data submission deadline for Quarter 3 (July 1 through September 30) data collection would normally be 11:59 p.m. ET, FebruaryNovember 15, which is the 15th day of the second month, 4.5 months after the end of the data collection periodcalendar quarter. However, in 2026, FebruaryNovember 15th falls on a Sunday and February 16th is a federal holiday; therefore, the deadline for this data submission will be extended to the next business day, which is February 17November 16, 2026, at 11:59 p.m. ET.	Updated the dates for the Data Submission Deadlines.
17.	5	5.1	13	4.i-j	i. Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital (LTCH) Patients Requiring Ventilator Support (CMS ID: L011.06) j. COVID-19 Vaccine: Percent of Patient/Residents Who Are Up To Date (CMS ID: L028.02)	Updated the measure name to align with other CMS materials and removed the Patient COVID Vaccine measure.
18.	5	5.1 and Multiple	15 and Multiple	5-2 and Multiple	Footnotes: Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.	Removed footnotes from Chapter 5 tables related to the Patient/Resident COVID-19 Vaccine measure.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
19.	6	6.1	19	1.1	<u>iQIES QM Report Measure Calculations for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)</u> This measure is risk-adjusted for the iQIES QM Reports and therefore an observed (i.e., not risk-adjusted) and a risk-adjusted value are reported. Using the definitions in Table 7-1, the following steps are used to calculate the measure. Calculate the facility-level observed score (Steps 1.1 through 1.2). - To calculate the facility-level observed score, complete Steps 1 – 4 from Chapter 6, Section 6.1, “iQIES Review and Correct Report Measure Calculations²² for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.”	Updated quotations to include the entire section name.
20.	6	6.1, 6.3, and 6.6	19-20 / Multiple	2 and Multiple	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table RA-2 in the Risk-Adjustment Appendix File on the LTCH QRP Measures Information website. LTCH QRP Measures Information website. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Care-Compare compare tool on Medicare.gov website may vary from the national average observed score provided by these documents.</i>	Updated hyperlink and wording related to the compare tool on Medicare.gov.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
21.	6	6.1	20	3.2	- X is a linear combination of the constant and the logistic regression coefficients times the covariate values (from Formula [2], below) $[2] X = \beta_0 + \beta_1 (COV_1) + \beta_2 (COV_2) + \beta_3 (COV_3) + \beta_4 (COV_4)$ $[3] \text{Probability}(Y = 1) = \text{Logit}(X)$ Where: Y identifies if the LTCH stay is part of the numerator count (i.e., triggering the quality measure: 1 = yes, 0 = no). b₀ is the logistic regression constant or intercept. b₁ is the logistic regression coefficient for the first covariate “functional limitation” and COV₁ is the LTCH stay-level covariate value. b₂ is the logistic regression coefficient for the second covariate “bowel continence,” and COV₂ is the LTCH stay-level covariate value. b₃ is the logistic regression coefficient for the third covariate “diabetes or peripheral vascular disease/peripheral artery disease (PVD/PAD)) or diabetes mellitus” and COV₃ is the LTCH stay-level covariate value.	Updated bullet formatting as well as the wording to match other materials.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
22.	6	6.2	20	3.2	<u>iQIES Review and Correct Report Measure Calculations for Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)</u>²¹ Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM report measure calculation. Using the measure specifications from Table 7-2, the following steps are used to calculate the measure. Identify excluded LTCH stays (Step 1.1): LTCH stay is excluded if the number of falls with major injury was not coded (J1900C (Falls with Major Injury) = [-]) for the planned4 or unplanned7 Discharge assessments or Expired Records. Footnote²¹: Beginning with the December 2027 refresh of the Care Compare tool on Medicare.gov, the FMI measure will be respecified to include LTCH CARE assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the LTCH stay. Full details about the hybrid measure calculation will be provided in V9.0 of this manual, and additional details can be found in the FMI Measure Specification document, available for download on the LTCH Quality Reporting Measures Information website.	Updated wording for clarity and including a footnote for the upcoming hybrid FMI measure.
23.	6	6.3	23 - 31	Multiple	6.3: Functional Outcome Measure: Change in Mobility amongAmong Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06) (See Appendix for full-page excerpt).	Updated wording of measure name to align with other materials Moved Step 3. Identify excluded LTCH stays up to Step 1. Updated subsequent numbering throughout this section.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
24.	6	6.3	25 - 26	2.2 and 3.2	Valid codes and their definitions for the admission mobility items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern (only valid for items GG0170J1 through GG0170K1) • - – Not assessed/no information (dash) [...] Valid codes and their definitions for the discharge mobility items are: • 06 – Independent • 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 10 – Not attempted due to environmental limitations • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern (only valid for items GG0170J3 through GG0170K3) • - – Not assessed/no information	Removed code language for clarity and alignment.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
25.	6	6.3 and Multiple	29 and Multiple	5 and Multiple	5. Calculate the observed change in mobility score for each LTCH stay. For each LTCH stay included, calculate the difference between the discharge mobility score (Step 23) and admission mobility score (Step 42) to create a change in mobility score for each LTCH stay. For the iQIES Reports only, round the score to two decimal places.	Added language to specify the rounding for iQIES reports.
26.	6	6.5 and 6.6	33 and 34 / Multiple	1 and 2 / Multiple	<u>iQIES Review and Correct Report Measure Calculations for Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)</u> Since this This measure is not risk-adjusted or stratified, <u>so</u> only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-5 , the following steps are used to calculate the measure. 1. Identify excluded LTCH stays (Steps 1.1 through 1.3). For LTCH stays with admission date on or after 10/01/2022: [...] 2. Determine the denominator count for Component 1. For LTCH stays with admission date on or after 10/01/2022:	Updated wording and removed outdated language.
27.	6	6.7	38	1	<u>iQIES Review and Correct Report Measure Calculations for Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: L025.01)</u> Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-7 , the following steps are used to calculate the measure. 1. Determine the denominator count. Select all LTCH stays regardless of payer within the reporting period with a planned or unplanned discharge to a subsequent provider as determined by discharge location (Item A2105= [02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12]).	Updated wording for clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
28.	6	6.8	40	1	Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-8, the following steps are used to calculate the measure. 1. Determine the denominator count. Select all LTCH stays regardless of payer within the reporting period with a planned or unplanned discharge to Home/Community (private home/apartment, board and care home, assisted living, group home, transitional living, or other residential care arrangements) as determined by discharge location (Item A2105= [01, 99]).	
29.	6	6.10	N/A	N/A	Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02) (See Appendix for full-page excerpt).	Removed Section 6.10 from the QM User's Manual.
30.	7	N/A	49 and Multiple	7-1 and Multiple	Footnote ³² and others: Effective on October 1, 20242026, the LTCH CARE Data Set Version 5.43 is used to collect and submit assessment data for the LTCH QRP. A copy of the LTCH CARE Data Set Version 5.43 is available for download on the CMS LCDS and LTCH QRP Manual website.	Updated the footnotes to reference the LCDS V5.3.
31.	7	N/A	49	7-1	Table 7-1 (continued) Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01) (See Appendix for full-page excerpt).	Updated the 7-1 Table with the new language for a covariate

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
32.	7	N/A	50	7-2	Table 7-2 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01) Footnote ³⁶: Beginning with the December 2027 refresh of the Care Compare tool on Medicare.gov, the FMI measure will be respecified to include LTCH CARE assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the LTCH stay. Full details about the hybrid measure calculation will be provided in V9.0 of this manual, and additional details can be found in the FMI Measure Specification document, available for download on the LTCH Quality Reporting Measures Information website. (See Appendix for full-page excerpt).	Updated the 7-2 Table with a new measure description and footnote.
33.	7	N/A	51 - 55	7-3	Table 7-3 Functional Outcome Measure: Change in Mobility amongAmong Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06) (See Appendix for full-page excerpt).	Updated the 7-3 Table with the new coding and measure specification language.
34.	7	N/A	57 and 58	7-5	Table 7-5 Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02) (See Appendix for full-page excerpt).	Updated the 7-5 Table with the new measure specification language for clarity.
35.	7	N/A	59 and 60	7-6	Table 7-6 Ventilator Liberation Rate (CMS ID: L023.03) (See Appendix for full-page excerpt).	Updated the 7-6 Table with the new measure specification and covariate language for clarity.
36.	7	N/A	63 - 66	7-9	Table 7-9 Discharge Function Score (CMS ID L027.01) (See Appendix for full-page excerpt).	Updated the 7-9 Table with the new measure specification and covariate language for clarity.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
37.	7	N/A	N/A	7-10	Table 7-10 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up-To-Date (CMD ID: L028.02) (See Appendix for full-page excerpt).	Removed Table 7-10 from the QM User's Manual
38.	Appendix A	A.1	67 - 69	A-1	Table A-1 Effective Dates by CMS ID Update for all LTCH QRP Quality Measures (See Appendix for full-page excerpt).	Updated the table based on prior updates made in this document
39.	Appendix A	A.1	70	A-2	Table A-2 Effective Dates of LTCH Quality Measures User's Manual Versions (See Appendix for full-page excerpt).	Updated the effective dates of Version 7.0 of the manual and added a row for Version 8.0 of the manual.
40.	Appendix B	B.1	72	N/A	<u>Excel Worksheets in the Risk-Adjustment Appendix File:</u> [...] <i>Comments:</i> Description of the changes associated with each Risk-Adjustment Update ID, including updates to measure specifications and model coefficients. Measures – National Average & Covariates: Summary of the LTCH quality measures that require national average observed scores, covariate values, or both for risk-adjustment calculations. Check marks indicate which values are provided for each measure in the subsequent workbook tabs. National Average: This tab provides a national average observed score for each Risk- Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Compare Website compare tool on Medicare.gov may vary from the national average observed score provided by this document.	Updated the summaries of the Excel Worksheets in the Risk-Adjustment Appendix File.

#	Chapter	Section	Page(s)	Step(s) / Table	LTCH QRP Measure Calculations and Reporting User's Manual V8.0	Description of Change
41.	Appendix B	B.2	73	N/A	LTCH stay had a discharge date of 06/15/2026. - In the Schedule tab of the Risk-Adjustment Appendix File, refer to the Change in Mobility measure. - The discharge date of 06/15/2026 is within the discharge date range for Risk- Adjustment Update ID 89 (10/01/2025 – 09/30/2026). Therefore, the user should use the information provided in the Risk-Adjustment ID 89 column. - Select the Change in Mobility tab and apply the intercept and coefficient values in the Risk-Adjustment ID 89 column for each covariate. - Select the National Average tab and use the Risk-Adjustment Update ID 89 column for the Change in Mobility national average observed score.	Updated column references to coincide with the new IDs.
42.	Appendix B	B.3	74	N/A	<u>Excel Worksheets in the Imputation Appendix File (Discharge Function Score and Change in Mobility):</u> [...] <u>Comments: Description of the basis for each imputation update, including the fiscal year of assessment data used, the applicable measure specification changes, and any updates to model coefficients or ICD-10 mappings.</u>	Updated the summaries of the Excel Worksheets in the Imputation Appendix File.

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43.	Appendix B	B.4	76	N/A	LCDS assessment had a discharge date of 06/15/2026 and a “Not Attempted” value coded for GG0130A1 (Eating at Admission). • In the Schedule tab of the Imputation Appendix File (Discharge Function Score and Change in Mobility), refer to the Discharge Function Score measure. • The discharge date of 06/15/2026 is within the discharge date range for Imputation Update ID 23 (10/01/2025-09/30/2026). Therefore, the user should use the information provided in the Imputation Update ID 23 tabs. • Select the Coefficients – Admissions – ID 23 tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 23, GG0130A1 column.	Updated column references to coincide with the new ID tabs.

Appendix

Appendix Contents

This appendix provides excerpts from the LTCH QRP Measure Calculations and Reporting User's Manual, V8.0 to contextualize the information that has been substantially changed and included in the change table of this manual version, V8.0 (i.e., the appendix provides the updates to the tables from V8.0 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V8.0 and the updates to the pages have been marked in red font.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V8.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V7.0. Please note, due to marked changes, page breaks between and within tables do not align exactly with QM User's Manual V8.0.

Appendix Table of Contents

V8.0 Change Table #	V8.0 Chapter	V8.0 Page Number	LTCH QRP Measure Calculations and Reporting User's Manual V8.0 Reference	Updated Section/Table
8. and 9.	1	3 - 5	Section 1.4: QRP Measures	LTCH QRP Measures: Tables 1-1 and 1-2
13.	4	10	Section 4.1: Quality Measures Based on the Calendar Year	Table 4-1 Target Period for all Assessment-Based (LCDS) Quality Measures
23.	6	23-31	6.3: Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)	6.3: Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)
29.	6	N/A	Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02)	Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02)
31.	7	49	Table 7-1 Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	Table 7-1 (continued) Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)
32.	7	50	Table 7-2 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)	Table 7-2 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)

V8.0 Change Table #	V8.0 Chapter	V8.0 Page Number	LTCH QRP Measure Calculations and Reporting User's Manual V8.0 Reference	Updated Section/Table
33.	7	51 - 55	Table 7-3 Functional Outcome Measure: Change in Mobility Among Long- Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)	Table 7-3 Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)
34.	7	57 - 58	Table 7-5 Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	Table 7-5 Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)
35.	7	59 and 60	Table 7-6 Ventilator Liberation Rate (CMS ID: L023.03)	Table 7-6 Ventilator Liberation Rate (CMS ID: L023.03)
36.	7	63 - 66	Table 7-9 Discharge Function Score (CMS ID L027.01)	Table 7-9 Discharge Function Score (CMS ID L027.01)
37.	7	N/A	Table 7-10 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMD ID: L028.02)	Table 7-10 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMD ID: L028.02)
38. and 29.	Appendix A	67 - 69	Section A.1: CMS ID Update and Manual Version History Tables	Table A-1 Effective Dates by CMS ID Update for all LTCH QRP Quality Measures Table A-2 Effective Dates of LTCH Quality Measures User's Manual Versions

Section 1.4: QRP Measures

Table 1---1

LTCH QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID # ^[2]	CMS ID ^[3]	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	00459 (CBE-endorsed)	L006.01	Outcome	CAUTI
National Healthcare Safety Network (NHSN) Central Line-Associated Bloodstream Infection (CLABSI) Outcome Measure	00460 (CBE-endorsed)	L007.01	Outcome	CLABSI
National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-onset Clostridium <i>Clostridioides difficile</i> Infection (CDI) Outcome Measure	00462 (CBE-endorsed)	L014.01	Outcome	CDI
Influenza Vaccination Coverage Among Healthcare Personnel	00390 (CBE-endorsed)	L015.01	Process	HCP Influenza Vaccine
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	00180 (CBE-endorsed)	L024.02	Process	HCP COVID-19 Vaccine

Table 1-1 (continued)

LTCH QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Medicare Claims-Based Measures				
Potentially Preventable 30- Days <i>Day</i> Post-Discharge Readmission Measure for Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00575 (not endorsed)	L017.01	Outcome	PPR
Discharge to Community – Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00210 (CBE-endorsed)	L018.02	Outcome	DTC
Medicare Spending Per Beneficiary– Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00434 (CBE-endorsed)	L019.01	Cost/Resource	Medicare Spending Per Beneficiary <i>MSPB</i>

Assessment-Based Measures				
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	L021.01	Outcome	Pressure Ulcer/Injury
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	00520[4] (not endorsed)	L012.01	Outcome	Application of Falls
Functional Outcome Measure: Change in Mobility Among Long-Term Care (LTCH) Hospital Patients Requiring Ventilator Support	00275 (CBE-endorsed)	L011.06	Outcome	Change in Mobility

Table 1-1 (continued)
LTCH QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID #	CMS ID	Measure Type	Measure Reference Name
Assessment-Based Measures (cont.)				
Drug Regimen Review Conducted with Follow-Up for Identified Issues–Post-Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP)	00225 (not endorsed)	L020.01	Process	DRR
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay	00143 (not endorsed)	L022.02	Process	Compliance with SBT
Ventilator Liberation Rate	00759 (not endorsed)	L023.03	Outcome	Ventilator Liberation
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC)	00728 (not endorsed)	L025.01	Process	TOH - Provider
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC)	00727 (not endorsed)	L026.02	Process	TOH - Patient
Discharge Function Score	1698 01698 (CBE-endorsed)	L027.01	Outcome	Discharge DC Function Score
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	01699 (not endorsed)	L028.02	Process	Patient/Resident COVID-19 Vaccine

Table 1-2 provides an overview of the quality measures removed from the LTCH QRP, including when they will be phased out of reports and the compare tool on Medicare.gov and the Provider Data Catalog.

Table 1-2
Quality Measures Removed from the LTCH QRP Beginning on or After October 1, 2026^[5]

Quality Measure	Planned Removal Date		
	Review and Correct Reports	Quality Measure Reports	Medicare.gov and Provider Data Catalog
COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	N/A	October 2026	December 2026

^[5] Planned removal dates are based on the FY 2027 IPPS/LTCH PPS final rule.

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

Quality Measure	Target Period ^[1]
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	January 1 through December 31
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)	January 1 through December 31
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)	January 1 through December 31 (24 months)
Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L020.01)	January 1 through December 31
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	January 1 through December 31
Ventilator Liberation Rate (CMS ID: L023.03)	January 1 through December 31
Transfer of Health (TOH) Information to the Provider Post-Acute Care (PAC) (CMS ID: L025.01)	January 1 through December 31
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: L026.02)	January 1 through December 31
Discharge Function Score (CMS ID: L027.01)	January 1 through December 31
COVID-19 Vaccine: Percent of Patient/Residents Who Are Up To Date (CMS ID: L028.02)	January 1 through March 31 April 1 through June 30 July 1 through September 30 October 1 through December 31

^[1] The target period for the assessment-based quality measures is 12 months, with the exception of the *Change in Mobility* measure which is 24 months ~~and the Patient/Resident COVID-19 Vaccine measure which is three months.~~

Section 6.3: Functional Outcome Measure: Change in Mobility ~~among~~Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

iQIES Review and Correct Report Measure Calculations for Functional Outcome Measure: Change in Mobility ~~among~~Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

For the Review and Correct Reports, only the facility-level observed score is computed; the facility's risk-adjusted score is not reported. Using the definitions in **Table 7-3**, the following steps are used to calculate the measure.

1. **Identify excluded LTCH stays.** LTCH stays from Step 1 are excluded if any of the following are true (Step 1.1 through 1.6).
 - 1.1. Incomplete LTCH stays:
 - 1.1.1. Patient was discharged to a Short-Term General Hospital (A2105 = [04]), Inpatient Psychiatric Facility (A2105 = [07]), or Critical Access Hospital (CAH) (A2105 = [11]).
 - 1.1.2. Patient transferred to another LTCH facility (A2105 = [05]).
 - 1.1.3. Patient discharged against medical advice (A1990 = [1]).
 - 1.1.4. Patient had an unplanned discharge or expired (A0250 = [11, 12]).
Note: discharges against medical advice are considered an unplanned discharge.
 - 1.1.5. Length of stay is less than 3 days: Discharge Date (A0270) – Admission Date (A0220) < 3 days.
 - 1.2. Patient is younger than 18 years: Truncate (Admission Date (A0220) – Birth Date (A0900)). Use exact values in calculating age; do not round to nearest whole number.
 - 1.3. Patient is discharged to hospice (home or institution) (A2105 = [09, 10]).
 - 1.4. Patient is in a coma, persistent vegetative state, has complete tetraplegia, or locked-in syndrome.
 - 1.4.1. Items used to identify these LTCH stays (on admission assessment):
 - Comatose (B0100 = [1])
 - Complete Tetraplegia (I5101 = [1])
 - Locked-In State (I5460 = [1])
 - Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain (I5470 = [1])
 - 1.5. Patient has a progressive neurological condition, including amyotrophic lateral sclerosis, multiple sclerosis, Parkinson's disease, or Huntington's chorea.
 - 1.5.1. Items used to identify these LTCH stays (on admission assessment):
 - Multiple Sclerosis (I5200 = [1])
 - Huntington's Disease (I5250 = [1])
 - Parkinson's Disease (I5300 = [1])
 - Amyotrophic Lateral Sclerosis (I5450 = [1])
 - 1.6. Patient is coded as independent on all mobility items on admission.
 - 1.6.1. Items used to identify these LTCH stays:

- Roll left and right (GG0170A1 = [06])
- Lying to sitting on side of bed (GG0170C1 = [06])
- Sit to stand (GG0170D1 = [06])
- Chair/bed-to-chair transfer (GG0170E1 = [06])
- Toilet transfer (GG0170F1 = [06])
- Walk 10 feet (GG0170I1 = [06])
- Walk 50 feet with two turns (GG0170J1 = [06])

2. Calculate the admission mobility score (Steps ~~1~~2.1 through ~~1~~2.5).

2.1. Calculate the admission mobility score using the admission mobility items and valid codes and incorporating imputed item values. Please note there are different items used if the patient does not walk at both admission and discharge (Step ~~1~~2.1) than for the remaining patients (~~Step 1~~2.2). For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for Wheel 50 Feet with two turns (GG0170R) either at admission or at discharge, the following assessment items are used for admission mobility score calculations:

- GG0170A1. Roll left and right
- GG0170C1. Lying to sitting on side of bed
- GG0170D1. Sit to stand
- GG0170E1. Chair/bed-to-chair transfer
- GG0170F1. Toilet transfer
- GG0170R1. Wheel 50 feet with two turns*

* Please count the value from this item twice; 7 items are used to calculate a patients' mobility score (scores range from 7 to 42).

2.2. For the remaining patients, the following assessment items are used for the admission mobility score calculations:

- GG0170A1. Roll left and right
- GG0170C1. Lying to sitting on side of bed
- GG0170D1. Sit to stand
- GG0170E1. Chair/bed-to-chair transfer
- GG0170F1. Toilet transfer
- GG0170I1. Walk 10 feet
- GG0170J1. Walk 50 feet with two turns

Valid codes and their definitions for the admission mobility items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern (~~only valid for items GG0170J1 through GG0170K1~~)
- -- Not assessed/no information (dash)

2.3. To obtain the admission mobility score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, 88, dashed (-), skipped (^), or missing (all henceforth referred to as NA), then use statistical imputation to estimate the code for that item and use this code as the value. See Step 1.2.4 for more details on the statistical imputation approach.

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

2.4.1. Start with Roll left and right (GG0170A). For each LTCH stay where the item has a NA code at admission, calculate z , a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0170A admission model:

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

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0170A admission model. (See Imputation Appendix File (Discharge Function Score and Change in Mobility). Note that the coefficients used in this calculation do not include the thresholds described in Step 1.2.4.2.)

- $x_1 - x_m$ are the imputation risk adjustors specific to the GG0170A admission model.

2.4.2. Calculate the probability for each possible item value, had the GG item been assessed, using z (Step 1.2.4.1) and the equations below.

$$\begin{aligned}
 [2] \quad & \Pr(z \leq \alpha_1) = \Phi(\alpha_1 - z), \\
 & \Pr(\alpha_1 < z \leq \alpha_2) = \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z), \\
 & \Pr(\alpha_2 < z \leq \alpha_3) = \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z), \\
 & \Pr(\alpha_3 < z \leq \alpha_4) = \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z), \\
 & \Pr(\alpha_4 < z \leq \alpha_5) = \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z), \\
 & \Pr(z > \alpha_5) = 1 - \Phi(\alpha_5 - z),
 \end{aligned}$$

Where:

- $\Phi(\cdot)$ is the standard normal cumulative distribution function.
- $\alpha_1 \dots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0170A admission model (see Imputation Appendix File (Discharge Function Score and Change in Mobility)).

2.4.3. Compute the imputed value of the GG item using the six probabilities determined in Step 1.2.4.2 and the equation below.

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

2.4.4. Repeat Steps ~~1~~ 2.4.1-~~1~~ 2.4.3 to calculate imputed values for each GG item included in the observed admission mobility score that was coded as NA, replacing the Roll left and right (GG0170A) item with each applicable GG item.

See **Table IA-68**, and **Table IA-79** in the associated **Imputation Appendix File (Discharge Function Score and Change in Mobility)** for the imputation coefficients and thresholds, as well as detailed LCDS coding for each risk adjustor.[1] The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible LTCH stays where the item value is not missing (i.e., had a value 01-06) at admission, and covariates includes the predictors used in risk adjustment (~~See Step 3~~)(See Step 3) and values on all GG items available in LCDS. The admission mobility scores are included in the covariates and calculated using the same procedure as the observed admission mobility scores, including the replacement of NA codes with imputed values.[2] Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in **Table IA-68**, and **Table IA-79** in the associated **Imputation Appendix File (Discharge Function Score and Change in Mobility)**.

2.5. Sum the values of the seven admission mobility items to create an admission mobility score for each LTCH stay. The admission mobility score can range from 7-42, with a higher score indicating greater functional ability. A score of 42 represents a value of 6 (independence) for all 7 mobility items.

3. **Calculate the discharge mobility score** (Steps ~~2~~ 3.1 through~~2~~ 3.4) using the discharge mobility items and valid codes and incorporating imputed item values. Please note there are different items used if the patient does not walk at both admission and discharge (Step ~~2~~ 3.1) than for the remaining patients (Step ~~2~~ 3.2).

3.1. For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for Wheel 50 Feet with two turns (GG0170R) either at admission or at discharge, the following assessment items are used for admission mobility score calculations:

- GG0170A1. Roll left and right
- GG0170C1. Lying to sitting on side of bed
- GG0170D1. Sit to stand
- GG0170E1. Chair/bed-to-chair transfer
- GG0170F1. Toilet transfer
- GG0170R1. Wheel 50 feet with two turns*

* Please count the value from this item twice; 7 items are used to calculate a patients' mobility score (scores range from 7 to 42).

3.2. For the remaining patients, the following assessment items are used for the admission mobility score calculations:

- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer

- GG0179I3. Walk 10 feet
- GG0170J3. Walk 50 feet with two turns

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

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern ~~(only valid for items GG0170J3 through GG0170K3)~~
- - – Not assessed/no information

To obtain the score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, 88, dashed (-), skipped (^), or missing (all henceforth referred to as NA), then use statistical imputation to estimate the code for that item and use this code as the value.

3.3. Using the discharge data, follow Steps ~~1~~ 2.3 through ~~4.5~~ 2.4 to impute data.

3.4. Sum the values of the seven discharge mobility items to create a discharge mobility score for each LTCH stay. The discharge mobility score can range from 7-42, with a higher score indicating greater functional ability. A score of 42 represents a value of 6 (independence) for all 7 mobility items.

~~4. Identify excluded LTCH stays. LTCH stays from Step 1 are excluded if any of the following are true (Step 3.1 through 3.6).~~

~~4.1. Incomplete LTCH stays:~~

~~4.1.1. Patient was discharged to a Short Term General Hospital (A2105 = [04]), Inpatient Psychiatric Facility (A2105 = [07]), or Critical Access Hospital (CAH) (A2105 = [11]).~~

~~4.1.2. Patient transferred to another LTCH facility (A2105 = [05]).~~

~~4.1.3. Patient discharged against medical advice (A1990 = [1]).~~

~~4.1.4. Patient had an unplanned discharge or expired (A0250 = [11, 12]).
Note: discharges against medical advice are considered an unplanned discharge.~~

~~4.1.5. Length of stay is less than 3 days: Discharge Date (A0270) — Admission Date (A0220) < 3 days.~~

~~4.2. Patient is younger than 18 years: Truncate (Admission Date (A0220) — Birth Date (A0900)). Use exact values in calculating age; do not round to nearest whole number.~~

~~4.3. Patient is discharged to hospice (A2105 = [09, 10]).~~

~~4.4. Patient is in a coma, persistent vegetative state, has complete tetraplegia, or locked-in syndrome.~~

~~4.4.1. Items used to identify these LTCH stays (on admission~~

assessment):

- ~~Comatose (B0100 = [1])~~
- ~~Complete Tetraplegia (I5101 = [1])~~
- ~~Locked-In State (I5460 = [1])~~
- ~~Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain (I5470 = [1])~~

~~4.5. Patient has a progressive neurological condition, including amyotrophic lateral sclerosis, multiple sclerosis, Parkinson's disease, or Huntington's chorea.~~

~~4.5.1. Items used to identify these LTCH stays (on admission assessment):~~

- ~~Multiple Sclerosis (I5200 = [1])~~
- ~~Huntington's Disease (I5250 = [1])~~
- ~~Parkinson's Disease (I5300 = [1])~~
- ~~Amyotrophic Lateral Sclerosis (I5450 = [1])~~

~~4.6. Patient is coded as independent on all mobility items on admission.~~

~~4.6.1. Items used to identify these LTCH stays:~~

- ~~Roll left and right (GG0170A1 = [06])~~
- ~~Lying to sitting on side of bed (GG0170C1 = [06])~~
- ~~Sit to stand (GG0170D1 = [06])~~
- ~~Chair/bed to chair transfer (GG0170E1 = [06])~~
- ~~Toilet transfer (GG0170F1 = [06])~~
- ~~Walk 10 feet (GG0170H1 = [06])~~
- ~~Walk 50 feet with two turns (GG0170J1 = [06])~~

4. **Identify and count the included LTCH stays (target population).** Calculate the total number of LTCH stays with the discharge date in the measure target period and require ventilator support at the time of LTCH admission. LTCH stays not requiring ventilator support are excluded from this measure. Identify LTCH stays requiring invasive ventilator support at the time of LTCH admission using the following item:
 - Invasive Mechanical Ventilation Support: (O0150A = [1])
5. **Calculate the observed change in mobility score for each LTCH stay.** For each LTCH stay included, calculate the difference between the discharge mobility score (Step 2 3) and admission mobility score (Step 12) to create a change in mobility score for each LTCH stay. **For the iQIES Reports only, round the score to two decimal places.**
6. **Calculate the facility-level average observed change in mobility score.** Calculate an average observed change in mobility score for each LTCH as the mean of the observed change in mobility scores for all LTCH stays in the facility that are not excluded.
7. **Round the score to two decimal places.**
 - 7.1. If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
 - 7.2. Drop all of the digits following the second decimal place.

iQIES QM Report Measure Calculations for Functional Outcome Measure: Change in Mobility ~~among~~ Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

This measure is risk-adjusted for the iQIES QM Reports. Using the definitions in **Table 7-3**, the following steps are used to calculate the measure.

1. **Calculate the facility-level average observed change in mobility score** (Steps 1.1 through 1.2).
 - 1.1. To calculate the facility-level average observed change in mobility score, complete Steps 1 – 6 from **Chapter 6, Section 6.3**, “iQIES Review and Correct Report Measure Calculations for Functional Outcome Measure: Change in Mobility ~~among~~ Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06).”
 - 1.2. Do not round to the second decimal place. All rounding will be done at the end of the measure calculation.

2. **Calculate the national average change in mobility score**[3] as the mean of the observed change in mobility scores for all LTCH stays calculated from Steps 1 – 5 from **Chapter 6, Section 6.3**. This will be used in Step 4 to calculate the risk-adjusted average change in mobility score.
*Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in **Table RA-2** in the Risk-Adjustment Appendix File on the [LTCH QRP Measures Information website-LTCH QRP Measures Information website](#). Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the ~~Compare Website~~ [compare tool on Medicare.gov](#) may vary from the national average observed score provided by these documents.*

3. **Calculate the stay-level expected discharge mobility scores.**

- 3.1. For each LTCH stay, use the intercept and regression coefficients to calculate the expected discharge mobility score using the formula below.

$$[4] \text{ Expected discharge mobility score} = \beta_0 + \beta_1 x_1 + \dots + \beta_n x_n$$

Where:

- **Expected discharge mobility score** estimates an expected discharge mobility score
- β_0 is the regression constant or intercept
- β_1 through β_n are the regression coefficients for the covariates (see **Risk-Adjustment Appendix File**).

See **Table RA-5** and **Table RA-6** in the associated **Risk-Adjustment Appendix File** for the regression constant and coefficients as well as detailed LCDS coding for each risk adjustor.[4] The regression constant and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period in **Table RA-5** and **Table RA-6** in the **Risk-Adjustment Appendix File**.

4. **Calculate the risk-adjusted average change in mobility score** (Steps 4.1 through 4.4)
 - 4.1. Calculate an expected change in mobility score for each LTCH stay as the difference between the observed admission mobility score and the expected discharge mobility score (expected discharge score minus the observed admission mobility score).
 - 4.2. Calculate the facility-level average expected change in mobility score for all LTCH stays in the facility as the mean of the expected change in mobility scores determined in Step 4.1.
 - 4.3. Calculate the difference between the facility-level average observed change in mobility score (Step 1) and the facility-level average expected change in mobility score (Step 4) to create an observed minus expected difference.

- A value that is 0 indicates the observed score and expected score are equal.
- A value that is greater than 0 indicates that the observed change in score is greater (better) than the expected score.
- A value that is less than 0 indicates that the observed change in score is less (worse) than the expected score.

4.4. Add each LTCH's difference score to the national average change in mobility score (Step 2). This is the risk-adjusted average mobility score.

5. Round the score to two decimal places.

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

5.2. Drop all of the digits following the second decimal place.

National Average Calculation for Functional Outcome Measure: Change in Mobility among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

To calculate the LTCH stay-level national average, refer to Step 2 under the iQIES QM Report Measure Calculations for this measure.

Section 6.10: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02)

~~iQIES Review and Correct Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.02)~~

~~Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM report measure calculation. Using the measure specifications from **Table 7-10**, the following steps are used to calculate the measure.~~

- ~~1. **Determine the denominator count.** Determine the total number of LTCH stays with planned or unplanned Discharge Assessment (A0250 = [10 or 11] in the measure target period.~~
- ~~1. **Determine the numerator count.** Determine the total number of LTCH stays with a planned or unplanned Discharge assessment during measure target period in which patients were up-to-date with the COVID-19 vaccine; (O0350 = [1]).~~
- ~~2. **Calculate the facility-level observed score.** Divide the facility's numerator count (Step 2) by its denominator count (Step 1) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.~~
- ~~3. Round the percent value to two decimal places.~~
 - ~~3.1. If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.~~
 - ~~3.2. Drop all of the digits following the second decimal place.~~

~~iQIES QM Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: L028.02)~~

~~As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculations for the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02) measure.~~

~~National Average Calculation for Patient/Resident COVID-19 Vaccine (CMS ID: L028.02)~~

~~Use the following steps to calculate the LTCH stay level (i.e. prevalence) national average.~~

- ~~1. **Determine the total number of LTCH stays in the nation meeting the denominator criteria.**
This is the denominator for the national average.~~
- ~~4. **Identify LTCH stays in the denominator of the national average that are included in the numerator for this measure.** This is the numerator for the national average.~~
- ~~5. **Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.**~~
 - ~~5.1. If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place, otherwise leave the second decimal place unchanged.~~
 - ~~5.2. Drop all of the digits following the second decimal place.~~

Table 7-1 (continued)
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
(CMS ID: L021.01)

Measure Specifications^[1]

Exclusions

LTCH stay is excluded if:

- **Data on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers, including deep tissue injuries, are missing [-] on the planned or unplanned discharge assessment:**
 (M0300B1 = [-] or M0300B2 = [-]) and (M0300C1 = [-] or M0300C2 = [-]) and (M0300D1 = [-] or M0300D2 = [-]) and (M0300E1 = [-] or M0300E2 = [-]) and (M0300F1 = [-] or M0300F2 = [-]) and (M0300G1 = [-] or M0300G2 = [-]).
- **Patient died during the LTCH stay:**
 A0250 (Reason for Assessment) = [12]

Covariates

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

1. **Functional Limitation Admission Performance:** ~~Supervision/touching assistance or more for the functional mobility item~~ Lying to Sitting on Side of Bed
2. **Bowel Continence**
3. **Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD) or Diabetes Mellitus**
4. **Low body mass index (BMI), based on height (K0200A) and weight (K0200B) on the Admission assessment**

See covariate details in ***Table RA-3*** and ***Table RA-4*** in the associated **Risk-Adjustment Appendix File**.

Table 7-2
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
(CMS ID: L012.01)^[1]

Measure Description
This quality measure reports the percentage of LTCH stays in which patients experience one or more falls with major injury (includes but is not limited to traumatic bone fractures, joint dislocations, closed /subluxations, internal organ injuries, amputations, spinal cord injuries, head injuries with altered consciousness, or subdural hematoma , and crush injuries) during the LTCH stay.
Measure Specifications ^[2] ^[3]
Numerator Total number of LTCH stays in the denominator with planned or unplanned Discharge assessment or Expired Record during the selected time window that experienced one or more falls that resulted in major injury: J1900C = [1] or [2]. Denominator The total number of LTCH stays with a planned or unplanned Discharge assessment or Expired Record (A0250 = [10, 11, 12]) in the measure target period, which do not meet the exclusion criteria. Exclusions LTCH stay is excluded if the number of falls with major injury was not coded: J1900C (Falls with Major Injury) = [-].
Covariates
None.

^[3] Beginning with the December 2027 refresh of the Care Compare tool on Medicare.gov, the FMI measure will be respecified to include LTCH CARE assessment data, claims data, and encounter data to identify falls with a major injury that occurred during the LTCH stay. Full details about the hybrid measure calculation will be provided in V9.0 of this manual, and additional details can be found in the FMI Measure Specification document, available for download on the LTCH Quality Reporting Measures Information website.

Table 7-3 (continued)
Functional Outcome Measure: Change in Mobility ~~among~~ Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

If an item is not attempted, an ‘activity not attempted’ code may be used:

- 07 (Patient refused)
- 09 (Not applicable)
- 10 (Not attempted due to environmental limitations)
- ^ (skip pattern ~~only valid for items GG0170J1/J3 through GG0170K1/K3~~)
- - (Not assessed/no information, dash)
- 88 (Not attempted due to medical condition or safety concerns).

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

If code is 07, 09, 88, 10 then then use statistical imputation to estimate the item value for that item and use this code as the value.

If the mobility item is skipped (^), dashed (-), or missing, then then use statistical imputation to estimate the item value for that item and use this code as the value.

Risk-adjusted change in mobility score

The facility-level risk-adjusted change in mobility score is calculated as follows:

(Facility-level observed change score - Facility-level expected change score) + National average change score.

Target population

Patients with an admission assessment (A0250=01) and a planned discharge assessment (A0250=10) that define a LTCH stay during the target period, who require invasive ventilator support at the time of admission O0150A = [1] on admission assessment on or after 10/01/2022.

Exclusions

LTCH stay is excluded if:

Patient is younger than 18 years:

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

Patient had an unplanned discharge or expired:

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

Table 7-3 (continued)
Functional Outcome Measure: Change in Mobility ~~among~~ Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)

Measure Specifications ^[1]
Patient is independent on <u>all</u> mobility items at admission: GG0170A1 = [06], and GG0170C1 = [06], and GG0170D1 = [06], and GG0170E1 = [06], and GG0170F1 = [06], and GG0170I1 = [06], and GG0170J1 = [06]
Covariates
<i>Data for each covariate are derived from the admission assessment included in the target LTCH stay records.</i> 1. Age groups (< 55 years, 55-64 years, 65-74 years, 75-84 years, ≥ 85 years) <u>2. Age group</u> 3. Admission mobility – continuous^[2] 4. Bladder continence 5. Bowel continence 6. Communication impairment 7. Prior functioning: indoor ambulation 8. Prior mobility device/aids 9. Primary medical condition category 10. Interaction between admission function and primary medical condition category 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. High BMI 14. Low BMI 15. Nutritional approaches 16. Comorbidities
Covariates
See covariate details in <u>Table RA-5</u> and <u>Table RA-6</u> in the associated Risk-Adjustment Appendix File.

Table 7-5
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay
(CMS ID: L022.02)^[1]

Measure Description
This measure assesses facility-level compliance with Spontaneous Breathing Trial (SBT), including Tracheostomy Collar Trial (TCT) or Continuous Positive Airway Pressure (CPAP) breathing trial, by Day 2 of the LTCH stays for patients on invasive mechanical ventilation support upon admission, and for whom weaning attempts were expected or anticipated at admission. This measure will be computed and reported separately according to each of the following components: – Component 1: Percentage of LTCH Stays in Which Patients Were Assessed for Readiness for SBT by Day 2 of the LTCH Stay – Component 2: Percentage of LTCH Stays in Which Patients Were Ready for SBT and Received SBT by Day 2 of LTCH Stay
Measure Specifications ^[2]
Numerator • Component 1: LTCH stays in which patients are admitted on invasive mechanical ventilation for whom the LTCH Admission assessment (A0250 = [01]) indicates: - o Completed assessment for readiness for SBT by day 2 of the LTCH stay (O0150B = [1] (yes)) and were AND - o Were either deemed medically ready (O0150C = [1] (yes)) OR - o Medically unready, with documentation of reason(s) (O0150D = [1] (Yes)). • Component 2: LTCH stays in which patients are admitted on invasive mechanical ventilation for whom the LTCH Admission assessment (A0250 = [01]) indicates SBT performed by day 2 of the LTCH stay (O0150E = [1] (yes)). Denominator • Component 1: LTCH stays in which patients were on invasive mechanical ventilation support upon admission to an LTCH, for whom weaning attempts are expected or anticipated (for LTCH stays with admission date on and after 10/01/2022: O0150A = [1] (yes, on ventilation) and O0150A2 = [1] (yes, weaning)).

(continued)

Table 7-5 (continued)
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay
(CMS ID: L022.02)

Measure Specifications^[3]

- Component 2: The subset of LTCH stays in which patients in the numerator of Component 1 were assessed and deemed ready for SBT by Day 2 of the LTCH stay (O0150B = [1] (yes) and O0150C = [1] (yes)).

Exclusions

LTCH stay is excluded from both Component 1 and Component 2 if:

1. LTCH stay is missing data to calculate the measure (~~for stays with admission date on and after 10/01/2022: O0150A = [-] or O0150A2 = [-], OR~~
2. LTCH stays in which weaning attempts are not expected or anticipated at admission for the patient (~~for LTCH stays with admission date from 07/01/2018 through 09/30/2022: O0150A = [0] (No, not invasive mechanical ventilation support), or O0150A = [2] (Yes, non-weaning); for LTCH stays with admission date on and after 10/01/2022: O0150A = [0] (No, not invasive mechanical ventilation support), or O0150A = [1] and O0150A2 = [0] (Yes, non-weaning)).~~)).

Table 7-6
Ventilator Liberation Rate (CMS ID: L023.03)^[1]

Measure Description
This measure reports facility-level Ventilator Liberation Rate for LTCH stays in which patients are admitted to an LTCH requiring invasive mechanical ventilation support, and for whom weaning attempts were expected or anticipated as reported on the Admission Assessment.
Measure Specifications ^[2]
Numerator LTCH stays in which patients were reported as fully liberated (weaned) (O0200A = [1] (fully liberated at discharge)) on the LTCH CARE Data Set Planned or Unplanned Discharge Assessments (A0250 = [10, 11]). Denominator LTCH stays in which patients were on mechanical ventilation support for whom weaning attempts were expected or anticipated at admission (for LTCH stays with admission date on and after 10/01/2022: O0150A = [1] (yes, on ventilation) and O0150A2 = [1] (yes, weaning)). Exclusions LTCH stay is excluded if: - LTCH stay is missing data to calculate the measure (for LTCH stays with admission date on and after 10/01/2022: O0150A = [-] or O0150A2 = [-]), OR - Weaning attempts are not expected or anticipated at admission for the patient (for LTCH stays with admission date on and after 10/01/2022: O0150A = [0] (No, not invasive mechanical ventilation support), or O0150A = [1] and O150A2 = [0] (No determined to be, non-weaning)).

Table 7-6 (continued)
Ventilator Liberation Rate (CMS ID: L023.03)

Covariates
<i>Data for each covariate is derived from the admission assessment included in the target LTCH stays.</i> 1. Age GroupsGroup 2. Prior Functioning: Everyday Activities, Indoor Mobility (Ambulation) 3. Metastatic Cancer 4. Severe Cancer 5. Left Ventricular Assistive Device with Known Ejection Fraction $\leq 30\%$ 6. Progressive Neuromuscular Disease 7. Severe Neurological Injury, Disease, or Dysfunction 8. Post-Transplant (lung, heart, liver, kidney, and bone marrow)

9. Vasoactive Medication (i.e. continuous infusions of vasopressors or inotropes)

10. Dialysis

See covariate details in ***Table RA-8***, and ***Table RA-9***, in the associated **Risk-Adjustment Appendix File**.

Table 7-9 (continued)
Discharge Function Score (CMS ID: L027.01)

Measure Specifications^[1]

Valid codes and code definitions for the coding of the discharge function items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Sum the values of the discharge function items to create a discharge function score for each LTCH stay. Scores can range from 10 – 60, with a higher score indicating greater independence. **For the iQIES Reports only, round the score to two decimal places**

Numerator

The numerator is the number of patients in a LTCH, except those that ~~meeting~~^{meeting} the exclusion criteria, with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.^[2]

^[2] ~~Functional assessment items included in the discharge function score are GG0130A3, GG0130B3, GG0130C3, GG0170A3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, and GG0170R3.~~

Table 7-9 (continued)
Discharge Function Score (CMS ID: L027.01)

Covariates

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

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

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

Table 7-10
~~COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMD ID: L028.02)~~⁽⁴⁾

Measure Description
This measure reports the percentage of LTCH stays in which patients are “up to date” with their COVID-19 vaccinations per the CDC’s latest guidance. ⁽²⁾
Measure Specifications ⁽²⁾
<i>Numerator</i> The total number of LTCH stays in the denominator in which patients are up to date with the COVID-19 vaccine (O0350 = [1]) during the target period. <i>Denominator</i> Any LTCH stays with a planned or unplanned Discharge assessment (A0250 = [10, 11]) during the target period. <i>Exclusions</i> There are no denominator exclusions for this measure.
Covariates
None.

⁽⁴⁾ This quality measure was finalized for reporting in the FY 2024 LTCH PPS final rule (88 FR 59250)

⁽²⁾ Effective on October 1, 2024, the LCDS 5.1 is used to collect and submit assessment data for the LTCH QRP. A copy of the LCDS Version 5.1 is available for download on the CMS LCDS and [LTCH QRP Manual website](#)

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

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

(Continued)

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

Measure ID Updates					
Quality Measure	.01	.02	.03	.04	.05
Medicare Claims-Based Measures					

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

(Continued)

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

Measure ID Updates						
Quality Measure	.01	.02	.03	.04	.05	.06
Assessment-Based Measures						
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: L021.01)	Inception – Present	--	--	--	--	--
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: L012.01)	Inception – Present	--	--	--	--	--
Functional Outcome Measure: Change in Mobility Among Long-Term Care Hospital Patients Requiring Ventilator Support (CMS ID: L011.06)	Inception – 06/30/2018	07/01/2018 – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – 09/30/2024	10/01/2025 – Present
Compliance with Spontaneous Breathing Trial (SBT) by Day 2 of the LTCH Stay (CMS ID: L022.02)	Inception – 09/30/2022	10/01/2022 – Present	--	--	--	--
Ventilator Liberation Rate (CMS ID: L023.03)	Inception – 09/30/2022	10/01/2022 – Present	--	--	--	--
Drug Regimen Review Conducted with Follow-Up for Identified Issues –Post Acute Care (PAC) Long-Term Care Hospital (LTCH) Quality Reporting Program (QRP) (CMS ID: L020.01)	Inception – Present	--	--	--	--	--
Transfer of Health (TOH) Information to the	Inception – Present	--	--	--	--	--

Provider Post-Acute Care (PAC) (CMS ID: L025.01)						
Transfer of Health (TOH) Information to the Patient Post-Acute Care (PAC) (CMS ID: L026.02)	Inception – 09/30/2021	10/01/2022 – Present	--	--	--	--
Discharge Function Score (CMS ID: L027.01)	Inception – Present	--	--	--	--	--
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: L028.02)	Inception – Present	–	–	–	–	–

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

Manual Version	Effective Dates
Manual V1.0	09/04/2015 – 06/26/2017
Manual V2.0	06/27/2017 – 06/30/2018
Manual V3.0	07/01/2018 – 09/30/2019
Addendum V3.1	10/01/2019 – 09/30/2020
Addendum V3.1.1/V3.1.2	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – 09/30/2024
Manual V6.0	10/01/2024 – 09/30/2025
Manual V7.0	10/01/2025 – 09/30/2026
Manual V7 V8.0	10/01/ 2025 2026 – Present