Final LTCH QRP New and Modified Items Effective Date: October 1, 2020

ADMISSION

Section A Administrative Information

A1005. Ethnicity

Are you of Hispanic, Latino/a, or Spanish origin?

•	7	Check	all	that	apply	
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A. No, not of Hispanic, Latino/a, or Spanish origin
B. Yes, Mexican, Mexican American, Chicano/a
C. Yes, Puerto Rican
D. Yes, Cuban
E. Yes, another Hispanic, Latino, or Spanish origin
X. Patient unable to respond

A1010. Race					
What is your race?					
↓	Check all that apply				
	A. White				
	B. Black or African American				
	C. American Indian or Alaska Native				
	D. Asian Indian				
	E. Chinese				
	F. Filipino				
	G. Japanese				
	H. Korean				
	I. Vietnamese				
	J. Other Asian				
	K. Native Hawaiian				
	L. Guamanian or Chamorro				
	M. Samoan				
	N. Other Pacific Islander				
	X. Patient unable to respond				

A1110. Language			
	A. What is your preferred language?		
	B. Do you need or want an interpreter to communicate with a doctor or health care staff?		
Enter Code	0. No		
	1. Yes		
	9. Unable to determine		

A1250. Transportation

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

need			
↓	Check all that apply		
	A. Yes, it has kept me from medical appointments or from getting my medications		
	B. Yes , it has kept me from non-medical meetings, appointments, work, or from getting things that I need		
	C. No		
	X. Patient unable to respond		

A1805. Adr	A1805. Admitted From			
Enter Code	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home,			
	transitional living, other residential care arrangements)			
	02. Nursing Home (long-term care facility)			
	03. Skilled Nursing Facility (SNF, swing bed)			
	04. Short-Term General Hospital (acute hospital, IPPS)			
	05. Long-Term Care Hospital (LTCH)			
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)			
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)			
	08. Intermediate Care Facility (ID/DD facility)			
	09. Hospice (home/non-institutional)			
	10. Hospice (institutional facility)			
	11. Critical Access Hospital (CAH)			
	12. Home under care of organized home health service organization			
	99. Not Listed			

Hearing, Speech, and Vision

B0200. Hearing			
Enter Code	Ability to hear (with hearing aid or hearing appliances if normally used)		
0. Adequate – no difficulty in normal conversation, social interaction, listening to TV			
	1. Minimal difficulty – difficulty in some environments (e.g., when person speaks softly or		
	setting is noisy)		
	2. Moderate difficulty – speaker has to increase volume and speak distinctly		
	3. Highly impaired – absence of useful hearing		

B1000. Visi	B1000. Vision				
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)				
	0. Adequate – sees fine detail, such as regular print in newspapers/books				
	1. Impaired – sees large print, but not regular print in newspapers/books				
	 Moderately impaired – limited vision; not able to see newspaper headlines but can identify objects 				
	3. Highly impaired – object identification in question, but eyes appear to follow objects				
	4. Severely impaired – no vision or sees only light, colors or shapes; eyes do not appear to				
	follow objects				

D1200 110			
B1300. Health Literacy			
	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?		
Enter Code			
	0. Never		
	1. Rarely		
	2. Sometimes		
	3. Often		
	4. Always		
	8. Patient unable to respond		
Section C	Cognitive Patterns		
C0100. Sho	uld Brief Interview for Mental Status (C0200-C0500) be Conducted?		
Attempt to	conduct interview with all patients.		
Enter Code	0. No (patient is rarely/never understood) \rightarrow Skip to XXXX		
	1. Yes \rightarrow Continue to CO200, Repetition of Three Words		
Brief Interv	view for Mental Status (BIMS)		
C0200. Rep	etition of Three Words		
Enter Code	Ask patient: "I am going to say three words for you to remember. Please repeat the words after I		
	have said all three. The words are: sock, blue, and bed . Now tell me the three words."		
	Number of words repeated after first attempt		
	0. None		
	1. One		
	2. Two		
	3. Three		
	After the patient's first attempt, repeat the words using cues ("sock, something to wear; blue, a		
	<i>color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.		
C0300. Ten	nporal Orientation (orientation to year, month, and day)		
Enter Code	Ask patient: "Please tell me what year it is right now."		
	A. Able to report correct year		
	0. Missed by > 5 years or no answer		
	1. Missed by 2-5 years		
	2. Missed by 1 year		
	3. Correct		
Enter Code	Ask patient: "What month are we in right now?"		
	B. Able to report correct month		
	0. Missed by > 1 month or no answer		
	1. Missed by 6 days to 1 month		
	2. Accurate within 5 days		
Enter Code	Ask patient: "What day of the week is today?"		
	C. Able to report correct day of the week		
	0. Incorrect or no answer		
	1. Correct		

C0400. Recall			
Enter Code Ask patient: "Let's go back to an earlier question. What were those three words that			
	to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of		
	furniture) for that word.		
	A. Able to recall "sock"		
	0. No - could not recall		
	1. Yes, after cueing ("something to wear")		
	2. Yes, no cue required		
Enter Code	B. Able to recall "blue"		
	0. No - could not recall		
	1. Yes, after cueing ("a color")		
	2. Yes, no cue required		
Enter Code	C. Able to recall "bed"		
	0. No - could not recall		
	1. Yes, after cueing ("a piece of furniture")		
	2. Yes, no cue required		
C0500. BIMS Summary Score			
Enter Score	Add scores for questions C0200-C0400 and fill in total score (00-15)		
	Enter 99 if the patient was unable to complete the interview		

C1310. Signs and Symptoms of Delirium (from CAM©)			
Code after completing Brief Interview for Mental Status and reviewing medical record.			
A. Acute O	nset Mental S	Status C	hange
Enter Code	Inter Code Is there evidence of an acute change in mental status from the patient's baseline?		
	0. No		
	1. Yes		
		¥	Enter Code in Boxes
Coding:			B. Inattention - Did the patient have difficulty focusing attention, for
0.Behavi			example being easily distractible or having difficulty keeping track of
presen			what was being said?
1.Behavi	-		C. Disorganized thinking - Was the patient's thinking disorganized or
continu	-		incoherent (rambling or irrelevant conversation, unclear or illogical flow
presen			of ideas, or unpredictable switching from subject to subject)?
not fluctuate 2. Behavior present, fluctuates (comes		D. Altered level of consciousness - Did the patient have altered leve	D. Altered level of consciousness - Did the patient have altered level of
			consciousness as indicated by any of the following criteria?
			• vigilant - startled easily to any sound or touch
-	es, changes		 lethargic - repeatedly dozed off when being asked questions, but
in seve	erity)		responded to voice or touch
			 stuporous - very difficult to arouse and keep aroused for the interview
			comatose - could not be aroused
Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted			
from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.			

D0150. Patient Mood Interview (PHQ-2 to 9) Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?" If yes in column 1, then ask the patient: "About how often have you been bothered by this?" Read and show the patient a card with the symptom Frequency choices. Indicate response in column 2, Symptom Frequency. 1. Symptom Presence 2. Symptom Frequency 0. No (enter 0 in column 2) 1. 2-6 days (several days) 2. No response (leave column 2) 1. 2-4 days (nearly every day) A. Little interest or pleasure in doing things Image: several days) 3. 12-14 days (nearly every day) Image: several days) 3. 12-14 days (nearly every day) Image: several days) B. Feeling down, depressed, or hopeless Image: several days) If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview. C. Trouble falling or staying asleep, or sleeping too much Image: several days) D. Feeling dad about yourself – or that you are a failure or have let yourself or your family down Image: several days) G. Trouble concentrating on things, such as reading the newspaper or watching television Image: several days) H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restiess that you have been moving around a lot more than usual	Section D Mood					
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?" If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the patient: "About how often have you been bothered by this?" Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Prequency. 1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 0. Never of 1 day 1. Yes (enter 0-3 in column 2) 0. Never of 1 day 1. Supptom Presence 0. No (enter 0 in column 2) 2. Symptom Symptom 1.2-6 days (several days) 3. 12-14 days (half or more of the days) 1.2-14 days (nearly every day) A. Little interest or pleasure in doing things Image: several days B. Feeling down, depressed, or hopeless Image: several days If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview. C. Trouble falling or staying asleep, or sleeping too much Image: several days of the fourther day down down down date encoded. Or the opposite or overeating F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down Image: several days of the encoded. Or the opposite - being so fidget yor restless that you have been moving around a lot more than usual I. Thoughts that you would be b	D0150 Patient Mood Interview (PHO-2 to 9)					
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9. No response (leave column 2 blank) 2. 7-11 days (half or more of the days) Image: Link of the stars of the sta		•	-	Symptom	Symptom	
blank) days) JEnter Scores in Boxes J A. Little interest or pleasure in doing things Image: Core State Sta	•			Presence	Frequency	
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A. Little interest or pleasure in doing things	blank)			↓Enter Scor	res in Boxes↓	
B. Feeling down, depressed, or hopeless If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview. C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way D0160. Total Severity Score Enter Score Add scores for all frequency responses in column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required			3. 12-14 days (nearly every day)			
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PHQ interview. C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way DD160. Total Severity Score Enter Score Add scores for all frequency responses in column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required	B. Feeling down,	depressed, or hop	eless			
D. Feeling tired or having little energy Image: Construction of the state of		or D0150B2 is code	d 2 or 3, CONTINUE asking the question	ns below. If n	ot, END the	
E. Poor appetite or overeating Image: Construction of the second sec	C. Trouble falling o	or staying asleep, or	sleeping too much			
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down Image: Construction of the provide the provided the provide the provided the	D. Feeling tired or	having little energy				
your family down	E. Poor appetite or overeating					
watching television Image: Construction of the second						
opposite – being so fidgety or restless that you have been moving around a lot more than usual Image: Comparison of the second seco						
Iot more than usual Image: Constraint of the constraint	• •					
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between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required						

D0700. Soci	ial Isolation
How often o	do you feel lonely or isolated from those around you?
Enter Code	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	8. Patient unable to respond

Section GG

Functional Abilities and Goals

GG0170. Mobility (3-day assessment period)

1.	2.	
Admission	Discharge	
Performance	Goal	
🗼 Enter Code	es in Boxes 🜡	
		F. Toilet transfer: The ability to get on and off a toilet or commode. <i>If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170I, Walk 10 feet</i>

1. Admission Performance	2. Discharge Goal	
🗼 Enter Cod	es in Boxes ↓	
		 I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)

1.	2.	
Admission	Discharge	
Performance	Goal	
🗼 Enter Cod	es in Boxes ↓	
		G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

1. Admission Performance	2. Discharge Goal	
🗼 Enter Cod	es in Boxes ↓	
		L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

1.	2.	
Admission	Discharge	
Performance	Goal	
↓ Enter Codes in Boxes ↓		
		 M. 1 step (curb): The ability to go up and down a curb or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

1.	2.	
Admission	Discharge	
Performance	Goal	
🗼 Enter Cod	es in Boxes ↓	
		N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

1.	2.	
Admission	Discharge	
Performance	Goal	
🗼 Enter Code	es in Boxes ↓	
		O. 12 steps: The ability to go up and down 12 steps with or without a rail.

1. Admission Performance	2. Discharge Goal	
↓ Enter Cod	es in Boxes ↓	
		P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

Section J

Health Conditions

J0510. Pain	Effect on Sleep
Enter Code	 Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 0. Does not apply – I have not had any pain or hurting in the past 5 days → Skip to XXXX 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain	Interference with Therapy Activities
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply – I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0530. Pain	Interference with Day-to-Day Activities
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Section K	Swallowing/Nutritional Status					
K0520. Nutritional						
Check all of the foll	owing nutritional approaches that apply on admission.					
		1.				
		On Admission				
		Check all that apply				
		¥				
A. Parenteral/IV fe						
B. Feeding tube (e.						
C. Mechanically al (e.g., pureed for						
D. Therapeutic die						
Z. None of the abo						

Section N

Medications

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking	1.	2.
Check if the patient is taking any medications by	Is taking	Indication noted
pharmacological classification, not how it is used, in the		
following classes	Check all that apply	Check all that apply
2. Indication noted		Check an that apply
If column 1 is checked, check if there is an indication noted		•
for all medications in the drug class		
A. Antipsychotic		
E. Anticoagulant		
F. Antibiotic		
H. Opioid		
I. Antiplatelet		
J. Hypoglycemic (including insulin)		
Z. None of the above		

Section O	Special Treatments, Procedures, and Programs
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O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.		
	a. On Admission Check all that apply ↓	
Cancer Treatments	· · ·	
A1. Chemotherapy		
A2. IV		
A3. Oral		
A10. Other		
B1. Radiation		
Respiratory Therapies		
C1. Oxygen Therapy		
C2. Continuous		
C3. Intermittent		
C4. High-concentration		
D1. Suctioning		
D2. Scheduled		
D3. As Needed		
E1. Tracheostomy care		
G1. Non-Invasive Mechanical Ventilator		
G2. BIPAP		
G3. CPAP		
Other		
H1. IV Medications		
H2. Vasoactive medications		
H3. Antibiotics		
H4. Anticoagulation		
H10. Other		
I1. Transfusions		

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.		
	a.	
	On Admission	
	Check all that apply ↓	
J1. Dialysis		
J2. Hemodialysis		
J3. Peritoneal dialysis		
O1. IV Access		
O2. Peripheral		
O3. Midline		
O4. Central (e.g., PICC, tunneled, port)		
None of the Above		

Z1. None of the above

00150. Sp	ontaneous Breathing Trial (SBT) (including Tracheostomy Collar Trial (TCT) or Continuous		
Positive A	Positive Airway Pressure (CPAP) Breathing Trial) by Day 2 of the LTCH Stay (Note: Day 2 = Date of		
Admission	to the LTCH (Day 1) + 1 calendar day)		
Enter Code	A. Invasive Mechanical Ventilation Support upon Admission to the LTCH		
	0. No, not on invasive mechanical ventilation support upon admission \rightarrow Skip to Z0400,		
	Signature of Persons Completing the Assessment		
	1. Yes, on invasive mechanical ventilation support upon admission $ ightarrow$ Continue to		
	O0150A2, Ventilator Weaning Status		
Enter Code	A2. Ventilator Weaning Status		
	0. No, determined to be non-weaning upon admission $ ightarrow$ Skip to Z0400, Signature of		
	Persons Completing the Assessment		
	1. Yes, determined to be weaning upon admission $ ightarrow$ Continue to O0150B, Assessed for		
	readiness for SBT by day 2 of LTCH stay		
Enter Code	B. Assessed for readiness for SBT by day 2 of the LTCH stay		
	0. No $ ightarrow$ Skip to Z0400, Signature of Persons Completing the Assessment		
	1. Yes $ ightarrow$ Continue to O0150C, Deemed medically ready for SBT by day 2 of the LTCH stay		
Enter Code	C. Deemed medically ready for SBT by day 2 of the LTCH stay		
	0. No $ ightarrow$ Continue to O0150D, Is there documentation of reason(s) in the patient's medical		
	record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?		
	1. Yes $ ightarrow$ Continue to O0150E, If the patient was deemed medically ready for SBT, was SBT		
	performed by day 2 of the LTCH stay?		
Enter Code	D. Is there documentation of reason(s) in the patient's medical record that the patient was		
	deemed medically unready for SBT by day 2 of the LTCH stay?		
	0. No $ ightarrow$ Skip to Z0400, Signature of Persons Completing the Assessment		
	1. Yes $ ightarrow$ Skip to Z0400, Signature of Persons Completing the Assessment		

Enter Code	E. If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH
	stay?
	0. No
	1. Yes

PLANNED DISCHARGE

Section A Administrative Information

A1250. Transportation

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

↓	Check all that apply
	A. Yes, it has kept me from medical appointments or from getting my medications
	B. Yes , it has kept me from non-medical meetings, appointments, work, or from getting things that I need
	C. No
	X. Patient unable respond

A2105. Discharge Location

Enter Code	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home,		
	transitional living, other residential care arrangements)		
	02. Nursing Home (long-term care facility)		
	03. Skilled Nursing Facility (SNF, swing bed)		
	04. Short-Term General Hospital (acute hospital, IPPS)		
	05. Long-Term Care Hospital (LTCH)		
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)		
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)		
	08. Intermediate Care Facility (ID/DD facility)		
	09. Hospice (home/non-institutional)		
	10. Hospice (institutional facility)		
	11. Critical Access Hospital (CAH)		
	12. Home under care of organized home health service organization		
	99. Not Listed		
	·		

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		
At the time of discharge to another provider, did your facility provide the patient's current reconciled		
medication list to the subsequent provider?		
Enter Code	0. No – Current reconciled medication list not provided to the subsequent provider 1. Yes – Current reconciled medication list provided to the subsequent provider	

 A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

 Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

 Route of Transmission

_		
Α.	Electronic Health Record	
В.	Health Information Exchange Organization	
C.	Verbal (e.g., in-person, telephone, video conferencing)	
D.	Paper-based (e.g., fax, copies, printouts)	
Ε.	Other Methods (e.g., texting, email, CDs)	

LTCH QRP New and Modified Item Mockups as delineated in the FY 2020 IPPS/LTCH PPS Final Rule, Effective Date: October 1, 2020

A2123. Provision of Current Reconciled Medication List to Patient at Discharge		
At the time of	discharge, did your facility provide the patient's current reconciled medication list to the	
patient, family	and/or caregiver?	
Enter Code	 No – Current reconciled medication list not provided to the patient, family and/or caregiver 	
	1. Yes – Current reconciled medication list provided to the patient, family and/or caregiver	
A2124. Route of Current Reconciled Medication List Transmission to Patient		
Indicate the route(s) of transmission of the current reconciled medication list to the		
patient/family/caregiver.		

Ro	ute of Transmission	Check all that apply ↓
Α.	Electronic Health Record (e.g., electronic access to patient portal)	
В.	Health Information Exchange Organization	
C.	Verbal (e.g., in-person, telephone, video conferencing)	
D.	Paper-based (e.g., fax, copies, printouts)	
Ε.	Other Methods (e.g., texting, email, CDs)	

Section B	Hearing, Speech,	and Vision
	The speces	

B1300. Hea	Ith Literacy
How often o	to you need to have someone help you when you read instructions, pamphlets, or other written
material fro	m your doctor or pharmacy?
Enter Code	0. Never
	1. Rarely
	2. Sometimes
	3. Often
	4. Always
	8. Patient unable to respond
	3. Often 4. Always

Section C	Cognitive Patterns		
C0100 Sha	CO100 Chauld Brief Interview for Mantal Status (CO200 CO500) he Conducted		
	uld Brief Interview for Mental Status (C0200-C0500) be Conducted? conduct interview with all patients.		
Enter Code			
	0. No (patient is rarely/never understood) \rightarrow Skip to XXXX		
	1. Yes \rightarrow Continue to C0200, Repetition of Three Words		
Brief Interv	view for Mental Status (BIMS)		
C0200. Rep	petition of Three Words		
Enter Code	Ask patient: "I am going to say three words for you to remember. Please repeat the words after I		
	have said all three. The words are: sock, blue, and bed . Now tell me the three words."		
	Number of words repeated after first attempt		
	0. None		
	1. One		
	2. Two		
	3. Three		
	After the patient's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.		
C0200 Ton			
Enter Code	nporal Orientation (orientation to year, month, and day) Ask patient: <i>"Please tell me what year it is right now."</i>		
	Ask patient. Please ten me what year it is right now. A. Able to report correct year		
	0. Missed by > 5 years or no answer		
	1. Missed by 2-5 years		
	2. Missed by 2 by cars		
	3. Correct		
Enter Code	Ask patient: "What month are we in right now?"		
	B. Able to report correct month		
	0. Missed by > 1 month or no answer		
	1. Missed by 6 days to 1 month		
	2. Accurate within 5 days		
Enter Code	Ask patient: "What day of the week is today?"		
	C. Able to report correct day of the week		
	0. Incorrect or no answer		
	1. Correct		
C0400. Rec			
Enter Code	Ask patient: "Let's go back to an earlier question. What were those three words that I asked you		
	to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of		
	furniture) for that word.		
	A. Able to recall "sock" 0. No- could not recall		
	1. Yes, after cueing ("something to wear")		
	2. Yes, no cue required		
Enter Code	B. Able to recall "blue"		
	0. No- could not recall		
	1. Yes, after cueing ("a color")		
	2. Yes, no cue required		

Enter Code	C. Able to recall "bed"		
	0. No - could not recall		
	1. Yes, after cueing ("a piece of furniture")		
	2. Yes, no	-	uired
C0500. BIN	1S Summary S	Score	
Enter Score	Add scores f	for ques	tions C0200-C0400 and fill in total score (00-15)
	Enter 99 if t	he patie	ent was unable to complete the interview
	I		
C1310. Sigr	ns and Sympt	oms of	Delirium (from CAM©)
Code after	completing B	rief Inte	erview for Mental Status and reviewing medical record.
A. Acute O	nset Mental S	Status C	hange
Enter Code	s there evide	nce of a	n acute change in mental status from the patient's baseline?
	0. No		
	1. Yes		
		↓E	Enter Code in Boxes
Coding:			B. Inattention - Did the patient have difficulty focusing attention, for
0.Behavi	or not		example being easily distractible or having difficulty keeping track of what
presen	t		was being said?
1. Behavi	or		C. Disorganized thinking - Was the patient's thinking disorganized or
continu	uously		incoherent (rambling or irrelevant conversation, unclear or illogical flow of
-	t, does		ideas, or unpredictable switching from subject to subject)?
not flue	ctuate		D. Altered level of consciousness - Did the patient have altered level of
	or present,		consciousness as indicated by any of the following criteria?
	t es (comes		• vigilant - startled easily to any sound or touch
-	es, changes		Iethargic - repeatedly dozed off when being asked questions, but
in seve	rity)		responded to voice or touch
			 stuporous - very difficult to arouse and keep aroused for the interview
			- comatose - could not be aroused
Confusion	Assessment l	Methoa	l. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted
from: Inou	ye SK et al. A	nn Inte	rn Med. 1990; 113:941-8. Used with permission.

Section D Mood			
DO450 Dations Manual Internious (DI	0.2++-0		
D0150. Patient Mood Interview (PF		llouing grabl	
If symptom is present, enter 1 (yes)	ks, have you been bothered by any of the fo	liowing proble	ems?"
	ent: "About how often have you been bothere	ed by this?"	
	ith the symptom frequency choices. Indicate	•	lumn 2
Symptom Frequency.	in the symptom nequency choices. Indicate		, , , , , , , , , , , , , , , , , , ,
1. Symptom Presence	2. Symptom Frequency	1.	2.
0. No (enter 0 in column 2)	0. Never or 1 day	Symptom	Symptom
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	Presence	Frequency
9. No response (leave column 2	2. 7-11 days (half or more of the		. ,
blank)	days)	↓Enter Sco	res in Boxes↓
	3. 12-14 days (nearly every day)		5 7
A. Little interest or pleasure in doi	ng things		
B. Feeling down, depressed, or ho	peless		
If either D0150A2 or D0150B2 is control PHQ interview.	oded 2 or 3, CONTINUE asking the question	ns below. If n	ot, END the
C. Trouble falling or staying asleep	, or sleeping too much		
D. Feeling tired or having little energy			
E. Poor appetite or overeating			
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down			
G. Trouble concentrating on things, such as reading the newspaper or watching television			
H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a			
lot more than usual			
	ter off dead, or of hurting yourself in some		
D0160. Total Severity Score Enter Score Add scores for all freque			
between 02 and 27.	ncy responses in column 2, Symptom Freque	ency. Total sco	re must be
Enter 99 if unable to com items)	Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)		

D0700. Soci	D0700. Social Isolation		
How often o	do you feel lonely or isolated from those around you?		
Enter Code	0. Never		
	1. Rarely		
	2. Sometimes		
	3. Often		
	4. Always		
	8. Patient unable to respond		

Section GG

Functional Abilities and Goals

GG0170. Mobility (3-day assessment period)

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	F. Toilet transfer: The ability to get on and off a toilet or commode. If discharge performance is coded 07, 09, 10, or $88 \rightarrow Skip$ to GG0170I, Walk 10 feet

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.

3. Discharge

Performance	
↓ ↓	Enter Codes in Boxes
	M. 1 step (curb): The ability to go up and down a curb or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	N. 4 steps: The ability to go up and down four steps with or without a rail. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object

3.	
Discharge	
Performance	
Ļ	Enter Codes in Boxes
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.

3.	
Discharge	
Performance	
¥	Enter Codes in Boxes
	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.

Section J

Health Conditions

J0510. Pain	Effect on Sleep
Enter Code	 Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 0. Does not apply - I have not had any pain or hurting in the past 5 days → Skip to XXXX 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0520. Pain	Interference with Therapy Activities
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply – I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer
J0530. Pain	Interference with Day-to-Day Activities
Enter Code	Ask patient: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

Section K Swallowing/Nutritional Status

K0520. Nutritional Approaches			
 4. Last 7 Days Check all of the nutritional approaches that were received in the last 7 days 5. At Discharge Check all of the nutritional approaches that were being received at discharge 	4. Last 7 Days Check all that apply ↓	5. At Discharge Check all that apply ↓	
A. Parenteral/IV feeding			
B. Feeding tube (e.g., nasogastric or abdominal (PEG))			
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)			
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)			
Z. None of the above			

Section N

Medications

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking	1.	2.
Check if the patient is taking any medications by	Is taking	Indication noted
pharmacological classification, not how it is used, in the		
following classes	Check all that apply	Check all that apply
2. Indication noted	L	
If column 1 is checked, check if there is an indication	v	•
noted for all medications in the drug class		
A. Antipsychotic		
E. Anticoagulant		
F. Antibiotic		
H. Opioid		
I. Antiplatelet		
J. Hypoglycemic (including insulin)		
Z. None of the above		

Section O	Special Treatments, Procedures, and Programs
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O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.		
	c. At Discharge Check all that apply ↓	
Cancer Treatments	•	
A1. Chemotherapy		
A2. IV		
A3. Oral		
A10. Other		
B1. Radiation		
Respiratory Therapies		
C1. Oxygen Therapy		
C2. Continuous		
C3. Intermittent		
C4. High-concentration		
D1. Suctioning		
D2. Scheduled		
D3. As Needed		
E1. Tracheostomy care		
F1. Invasive Mechanical Ventilator (ventilator or respirator)		
G1. Non-Invasive Mechanical Ventilator		
G2. BIPAP		
G3. CPAP		
Other		
H1. IV Medications		
H2. Vasoactive medications		
H3. Antibiotics		
H4. Anticoagulation		
H10. Other		

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.		
	c. At Discharge	
	Check all that apply ↓	
I1. Transfusions		
J1. Dialysis		
J2. Hemodialysis		
J3. Peritoneal dialysis		
O1. IV Access		
O2. Peripheral		
O3. Midline		
O4. Central (e.g., PICC, tunneled, port)		
None of the Above		
Z1. None of the above		

O0200. Ventilator Liberation Rate (Note: 2 calendar days prior to discharge = 2 calendar days + day of			
discharge)			
Enter Code	A. Invasive Mechanical Ventilator: Liberation Status at Discharge		
	0. Not fully liberated at discharge (i.e., patient required partial or full invasive		
	mechanical ventilation support within 2 calendar days prior to discharge)		
	1. Fully liberated at discharge (i.e., patient did not require any invasive mechanical		
	ventilation support for at least 2 consecutive calendar days immediately prior to		
	discharge)		
	9. Not applicable (code only if the patient was not on invasive mechanical ventilator		
	support upon <u>admission</u> [O0150A = 0] or the patient was determined to be non-		
	weaning upon <u>admission</u> [O0150A2 = 0])		

UNPLANNED DISCHARGE

Section A Administrative Information

A1990. Patient Discharged Against Medical Advice?

Enter Code 0. No 1. Yes

A2105. Disc	harge Location		
Enter Code	01. Home/Community (e.g., private home/apt., board/care, assisted living, group home,		
	transitional living, other residential care arrangements)		
	02. Nursing Home (long-term care facility)		
	03. Skilled Nursing Facility (SNF, swing bed)		
	04. Short-Term General Hospital (acute hospital, IPPS)		
	05. Long-Term Care Hospital (LTCH)		
	06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)		
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)		
	08. Intermediate Care Facility (ID/DD facility)		
	09. Hospice (home/non-institutional)		
	10. Hospice (institutional facility)		
	11. Critical Access Hospital (CAH)		
	12. Home under care of organized home health service organization		
	99. Not Listed		

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?

Enter Code

0. **No** – Current reconciled medication list not provided to the subsequent provider 1. **Yes** – Current reconciled medication list provided to the subsequent provider

A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider

Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.

Route of Transmission	Check all that apply ↓
A. Electronic Health Record	
B. Health Information Exchange Organization	
C. Verbal (e.g., in-person, telephone, video conferencing)	
D. Paper-based (e.g., fax, copies, printouts)	
E. Other Methods (e.g., texting, email, CDs)	

A2123. Provision of Current Reconciled Medication List to Patient at Discharge

At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?

0. No – Current reconciled medication list not provided to the patient, family and/or caregiver

1. Yes – Current reconciled medication list provided to the patient, family and/or caregiver

A2124. Route of Current Reconciled Medication List Transmission to Patient Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.

Route of Transmission		Check all that apply ↓
Α.	Electronic Health Record (e.g., electronic access to patient portal)	
В.	Health Information Exchange Organization	
С.	Verbal (e.g., in-person, telephone, video conferencing)	
D.	Paper-based (e.g., fax, copies, printouts)	
Ε.	Other Methods (e.g., texting, email, CDs)	

Section C Cognitive Patterns

C1310. Signs and Symptoms of Delirium (from CAM©)			
Code after reviewing medical record.			ecord.
A. Acute	Onset Mental S	Status C	Change
Enter Code Is there evidence of an acute change in mental status from the patient's baseline?		in acute change in mental status from the patient's baseline?	
	0. No		
	1. Yes		
		↓ I	Enter Code in Boxes
Coding:			B. Inattention - Did the patient have difficulty focusing attention, for
0.Behavior not			example being easily distractible or having difficulty keeping track of what
present			was being said?
1. Behavior			C. Disorganized thinking - Was the patient's thinking disorganized or
continuously			incoherent (rambling or irrelevant conversation, unclear or illogical flow
present, does			of ideas, or unpredictable switching from subject to subject)?
not fluctuate			D. Altered level of consciousness - Did the patient have altered level of
	vior present,		consciousness as indicated by any of the following criteria?
fluctuates (comes			• vigilant - startled easily to any sound or touch
and goes, changes			Iethargic - repeatedly dozed off when being asked questions, but
in severity)			responded to voice or touch
			stuporous - very difficult to arouse and keep aroused for the interview
			comatose - could not be aroused
Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted			
from: Inc	ouye SK et al. A	nn Inte	rn Med. 1990; 113:941-8. Used with permission.

Section K

Swallowing/Nutritional Status

K0520. Nutritional Approaches		
4. Last 7 Days Check all of the nutritional approaches that were received in	4. Last 7 Days	5. At Discharge
the last 7 days 5. At Discharge Check all of the nutritional approaches that were being received at discharge	Check all that apply ↓	Check all that apply ↓
A. Parenteral/IV feeding		
B. Feeding tube (e.g., nasogastric or abdominal (PEG))		
C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)		
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)		
Z. None of the above		

Section N

Medications

N0415. High-Risk Drug Classes: Use and Indication		
1. Is taking	1.	2.
Check if the patient is taking any medications by	Is taking	Indication noted
pharmacological classification, not how it is used, in the	Check all that apply ⊥	Check all that apply ↓
following classes		
2. Indication noted		
If column 1 is checked, check if there is an indication noted	v	•
for all medications in the drug class		
A. Antipsychotic		
E. Anticoagulant		
F. Antibiotic		
H. Opioid		
I. Antiplatelet		
J. Hypoglycemic (including insulin)		
Z. None of the above		

Section O Special Treatments, Procedures, and Programs

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.		
	c. At Discharge Check all that apply ↓	
Cancer Treatments	· · · · · ·	
A1. Chemotherapy		
A2. IV		
A3. Oral		
A10. Other		
B1. Radiation		
Respiratory Therapies		
C1. Oxygen Therapy		
C2. Continuous		
C3. Intermittent		
C4. High-concentration		
D1. Suctioning		
D2. Scheduled		
D3. As Needed		
E1. Tracheostomy care		
F1. Invasive Mechanical Ventilator (ventilator or respirator)		
G1. Non-Invasive Mechanical Ventilator		
G2. BIPAP		
G3. CPAP		
Other		
H1. IV Medications		
H2. Vasoactive medications		
H3. Antibiotics		
H4. Anticoagulation		
H10. Other		

O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.		
	c. At Discharge Check all that apply ↓	
I1. Transfusions		
J1. Dialysis		
J2. Hemodialysis		
J3. Peritoneal dialysis		
O1. IV Access		
O2. Peripheral		
O3. Midline		
O4. Central (e.g., PICC, tunneled, port)		
None of the Above		
Z1. None of the above		

O0200. Ventilator Liberation Rate (Note: 2 calendar days prior to discharge = 2 calendar days + day of discharge)	
Enter Code	A. Invasive Mechanical Ventilator: Liberation Status at Discharge
	0. Not fully liberated at discharge (i.e., patient required partial or full invasive mechanical
	ventilation support within 2 calendar days prior to discharge)
	1. Fully liberated at discharge (i.e., patient did not require any invasive mechanical ventilation
	support for at least 2 consecutive calendar days immediately prior to discharge)
	9. Not applicable (code only if the patient was not on invasive mechanical ventilator support
	upon <u>admission</u> [O0150A = 0] or the patient was determined to be non-weaning upon
	<u>admission</u> [O0150A2 = 0])