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About this Guide

SHP is pleased to provide skilled nursing facilities with the IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide—a complete side-by-side comparison of versions 1.17.2 and 1.18.11 of the MDS 3.0 Nursing Home Comprehensive (NC). Items that have been added or removed between the two versions are indicated with color coding.

Item #	Name	Change	Notes
A0300	Optional State Assessment	Item Removed	
<u>A1000</u>	Race/Ethnicity	Item Removed	
A1005	Ethnicity	Item Added	
A1010	Race	Item Added	
A1100	Language	Item Removed	
<u>A1110</u>	Language	Item Added	
A1250	Transportation (from NACHC©)	Item Added	
<u>A1800</u>	Entered From	Item Removed	
A1805	Entered From	Item Added	
<u>A2100</u>	Discharge Status	Item Removed	
<u>A2105</u>	Discharge Status	Item Added	
<u>A2121</u>	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	Item Added	
<u>A2122</u>	Route of Current Reconciled Medication List Transmission to subsequent Provider	Item Added	
<u>A2123</u>	Provision of Current Reconciled Medication List to Resident at Discharge	Item Added	
<u>A2124</u>	Route of Current Reconciled Medication List Transmission to Resident	Item Added	
<u>B0100</u>	Comatose	Item Changed	
B1300	Health Literacy	Item Added	
<u>C0900</u>	Memory/Recall Ability	Item Changed	Item D changed
<u>C1310</u>	Signs and Symptoms of Delirium (from CAM©)	Item Changed	Footer
<u>D0100</u>	Should Resident Mood Interview be Conducted?	Item Changed	Item 1 changed
D0150	Resident Mood Interview (PHQ-2 to 9°)	Item Changed	Note beneath section B
D0160	Total Severity Score	Item Added	
D0200	Resident Mood Interview (PHQ-9©)	Item Removed	
D0300	Total Severity Score	Item Removed	
<u>D0500</u>	Staff Assessment of Resident Mood (PHQ-9-OV©)	Item Changed	Description, item F and item H
D0700	Social Isolation	Item Added	
<u>F0700</u>	Should the Staff Assessment of Daily and Activity Preferences be Conducted?	Item Changed	Item 0
<u>G0110</u>	Activities of Daily Living (ADL) Assistance	Item Removed	
<u>G0120</u>	Bathing	Item Removed	
<u>GG0100</u>	Prior Functioning: Everyday Activities	Item Changed	
<u>GG0115</u>	Functional Limitation in Range of Motion	Item Added	
<u>GG0120</u>	Mobility Devices	Item Added	
<u>GG0130</u>	Self Care - Admission	Item Changed	Description and item I
GG0170	Mobility - Admission	Item Changed	Description and item FF

Using this Guide

This guide is an excellent reference for anyone who works with the MDS and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to this new MDS and beyond.

Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.

Item #	Name	Change	Notes
<u>GG0130</u>	Self-Care - Discharge	Item Changed	Description and item I
<u>GG0170</u>	Mobility - Discharge	Item Changed	Description and item FF
<u>GG0130</u>	Self-Care - OBRA/Interim	Item Added	
<u>GG0170</u>	Mobility - OBRA/Interim	Item Added	
<u>J0300</u>	Pain Presence	Item Changed	Item 1
<u>J0400</u>	Pain Frequency	Item Removed	
<u>J0410</u>	Pain Frequency	Item Added	
<u>J0500</u>	Pain Effect on Function	Item Removed	
<u>J0510</u>	Pain Effect on Sleep	Item Added	
<u>J0520</u>	Pain Interference with Therapy Activities	Item Added	
<u>J0530</u>	Pain Interference with Day-to-Day Activities	Item Added	
<u>J0700</u>	Should the Staff Assessment for Pain be Conducted?	Item Changed	Item 0
<u>J1300</u>	Current Tobacco Use	Item Changed	Removed Label
<u>J2800</u>	Involving genital systems	Item Changed	
<u>K0510</u>	Nutritional Approaches	Item Removed	
<u>K0520</u>	Nutritional Approaches	Item Added	
<u>K0710</u>	Percent Intake by Artificial Route	Item Changed	Description
<u>N0300</u>	Injections	Item Changed	Skip text
<u>N0410</u>	Medications Received	Item Removed	
<u>N0415</u>	High-Risk Drug Classes: Use and Indication	Item Added	
00100	Special Treatments, Procedures, and Programs	Item Removed	
00110	Special Treatments, Procedures, and Programs	Item Added	
00400	Therapies	Item Changed	Description added
00420	Distinct Calendar Days of Therapy	Item Changed	Description added
00600	Physician Examinations	Item Removed	
00700	Physician Orders	Item Removed	
<u>Q0100</u>	Participation in Assessment	Item Removed	
<u>Q0110</u>	Participation in Assessment and Goal Setting	Item Added	
<u>Q0300</u>	Resident's Overall Expectation	Item Removed	
<u>Q0310</u>	Resident's Overall Goal	Item Added	
<u>Q0400</u>	Discharge Plan	Item Changed	Item 1
<u>Q0500</u>	Return to Community	Item Changed	Item C added
<u>Q0550</u>	Resident's Preference to Avoid Being Asked Question Q0500B	Item Changed	Item A changed, item B removed, item C added
Q0600	Referral	Item Removed	
Q0610	Referral	Item Added	
Q0620	Reason Referral to Local Contact Agency (LCA) Not Made	Item Added	
<u>V0100</u>	Items From the Most Recent Prior OBRA or Scheduled PPS Assessment	Item Changed	Item E
X0570	Optional State Assessment	Item Removed	



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Resident	ldentifier	Date	Resident	h
	MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set			MINIMUM DATA SET RESIDENT ASSESSMENT Nursing Home Compre
Section A	Identification Information		Section A	Identification Information
A0050. Type of Record			A0050. Type of Record	I
2. Modify ex	record → Continue to A0100, Facility Provider Numbers isting record → Continue to A0100, Facility Provider Numbers e existing record → Skip to X0150, Type of Provider		2. Modify	ew record \rightarrow Continue to A0100, Facility Provide y existing record \rightarrow Continue to A0100, Facility vate existing record \rightarrow Skip to X0150, Type of F
A0100. Facility Provider I	Numbers		A0100. Facility Provid	er Numbers
	ider Identifier (NPI):			rovider Identifier (NPI):
C. State Provider	Number:		C. State Provi	der Number:
A0200. Type of Provider			A0200. Type of Provid	er
Enter Code . Nursing ho 2. Swing Bed	me (SNF/NF)		Enter Code 2. Swing E	home (SNF/NF)
A0300. Optional State Ass Complete only if A0200 = 1	sessment			
. ,	nent for state payment purposes only?			
A0310. Type of Assessme	nt		A0310. Type of Assess	ment
01. Admission 02. Quarterly 03. Annual as 04. Significan 05. Significan	t change in status assessment t correction to prior comprehensive assessment t correction to prior quarterly assessment he above		01. Admis 02. Quarte 03. Annua 04. Signifi 05. Signifi 06. Signifi	RA Reason for Assessment sion assessment (required by day 14) erly review assessment I assessment cant change in status assessment cant correction to prior comprehensive assessm cant correction to prior quarterly assessment of the above ment
Enter Code 01. 5-day sche PPS Unschedu	<u>d Assessment for a Medicare Part A Stay</u> eduled assessment iled Assessment for a Medicare Part A Stay im Payment Assessment <u>sment</u>		Enter Code 01. 5-day : PPS Unsch 08. IPA - Ir Not PPS As	uled Assessment for a Medicare Part A Stay scheduled assessment eduled Assessment for a Medicare Part A Stay aterim Payment Assessment
Enter Code Code E. Is this assessm 0. No 1. Yes	ent the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent adm	ission/entry or reentry?	Enter Code E. Is this asses 0. No 1. Yes	ssment the first assessment (OBRA, Scheduled P
11. Discharge	king record assessment- return not anticipated assessment- return anticipated acility tracking record		01. Entry t 10. Discha 11. Discha 12. Death	arage reporting cracking record orge assessment-return not anticipated orge assessment-return anticipated in facility tracking record of the above
A0310 continued on n	ext page		A0310 continued or	n next page

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 1 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

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STRATEGIC HEALTHCARE PROGRA

Identifier

Date

(MDS) - Version 3.0 AND CARE SCREENING Thensive (NC) Item Set

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der Numbers ty Provider Numbers Provider

ment PPS, or Discharge) **since the most recent admission/entry or reentry?**

Page 1 of 58

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◄ v1.17.11 • OLI	
Resident Identifier Date	Resident Identifier Date
Section A Identification Information	Section A Identification Information
A0310. Type of Assessment - Continued	A0310. Type of Assessment - Continued
Enter Code G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned	Enter Code G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
Enter Code G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes	Enter Code G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes
Enter Code H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes	Enter Code H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes
A0410. Unit Certification or Licensure Designation	A0410. Unit Certification or Licensure Designation
Enter Code 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3. Unit is Medicare and/or Medicaid certified	Enter Code 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3. Unit is Medicare and/or Medicaid certified
A0500. Legal Name of Resident	A0500. Legal Name of Resident
A. First name: B. Middle initial: C. Last name: D. Suffix:	A. First name: B. Middle initial: C. Last name: D. Suffix:
A0600. Social Security and Medicare Numbers	A0600. Social Security and Medicare Numbers
A. Social Security Number: B. Medicare number:	A. Social Security Number:
A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient
A0800. Gender	A0800. Gender
Enter Code 1. Male 2. Female	Enter Code 2. Female
A0900. Birth Date	A0900. Birth Date
Month – Day – Year	Month Day Year

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 2 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 2 of 58

Page 2 of 51

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident			Identifier	Date					
Sectio	on A	Identification Inform	nation						
A1000. I	A1000. Race/Ethnicity								
🔶 Che	eck all that apply								
	A. American Indian or Alaska Native								
	B. Asian								
	C. Black or Africar	n American							
	D. Hispanic or Latino								
	E. Native Hawaiia	E. Native Hawaiian or Other Pacific Islander							
	F. White								

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Sectio	n A	Identification Information	on
A1005. E		1	
	f Hispanic, Latino/a,	or Spanish origin?	
↓ Che	ck all that apply	is Lating /s. on Cossish anisis	
	· · ·	iic, Latino/a, or Spanish origin	
		xican American, Chicano/a	
	C. Yes, Puerto Rican		
	D. Yes, Cuban		
	E. Yes, another Hisp	anic, Latino/a, or Spanish origin	
	X. Resident unable t	to respond	
	Y. Resident declines	s to respond	
\1010. 			
	ck all that apply		
	A. White		
	B. Black or African A	merican	
	C. American Indian c	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 Cha	amorro	
	M. Samoan		
	N. Other Pacific Islan	nder	
	X. Resident unable to	o respond	
	Y. Resident declines		
	1. Resident declines		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

G Back to Change Summary

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Identifier	Date
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Resident		lo	Identifier Date							Resident									
Sectio	n A			Ide	entif	icati	on l	nfoi	rmat	ion	l							Sectio	n A
A1100. I	Lang	uage																A1110. L	anguag
Enter Code		Does the 0. No – 1. Yes – 9. Unab Preferre	→ Skip → Spe	to A12 cify in etermi	200, Ma A1100E	irital Sta 3, Prefe	atus rred la	inguag	je		icate	with]	loctor or health care staff?				Enter Code	A. Wha B. Do y 0. N 1. Y 9. U

Resident	Identifier	Date Reside	lent	Identifier Date
Section	A Identification Information	Se	ection A	Identification Information
A1100. La	nguage	A11	110. Langı	uage
	 A. Does the resident need or want an interpreter to communicate with a doctor or health care staff? 0. No → Skip to A1200, Marital Status 1. Yes → Specify in A1100B, Preferred language 9. Unable to determine → Skip to A1200, Marital Status 8. Preferred language: 	Ente	er Code B. D 0 1	What is your preferred language? Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine
		MDS Reside		ng Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023 Page 3 of 58 Identifier Date
		Se	ection A	Identification Information
A1200. Ma	nrital Status	A12	200. Marit	tal Status
Enter Code	 Never married Married Widowed Separated Divorced 	A12	250. Trans	1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced sportation (from NACHC©)
				nsportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? y if A0310B = 01 or A0310G = 1 and A0310H = 1
			Check all	ll that apply
			A. Y	/es, it has kept me from medical appointments or from getting my medications
				/es, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
			C. N	
				Resident unable to respond
				Resident declines to respond
		resou	ources are propi	Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its rietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this rt or whole without written consent from NACHC.
A1300. Op	tional Resident Items	A13	300. Optio	onal Resident Items
P	A. Medical record number:		A. N	Medical record number:
B	B. Room number:		B. F	Room number:
	. Name by which resident prefers to be addressed:			Name by which resident prefers to be addressed:
	Lifetime occupation(s) - put "/" between two occupations:		D. L	Lifetime occupation(s) - put "/" between two occupations:
		\Box $ $	[
	eadmission Screening and Resident Review (PASRR)			dmission Screening and Resident Review (PASRR)
· · · ·	only if A0310A = 01, 03, 04, or 05 s the resident currently considered by the state level II PASRR process to have serious mental illness a			y if A0310A = 01, 03, 04, or 05 ne resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability
	 or a related condition? No → Skip to A1550, Conditions Related to ID/DD Status Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Condition 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status 		or a	 related condition? No → Skip to A1550, Conditions Related to ID/DD Status Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status
	vel II Preadmission Screening and Resident Review (PASRR) Conditions			III Preadmission Screening and Resident Review (PASRR) Conditions
	only if A0310A = 01, 03, 04, or 05 ck all that apply			y if A0310A = 01, 03, 04, or 05 all that apply
P	A. Serious mental illness			Serious mental illness
E	3. Intellectual Disability		B. I	Intellectual Disability
	. Other related conditions		C. C	Other related conditions
MDS 3.0 Nur	rsing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020	Page 3 of 51 MDS	S 3.0 Nursin	ng Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023 Page 4 of 58
		🕒 Back to Change Su	ummary	

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STRATEGIC HEALTHCARE PROGRAM

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Resident			Identifier	Date		Resident	A	
Sectio	on A	Identification Informat	ion			Sectio		Identification Information
If the res	ident is 21 years of a	ge or older, complete only if A0310 ge or younger, complete only if A03	10A = 01, 03, 04, or 05			If the resi If the resi	dent is 21 years of a	age or older, complete only if A0310A = 0 age or younger, complete only if A0310A
ţc		hat are related to ID/DD status that we	re manifested before age 22, and ar	e likely to continue indefinitely	/	t ci	ID/DD With Organi	hat are related to ID/DD status that were m
	ID/DD With Organi						A. Down syndrom	
	A. Down syndrom	e					B. Autism	
	B. Autism							
	C. Epilepsy						C. Epilepsy	
		ondition related to ID/DD						ondition related to ID/DD
	ID/DD Without Org						ID/DD Without Org	
	E. ID/DD with no c	rganic condition					No ID/DD	
	No ID/DD						Z. None of the abo	
	Z. None of the abo	ove						
Most Re	cent Admission/En	try or Reentry into this Facility				Most Ree	cent Admission/En	try or Reentry into this Facility
A1600.	Entry Date					A1600. I	Entry Date	
	Month	Day Year					Month –	Day Year
A1700.	Type of Entry					A1700.	Type of Entry	
Enter Code	1. Admission 2. Reentry					Enter Code	1. Admission 2. Reentry	
A1800.	Entered From					A1805. I	Entered From	
Enter Code	02. Another no 03. Acute hosp 04. Psychiatric 05. Inpatient r 06. ID/DD facil 07. Hospice	hospital Phabilitation facility	d living, group home)			Enter Code	arrangements) 02. Nursing Home 03. Skilled Nursing 04. Short-Term Ge 05. Long-Term Car 06. Inpatient Reha 07. Inpatient Psycl	bilitation Facility (IRF, free standing facility (niatric Facility (psychiatric hospital or unit) are Facility (ID/DD facility)
							10. Hospice (institution 11. Critical Access	itional facility)
A1900.	Admission Date (D	ate this episode of care in this fac	lity began)			A1900.	Admission Date (D	ate this episode of care in this facility
	Month	Day Year					Month –	Day Year
	Discharge Date						Discharge Date	
Complet	e only if A0310F = 1	0, 11, or 12				Complete	e only if A0310F = 1	0, 11, or 12
	— Month	Day Year					– Month	Day Year
MDS 3.0 I	Nursing Home Comp	prehensive (NC) Version 1.17.2 Effect	ive 10/01/2020		Page 4 of 51	MDS 3.0 N	lursing Home Com	orehensive (NC) Version 1.18.11 Effective

• Back to Change Summary



STRATEGIC HEALTHCARE PROGRAMS

Identifier	Date
tion	
0A = 01 310A = 01, 03, 04, or 05	
ere manifested before age 22, and are likely	to continue indefinitely
e, assisted living, group home, transitional liv	ving, other residential care
cility or unit) nit)	
organization	
ility began)	

ctive 10/01/2023

Page 5 of 58

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident	ldentifier	Date	Re	sident	
Section A	Identification Information		S	ection A	Identifi
A2100. Discharge Status Complete only if A0310F =	= 10, 11, or 12			2105. Discharge Statu omplete only if A0310F	
Enter Code02.Another03.Acute ho04.Psychiate05.Inpatient06.ID/DD fac07.Hospice08.Deceased	ric hospital t rehabilitation facility cility			arrangemen 02. Nursing Ho 03. Skilled Nurs 04. Short-Term 05. Long-Term 06. Inpatient R 07. Inpatient P	munity (e.g., priva ts) \rightarrow Skip to A2 me (long-term car sing Facility (SNF, General Hospital Care Hospital (LT ehabilitation Faci sychiatric Facility te Care Facility (IE

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 5 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summary

CONFIDENTIAL DOCUMENT





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Resident		Identifier	Date			
Section A	Identification In	formation				
A2105. Discharge Complete only if AC	Status 0310F = 10, 11, or 12					
arrange02. Nursi03. Skille04. Short05. Longe06. Inpat07. Inpat08. Interr09. Hospi10. Hospi11. Critic12. Home13. Decesi	gements) → Skip to A2123, Provision ng Home (long-term care facility) d Nursing Facility (SNF, swing beds) -Term General Hospital (acute hospital (TCH) ient Rehabilitation Facility (IRF, free still ient Rehabilitation Facility (IRF, free still ient Psychiatric Facility (psychiatric home mediate Care Facility (ID/DD facility) ice (home/non-institutional) ice (institutional facility) al Access Hospital (CAH) e under care of organized home healt ased	of Current Reconciled Medication List to al, IPPS) tanding facility or unit) ospital or unit)				
		n List to Subsequent Provider at D	ischarge			
	0310H = 1 and A2105 = 02-12					
Enter Code Date	At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? O. No - Current reconciled medication list not provided to the subsequent provider \rightarrow Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the subsequent provider					
	s) of transmission of the current reco	st Transmission to Subsequent Pro onciled medication list to the subsec				
Check all that apply	Route of Transmission					
	A. Electronic Health Record					
	B. Health Information Exchange					
	C. Verbal (e.g., in-person, telephone,	, video conferencing)				
	D. Paper-based (e.g., fax, copies, prin	ntouts)				
	E. Other methods (e.g., texting, ema	hil, CDs)				
	of Current Reconciled Medicatior 0310H = 1 and A2105 = 01, 99	n List to Resident at Discharge				
0. No - Refe	Current reconciled medication list not erence Date for Significant Correction		cation list to the resident, family and/or caregiver? caregiver> Skip to A2200, Previous Assessment eqiver			

Page 6 of 58

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		◀ v1.17.11 • OLD	NEW • v1.18.11 ►		
Resident	Identifier	Date	Resident	Identifier	Date
Section A	Identification Information		Section A	Identification Information	
				Current Reconciled Medication List Transmission to Resident (s) of transmission of the current reconciled medication list to the resident/fa 2123 = 1	amily/caregiver.
			Check all that apply	Route of Transmission	
				A. Electronic Health Record (e.g., electronic access to patient portal)	
				B. Health Information Exchange	
				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)	
A2200. Previous Assessme Complete only if A0310A = 0	ent Reference Date for Significant Correction 05 or 06		A2200. Previous Complete only if A	Assessment Reference Date for Significant Correction 0310A = 05 or 06	
Month –	Day Year		Mc	nth Day Year	
A2300. Assessment Refere	ence Date		A2300. Assessme	ent Reference Date	
Observation end of Month	late: Day Year			tion end date:	
A2400. Medicare Stay Complete only if A0310G1=	0		A2400. Medicare Complete only if A		
	nt had a Medicare-covered stay since the most recent entry?			he resident had a Medicare-covered stay since the most recent entry?	
0. No →Skip	to B0100, Comatose ntinue to A2400B, Start date of most recent Medicare stay		0. N	$b \rightarrow$ Skip to B0100, Comatose es \rightarrow Continue to A2400B, Start date of most recent Medicare stay	
B. Start date of m	nost recent Medicare stay: Day - Year			t date of most recent Medicare stay:	
C. End date of mo	Dest recent Medicare stay - Enter dashes if stay is ongoing:			date of most recent Medicare stay - Enter dashes if stay is ongoing:	

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 5 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 7 of 58

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Resident Identifier Date	NEW • v1.18.11 ► Resident
Look back period for all items is 7 days unless another time frame is indicated	Look back period for all items is 7 day
Section B Hearing, Speech, and Vision	Section B Hearing, Speech, and Vi
B0100. Comatose	B0100. Comatose
Enter Code Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	Enter Code Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to GG0100, Prior Functioning: Everyday Additional Science Scie
B0200. Hearing	B0200. Hearing
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	Enter Code Ability to hear (with hearing aid or hearing appliances if norm 0. Adequate - no difficulty in normal conversation, social 1. Minimal difficulty - difficulty in some environments (e 2. Moderate difficulty - speaker has to increase volume a 3. Highly impaired - absence of useful hearing
B0300. Hearing Aid	B0300. Hearing Aid
Enter Code Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes	Enter Code Hearing aid or other hearing appliance used in completing 0. No 1. Yes
B0600. Speech Clarity	B0600. Speech Clarity
Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words	Enter Code Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words
B0700. Makes Self Understood	B0700. Makes Self Understood
Enter Code Ability to express ideas and wants, consider both verbal and non-verbal expression 0. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood	Enter Code Ability to express ideas and wants, consider both verbal and 0. Understood 1. Usually understood - difficulty communicating some 2. Sometimes understood - ability is limited to making c 3. Rarely/never understood
B0800. Ability To Understand Others	B0800. Ability To Understand Others
Enter Code Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands	Enter Code Understanding verbal content, however able (with hearing 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of mes 2. Sometimes understands - responds adequately to sin 3. Rarely/never understands
B1000. Vision	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 2. 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	Enter Code Ability to see in adequate light (with glasses or other visual a 0. Adequate - sees fine detail, such as regular print in new 1. Impaired - sees large print, but not regular print in new 2. Moderately impaired - limited vision; not able to see r 3. Highly impaired - object identification in question, bu 4. Severely impaired - no vision or sees only light, colors
B1200. Corrective Lenses	B1200. Corrective Lenses
Enter Code Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 0. No 1. Yes	Enter Code O. No 1. Yes

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 6 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

🕒 Back to Change Summary

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Identifier

Date

s unless another time frame is indicated

sion

ctivities

nally used)

Il interaction, listening to TV e.g., when person speaks softly or setting is noisy) and speak distinctly

B0200, Hearing

nd non-verbal expression

words or finishing thoughts **but** is able if prompted or given time concrete requests

aid or device if used)

ssage **but** comprehends most conversation mple, direct communication only

appliances) ewspapers/books wspapers/books newspaper headlines but can identify objects ut eyes appear to follow objects rs or shapes; eyes do not appear to follow objects

used in completing B1000, Vision

Page 8 of 58

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Reside	ent		Identifi	
Se	Section B		Hearing, Speech, and Vision	
		lealth Literacy only if A0310B = 01	or A0310G = 1 and A0310H = 1	
Ente	r Code	How often do you ne your doctor or pharm 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident decl 8. Resident una	ines to respond	
The S	The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommer			

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Sectior			
ection	n C Cognitive Patterns	Sectio	n C Cognitive Patterns
	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?		Should Brief Interview for Mental Status (C0200-C0500 to conduct interview with all residents
	o conduct interview with all residents		
nter Code	 0. No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Statu 1. Yes → Continue to C0200, Repetition of Three Words 	IS Enter Code	 0. No (resident is rarely/never understood) → Skip to and 1. Yes → Continue to C0200, Repetition of Three Words
rief Int	terview for Mental Status (BIMS)		terview for Mental Status (BIMS)
0200. F	Repetition of Three Words	C0200.	Repetition of Three Words
	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have so	id all three.	Ask resident: "I am going to say three words for you to
ten Cerde	The words are: sock, blue, and bed. Now tell me the three words."	Enter Code	The words are: sock, blue, and bed. Now tell me the t
nter Code	Number of words repeated after first attempt		Number of words repeated after first attempt
	0. None		0. None
	1. One		1. One
	2. Two		2. Two
	3. Three		3. Three
	After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed,	a piece	After the resident's first attempt, repeat the words using
	of furniture"). You may repeat the words up to two more times.		of furniture"). You may repeat the words up to two more
	Temporal Orientation (orientation to year, month, and day)	C0300.	Temporal Orientation (orientation to year, month, a
	Ask resident: "Please tell me what year it is right now."		Ask resident: "Please tell me what year it is right now."
	A. Able to report correct year	Enter Code	A. Able to report correct year
rCode	0. Missed by > 5 years or no answer		0. Missed by > 5 years or no answer
	1. Missed by 2-5 years		1. Missed by 2-5 years
	2. Missed by 1 year		2. Missed by 1 year
	3. Correct		3. Correct
	Ask resident: "What month are we in right now?"		Ask resident: "What month are we in right now?"
	B. Able to report correct month	Enter Code	B. Able to report correct month
Code	0. Missed by > 1 month or no answer		0. Missed by > 1 month or no answer
			1. Missed by 6 days to 1 month
_	1. Missed by 6 days to 1 month		2. Accurate within 5 days
-	2. Accurate within 5 days		Ask resident: "What day of the week is today?"
	Ask resident: "What day of the week is today?"	Enter Code	
de	C. Able to report correct day of the week	Enter Code	C. Able to report correct day of the week
	0. Incorrect or no answer		0. Incorrect or no answer
	1. Correct		1. Correct
	Recall	C0400.	
	Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repe	at?"	Ask resident: "Let's go back to an earlier question. Who
	If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.		If unable to remember a word, give cue (something to we
Code	A. Able to recall "sock"	Enter Code	A. Able to recall "sock"
	0. No - could not recall		0. No - could not recall
	1. Yes, after cueing ("something to wear")		1. Yes, after cueing ("something to wear")
	2. Yes, no cue required		2. Yes, no cue required
de	B. Able to recall "blue"	Enter Code	B. Able to recall "blue"
	0. No - could not recall		0. No - could not recall
	1. Yes, after cueing ("a color")		1. Yes, after cueing ("a color")
	2. Yes, no cue required		2. Yes, no cue required
	C. Able to recall "bed"	Enter Code	C. Able to recall "bed"
r Code	0. No - could not recall		0. No - could not recall
	1. Yes, after cueing ("a piece of furniture")		1. Yes, after cueing ("a piece of furniture")
	2. Yes, no cue required		2. Yes, no cue required
500. F	BIMS Summary Score	C0500.	BIMS Summary Score
	Add scores for questions C0200-C0400 and fill in total score (00-15)	Enter Score	Add scores for questions C0200-C0400 and fill in total sco
<u> </u>	Enter 99 if the resident was unable to complete the interview		Enter 99 if the resident was unable to complete the in
	Enter 00 if the resident was unable to complete the interview		

Generation Back to Change Summary





Identifier

Date

) be Conducted?

complete C0700-C1000, Staff Assessment for Mental Status

emember. Please repeat the words after I have said all three. hree words."

tues ("sock, something to wear; blue, a color; bed, a piece times. nd day)

it were those three words that I asked you to repeat?" Par; a color; a piece of furniture) for that word.

ore (00-15) **terview**

10/01/2023

Page 10 of 58

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Section C	Cognitive Patterns	Section C	Cognitive Patterns	
		C0600. Should the Sta	aff Assessment for Mental Status (C0700 - C1	
Enter Code 0. No (resider	Assessment for Mental Status (C0700 - C1000) be Conducted? It was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium It was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK	Enter Code 0. No (resid	dent was able to complete Brief Interview for Mental ident was unable to complete Brief Interview for Mental	
Staff Assessment for Men	tal Status	Staff Assessment for M		
	ew for Mental Status (C0200-C0500) was completed		rview for Mental Status (C0200-C0500) was complet	
C0700. Short-term Memo Enter Code 0. Memory O 1. Memory p	s to recall after 5 minutes K	C0700. Short-term Me Enter Code 0. Memory 1. Memory	ears to recall after 5 minutes y OK	
C0800. Long-term Memo		C0800. Long-term Mei	nory OK	
Enter Code 0. Memory O 1. Memory p		Enter Code 0. Memory 1. Memory		
C0900. Memory/Recall A		C0900. Memory/Recal	l Ability	
↓ Check all that the resi	dent was normally able to recall	Check all that the r	esident was normally able to recall	
A. Current seaso	n	A. Current sea	ason	
B. Location of ov	vn room	B. Location of	f own room	
C. Staff names a	nd faces	C. Staff name	s and faces	
D. That he or she	e is in a nursing home/hospital swing bed	D. That they a	D. That they are in a nursing home/hospital swing bed	
Z. None of the a	pove were recalled	Z. None of the	Z. None of the above were recalled	
C1000. Cognitive Skills fo	or Daily Decision Making	C1000. Cognitive Skill	s for Daily Decision Making	
0. Independe 1. Modified i 2. Moderatel	egarding tasks of daily life ent - decisions consistent/reasonable ndependence - some difficulty in new situations only y impaired - decisions poor; cues/supervision required npaired - never/rarely made decisions	0. Independent 1. Modifie 2. Modera	s regarding tasks of daily life ndent - decisions consistent/reasonable d independence - some difficulty in new situations tely impaired - decisions poor; cues/supervision re- y impaired - never/rarely made decisions	
Delirium		Delirium		
C1310. Signs and Sympto	oms of Delirium (from CAM©)	C1310. Signs and Sym	otoms of Delirium (from CAM©)	
Code after completing Brief I	nterview for Mental Status or Staff Assessment, and reviewing medical record		ef Interview for Mental Status or Staff Assessment, ar	
A. Acute Onset Mental Statu	•	A. Acute Onset Mental St	atus Change ce of an acute change in mental status from the re	
Is there evidence 0. No 1. Yes	of an acute change in mental status from the resident's baseline?	Enter Code 0. No 1. Yes		
	Enter Codes in Boxes		Enter Codes in Boxes	
Coding: 0. Behavior not present	 B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant) 	Coding: 0. Behavior not presen		
1. Behavior continuously present, does not	 C. Disorganized ininking - was the resident's thinking disorganized of incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by 	1. Behavior continuous present, does not fluctuate	sly conversation, unclear or illogic D. Altered Level of Consciousne	
fluctuate 2. Behavior present,	any of the following criteria?	2. Behavior present,	any of the following criteria? vigilant - startled easily to	
fluctuates (comes and	 vigilant - startled easily to any sound or touch lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch 	fluctuates (comes an goes, changes in seve	rity) I lethargic - repeatedly doze	
goes, changes in severity	 stuporous - very difficult to arouse and keep aroused for the interview comatose - could not be aroused 		stuporous - very difficult to comatose - could not be an	
Confusion Assessment Method. ©19	188, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.	Adapted from: Inouye SK, et al. A permission.	nn Intern Med. 1990; 113: 941-948. Confusion Assessment Me	





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dentifier

Date

C1000) be Conducted?

ntal Status) → Skip to C1310, Signs and Symptoms of Delirium Mental Status) - Continue to C0700, Short-term Memory OK

leted

ons only required

, and reviewing medical record

e resident's baseline?

nt have difficulty focusing attention, for example, being easily distractible or ack of what was being said?

as the resident's thinking disorganized or incoherent (rambling or irrelevant gical flow of ideas, or unpredictable switching from subject to subject)? sness - Did the resident have altered level of consciousness, as indicated by to any sound or touch

ozed off when being asked questions, but responded to voice or touch t to arouse and keep aroused for the interview e aroused

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10/01/2023

Page 11 of 58

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esident	ldentifier	Date		
Section D Mood				
D0100. Should Resident Mood Interview be	e Conducted? - Attempt to conduct interview with	all residents		
Enter Code 0. No (resident is rarely/never under (PHQ-9-OV)	stood) \longrightarrow Skip to and complete D0500-D0600, Staff Ass	essment of Resident I	Mood	
1. Yes \rightarrow Continue to D0200, Resid	dent Mood Interview (PHQ-9©)			
D0200. Resident Mood Interview (PHQ-9				
· · · · · · · · · · · · · · · · · · ·	ve you been bothered by any of the following	problems?"		
If symptom is present, enter 1 (yes) in column 1 If yes in column 1, then ask the resident: " <i>Abou</i>	, Symptom Presence. t how often have you been bothered by this?"			
Read and show the resident a card with the sym	nptom frequency choices. Indicate response in colu	ımn 2, Symptom Fr	equency.	
1. Symptom Presence 2. S	ymptom Frequency	1.	2.	
1. Symptom Presence2. S0. No (enter 0 in column 2)01. Yes (enter 0-3 in column 2)19. No response (leave column 2)2	. 2-6 days (several days)	Symptom	Symptom	
9. No response (leave column 2 2	. 7-11 days (half or more of the days)	Presence	Frequency	
blank) 3	. 12-14 days (nearly every day)	↓ Enter Scor	es in Boxes 🗸	
A. Little interest or pleasure in doing things				
B. Feeling down, depressed, or hopeless				
C. Trouble falling or staying asleep, or sleep	ing too much			
D. Feeling tired or having little energy				
E. Poor appetite or overeating				
F. Feeling bad about yourself - or that you an down	re a failure or have let yourself or your family			
G. Trouble concentrating on things, such as r	reading the newspaper or watching television			
H. Moving or speaking so slowly that other p being so fidgety or restless that you have	beople could have noticed. Or the opposite - been moving around a lot more than usual			
I. Thoughts that you would be better off dead, or of hurting yourself in some way				
D0300. Total Severity Score				
	nses in Column 2, Symptom Frequency. Total scor iew (i.e., Symptom Frequency is blank for 3 or more		00 and 27.	

esident		Identifier	Date	
Section D	Mood			
Do100 Should Resid	lant Mood Interview be Cond	ucted? - Attempt to conduct interview wit	h all residents	
		· · · · · · · · · · · · · · · · · · ·		14- ad
Enter Code 0. No (res (PHQ-9	-	→ Skip to and complete D0500-D0600, Staff A	sessment of Resident i	Nooa
1. Yes	Continue to D0150, Resident Mo	od Interview (PHQ-2 to 9©)		
	ood Interview (PHQ-2 to 9© or the last 2 weeks, have you	ه) been bothered by any of the followin	a problems?"	
	enter 1 (yes) in column 1, Symp		g provienis.	
f yes in column 1, then	ask the resident: "About how of	often have you been bothered by this?"		
		frequency choices. Indicate response in co	Jumn 2, Symptom Fr	equency.
 Symptom Presence 0. No (enter 0 in content 		m Frequency er or 1 day	1.	2.
1. Yes (enter 0-3 in	1. 2-6 d	lays (several days)	Symptom Presence	Symptom Frequency
9. No response (le blank)		days (half or more of the days) 4 days (nearly every day)		es in Boxes
A. Little interest or p	leasure in doing things			
B. Feeling down, dep	ressed, or hopeless			
f both D0150A1 and D01	50B1 are coded 9, OR both D0150	0A2 and D0150B2 are coded 0 or 1, END the P	HQ interview; otherwi	se, continue.
	staying asleep, or sleeping too			
	staying usicep, or siceping too			
D. Feeling tired or ho	ıving little energy			
E. Poor appetite or o	vereating			
F. Feeling bad about down	yourself - or that you are a fail	lure or have let yourself or your family		
G. Trouble concentra	ting on things, such as reading	the newspaper or watching television		
		could have noticed. Or the opposite - noving around a lot more than usual		
		f hurting yourself in some way		
D0160. Total Sever	ity Score			
		Column 2, Symptom Frequency. Total sco ., Symptom Frequency is blank for 3 or mo		1 00 and 27.

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•11) @ Page 12 of 58

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Resident	Identifier	Date		
Section D	Mood			
	f Resident Mood (PHQ-9-OV*) d Interview (D0200-D0300) was completed			
Over the last 2 weeks, did the	resident have any of the following problems or behaviors?			
	res) in column 1, Symptom Presence. om Frequency, and indicate symptom frequency.			
 Symptom Presence No (enter 0 in column 2 Yes (enter 0-3 in column 	•	1. Symptom Presence	2. Symptom Frequency	
	3. 12-14 days (nearly every day)	↓ Enter Scor	es in Boxes ↓	
A. Little interest or pleasure	in doing things			
B. Feeling or appearing dow	n, depressed, or hopeless			
C. Trouble falling or staying asleep, or sleeping too much				
D. Feeling tired or having little energy				
E. Poor appetite or overeatir	ng			
F. Indicating that s/he feels b	oad about self, is a failure, or has let self or family down			
G. Trouble concentrating on	things, such as reading the newspaper or watching television			
	owly that other people have noticed. Or the opposite - being so fidgety een moving around a lot more than usual			
I. States that life isn't worth				
J. Being short-tempered, ea				
D0600. Total Severity Score				
Enter Score Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.				

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Resident	ldentifier	Date		
Section D	Mood			
	nent of Resident Mood (PHQ-9-OV*) nt Mood Interview (D0150-D0160) was completed			
· · · · · ·	id the resident have any of the following problems or behaviors?			
	ter 1 (yes) in column 1, Symptom Presence. Symptom Frequency, and indicate symptom frequency.			
 Symptom Presence No (enter 0 in col Yes (enter 0-3 in col) 	umn 2) 0. Never or 1 day	1. Symptom Presence	2. Symptom Frequency	
	3. 12-14 days (nearly every day)	Enter Scor	es in Boxes ↓	
A. Little interest or ple	easure in doing things			
B. Feeling or appearin	g down, depressed, or hopeless			
C. Trouble falling or st	aying asleep, or sleeping too much			
D. Feeling tired or hav	ing little energy			
E. Poor appetite or overeating				
F. Indicating that they	F. Indicating that they feel bad about self, are a failure, or have let self or family down			
G. Trouble concentrat	ing on things, such as reading the newspaper or watching television			
	g so slowly that other people have noticed. Or the opposite - being so fidgety y have been moving around a lot more than usual			
I. States that life isn't	worth living, wishes for death, or attempts to harm self			
J. Being short-temper	ed, easily annoyed			
D0600. Total Severity	y Score			
Enter Score Add scores for	or all frequency responses in Column 2, Symptom Frequency. Total score must	be between 00 and 30.		
D0700. Social Isolatio	n			
Enter Code 0. Never	you feel lonely or isolated from those around you?			

0.	Nevel
1.	Rarely
2.	Someti
2	Ofton

netimes ten

4. Always

7. Resident declines to respond

8. Resident unable to respond

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Page 10 of 51

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Generation Back to Change Summary

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Resident	✓ v1.17.11 • OLD Identifier Date	NEW • v1.18.11 ► Resident	ldentifier Date	
Section E Behavior		Section E Behavior		
E0100. Potential Indicators of Psychosis		E0100. Potential Indicators of Psychosis		
↓ Check all that apply		Check all that apply		
A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)			es in the absence of real external sensory stimuli)	
B. Delusions (misconceptions or beliefs t		B. Delusions (misconceptions or beliefs t	hat are firmly held, contrary to reality)	
Z. None of the above		Z. None of the above		
Behavioral Symptoms		Behavioral Symptoms		
E0200. Behavioral Symptom - Presence & Fre	quency	E0200. Behavioral Symptom - Presence & Free	quency	
Note presence of symptoms and their frequency		Note presence of symptoms and their frequency	-	
	↓ Enter Codes in Boxes		Enter Codes in Boxes	
Coding: 0. Behavior not exhibited	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	Coding: 0. Behavior not exhibited	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)	
 Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days, 	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	 Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days, 	B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)	
but less than daily 3. Behavior of this type occurred daily	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)	but less than daily 3. Behavior of this type occurred daily	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)	
E0300. Overall Presence of Behavioral Sympt	toms	E0300. Overall Presence of Behavioral Sympt	oms	
Enter Code Were any behavioral symptoms in ques 0. No \rightarrow Skip to E0800, Rejection of (1. Yes \rightarrow Considering all of E0200, B	tions E0200 coded 1, 2, or 3? Care ehavioral Symptoms, answer E0500 and E0600 below	Enter Code Were any behavioral symptoms in questions E0200 coded 1, 2, or 3? 0. No → Skip to E0800, Rejection of Care 1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below		
E0500. Impact on Resident		E0500. Impact on Resident		
Enter Code 0. No 1. Yes		Enter Code A. Put the resident at significant risk for physical illness or injury? O. No 1. Yes		
Enter Code B. Significantly interfere with the resid 0. No 1. Yes	ent's care?	Enter Code B. Significantly interfere with the reside 0. No 1. Yes		
Enter Code C. Significantly interfere with the resid 0. No 1. Yes	lent's participation in activities or social interactions?	Enter Code C. Significantly interfere with the reside 0. No 1. Yes	ent's participation in activities or social interactions?	
E0600. Impact on Others		E0600. Impact on Others		
Enter Code Did any of the identified symptom(s): A. Put others at significant risk for phy 0. No 1. Yes	sical injury?	Enter Code Did any of the identified symptom(s): A. Put others at significant risk for physical symptom in the identified symptom is significant risk for physical symptom is signis symptom is signis symptom is significant ris symptom is symptom		
Enter Code B. Significantly intrude on the privacy 0. No 1. Yes	or activity of others?	Enter Code B. Significantly intrude on the privacy or activity of others? 0. No 1. Yes		
Enter Code C. Significantly disrupt care or living environment? 0. No 1. Yes		Enter Code C. Significantly disrupt care or living environment? 0. No 1. Yes		
E0800. Rejection of Care - Presence & Freque	ncy	E0800. Rejection of Care - Presence & Freque	ncy	
resident's goals for health and well-bein	o 6 days, but less than daily	resident's goals for health and well-beir	o 6 days, but less than daily	
MDS 3.0 Nursing Home Comprehensive (NC) Vers	sion 1.17.2 Effective 10/01/2020 Page 11 of 51	MDS 3.0 Nursing Home Comprehensive (NC) Vers	ion 1.18.11 Effective 10/01/2023 Page 14 of 58	

• Back to Change Summary



STRATEGIC HEALTHCARE PROGRAMS

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Resident	Identifier	Date
Section E	Behavior	
E0900. Wandering - Prese	nce & Frequency	
1. Behavior of 2. Behavior of	Tandered? t exhibited → Skip to E1100, Change in Behavior or Other Symptoms this type occurred 1 to 3 days this type occurred 4 to 6 days, but less than daily this type occurred daily	
E1000. Wandering - Impa	:t	
Enter Code A. Does the want facility)? 0. No 1. Yes	ering place the resident at significant risk of getting to a potentially	dangerous place (e.g., stairs, outside of the
Enter Code B. Does the want 0. No 1. Yes	ering significantly intrude on the privacy or activities of others?	
E1100. Change in Behavi	r or Other Symptoms	
Consider all of the symptoms	ssessed in items E0100 through E1000	
0. Same 1. Improved 2. Worse	s current behavior status, care rejection, or wandering compare to prior e no prior MDS assessment	assessment (OBRA or Scheduled PPS)?

◀ v1.17.11 • OL	D NEW • v1. Resident	18.11 ►		
	Sectio	n E	Behavior	
	E0900. \	Wandering - Presen	ce & Frequency	
	Enter Code	 Behavior of the second s	ndered? exhibited	ys
	E1000. \	Wandering - Impact		
, outside of the	Enter Code	A. Does the wande facility)? 0. No 1. Yes	ring place the resident at s	ignificant risk o
	Enter Code	B. Does the wander 0. No 1. Yes	ring significantly intrude o	n the privacy o
		-	or Other Symptoms	
	Consider a	, , ,	essed in items E0100 throug	•
duled PPS)?	Enter Code	0. Same 1. Improved 2. Worse	current behavior status, care no prior MDS assessment	rejection, or wa

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 12 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Identifier _____ Date ______ havior or Other Symptoms in daily of getting to a potentially dangerous place (e.g., stairs, outside of the or activities of others?

Page 15 of 58

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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lesident	✓ v1.17.11 • OL Identifier
	ences for Customary Routine and Activities
If resident is unable to complete, attempt Enter Code 0. No (resident is rarely/never Assessment of Daily and A	d Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. to complete interview with family member or significant other er understood <u>and</u> family/significant other not available) → Skip to and complete F0800, Staff activity Preferences 0, Interview for Daily Preferences
F0400. Interview for Daily Prefere	nces
	say: "While you are in this facility "
	↓ Enter Codes in Boxes
	A. how important is it to you to choose what clothes to wear?
	B. how important is it to you to take care of your personal belongings or things?
Coding: 1. Very important 2. Somewhat important	C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
 Somewhat important Not very important Not important at all 	D. how important is it to you to have snacks available between meals?
 Important, but can't do or no choice 	E. how important is it to you to choose your own bedtime ?
9. No response or non-responsive	F. how important is it to you to have your family or a close friend involved in discussions about your care?
	G. how important is it to you to be able to use the phone in private?
	H. how important is it to you to have a place to lock your things to keep them safe?
F0500. Interview for Activity Prefe	rences
Show resident the response options and	say: "While you are in this facility"
	↓ Enter Codes in Boxes
	A. how important is it to you to have books, newspapers, and magazines to read?
Coding:	B. how important is it to you to listen to music you like?
1. Very important 2. Somewhat important	C. how important is it to you to be around animals such as pets?
 Not very important Not important at all 	D. how important is it to you to keep up with the news?
5. Important, but can't do or no choice	E. how important is it to you to do things with groups of people?
9. No response or non-responsive	F. how important is it to you to do your favorite activities?
	G. how important is it to you to go outside to get fresh air when the weather is good?
	H. how important is it to you to participate in religious services or practices?
F0600. Daily and Activity Preferences	Primary Respondent
Enter Code 1. Resident 2. Family or significant othe	r Daily and Activity Preferences (F0400 and F0500) •r (close friend or other representative) •mpleted by resident or family/significant other ("No response" to 3 or more items")

Resident				Id
Section F	Prefere	ences f	or Cust	omary
F0300. Should Interview fo If resident is unable to complet	•		•	
Enter Code □ 0. No (resident is Assessment of 1. Yes → Contir	rarely/neve Daily and A	er understo Activity Pre	ood <u>and</u> farr ferences	nily/signific
F0400. Interview for Daily	y Prefere	nces		
Show resident the response of	otions and	l say: "Wh	hile you a	re in this
		🕇 Ente	er Codes in	Boxes
			A. how in	nportant is
Coding			B. how in	nportant is
Coding: 1. Very important 2. Somewhat important				nportant is e bath?
3. Not very important 4. Not important at all			D. how in	nportant i
5. Important, but can't do choice	o or no		E. how in	nportant is
9. No response or non-res	esponsive			nportant is sions abo
			G. how in	nportant i
			H. how in	nportant i
F0500. Interview for Activ	vity Prefe	erences		
Show resident the response of	otions and	l say: "Wh	hile you a	re in this
		↓ Ente	er Codes in	Boxes
			A. how in	nportant is
Coding:			B. how in	nportant is
 Very important Somewhat important 			C. how in	nportant is
 Not very important Not important at all 			D. how in	nportant i
5. Important, but can't do choice	o or no		E. how in	nportant is
9. No response or non-res	esponsive		F. how in	nportant is
			G. how in	nportant i
			H. how in	nportant i
F0600. Daily and Activity Pre	eferences	Primary	Responde	ent
Enter Code 1. Resident	oondent fo	r Daily and	Activity Pre	eferences (I



MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

🕒 Back to Change Summary

CONFIDENTIAL DOCUMENT



Identifier

Date

ry Routine and Activities

Conducted? - Attempt to interview all residents able to communicate. family member or significant other

ificant other not available) 🔶 Skip to and complete F0800, Staff

ces

his facility...'

nt is it to you to **choose what clothes to wear?**

nt is it to you to **take care of your personal belongings or things?**

nt is it to you to **choose between a tub bath, shower, bed bath, or**

nt is it to you to **have snacks available between meals?**

nt is it to you to **choose your own bedtime?**

t is it to you to **have your family or a close friend involved in** bout your care?

nt is it to you to **be able to use the phone in private?**

nt is it to you to **have a place to lock your things to keep them safe?**

his facility..."

nt is it to you to **have books, newspapers, and magazines to read?**

nt is it to you to **listen to music you like?**

nt is it to you to **be around animals such as pets?**

nt is it to you to keep up with the news?

nt is it to you to **do things with groups of people?**

nt is it to you to **do your favorite activities?**

nt is it to you to go outside to get fresh air when the weather is good?

nt is it to you to **participate in religious services or practices?**

es (F0400 and F0500)

2. Family or significant other (close friend or other representative)

9. Interview could not be completed by resident or family/significant other ("No response" to 3 or more items")



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Resident		Identifier Date				
Sectio	n F	F Preferences for Customary Routine and Activities				
F0700.	Sho	ould the Staff Assessment of Daily and Activity Preferences be Conducted?				
 Enter Code 0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance 1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences 						
F0800. S	Staf	ff Assessment of Daily and Activity Preferences				
		ct if Interview for Daily and Activity Preferences (F0400-F0500) was completed				
Resident						
↓ Cł		k all that apply Choosing dathes to wear				
	<u> </u>	Choosing clothes to wear				
		Caring for personal belongings				
		Receiving tub bath				
	H	. Receiving shower				
	Ε.					
	F .					
	G.	Snacks between meals				
	Н.	. Staying up past 8:00 p.m.				
	Ι.	Family or significant other involvement in care discussions				
	J.	Use of phone in private				
	К.	Place to lock personal belongings				
	L.	Reading books, newspapers, or magazines				
	М.	. Listening to music				
	N.	. Being around animals such as pets				
	0.	. Keeping up with the news				
	Ρ.	Doing things with groups of people				
	Q.	. Participating in favorite activities				
	R.	Spending time away from the nursing home				
	s.	Spending time outdoors				
	т.	Participating in religious activities or practices				
	z.	None of the above				

Resident	Identifier	Date
Section F	Preferences for Customary Routine and A	ctivities
F0700. Should the S	aff Assessment of Daily and Activity Preferences be Conducted?	
	cause Interview for Daily and Activity Preferences (F0400 and F0500) was co	mpleted by resident or family/significant
	Skip to and complete GG0100, Prior Functioning: Everyday Activities ecause 3 or more items in Interview for Daily and Activity Preferences (F0400	and F0500) were not completed by resident
	ily/significant other) \rightarrow Continue to F0800, Staff Assessment of Daily and Ac	
	ent of Daily and Activity Preferences w for Daily and Activity Preferences (F0400-F0500) was completed	
Resident Prefers:		
Check all that a	ply	
A. Choosin	clothes to wear	
B. Caring for	r personal belongings	
C. Receivin	tub bath	
D. Receivir	shower	
E. Receivir	bed bath	
F. Receivir	sponge bath	
G. Snacks l	etween meals	
H. Staying	p past 8:00 p.m.	
I. Family c	significant other involvement in care discussions	
J. Use of p	one in private	
K. Place to	ock personal belongings	
L. Reading	books, newspapers, or magazines	
M. Listenin	to music	
N. Being a	und animals such as pets	
O. Keeping	up with the news	
P. Doing th	ngs with groups of people	
Q. Particip	ting in favorite activities	
R. Spendin	time away from the nursing home	
S. Spendin	time outdoors	
T. Participa	ing in religious activities or practices	
Z. None of	ne above	

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 14 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

CONFIDENTIAL DOCUMENT



Page 17 of 58

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident	Ider	ntifier	Date	
Section G.	Functional Status.			
	y Living (ADL) Assistance t in the RAI manual to facilitate accurate codi	ng		
 Instructions for Rule of 3 When an activity occurs the every time, and activity did assistance (2), code extens When an activity occurs at When an activity occurs at When there is a combinat When there is a combinat When there is a combinat If none of the above are meters 1. ADL Self-Performance Code for resident's performance Code for resident's performance Code for more time 	ee times at any one given level, code that level. ee times at multiple levels, code the most depend I not occur (8), activity must not have occurred at a ive assistance (3). various levels, but not three times at any given leve ion of full staff performance, and extensive assista ion of full staff performance, weight bearing assist t, code supervision. ormance over all shifts - not including setup. If the s at various levels of assistance, code the most dep	ent, exceptions are tota III. Example, three times el, apply the following: nce, code extensive assi ance and/or non-weigh e ADL activity	 extensive assistance (3) a istance. it bearing assistance code 2. ADL Support Provid Code for most support shifts; code regardles 	e limited assistance (2). led ort provided over all ss of resident's self-
Coding: Activity Occurred 3 of 0. Independent - no hel 1. Supervision - oversig 2. Limited assistance - n of limbs or other non- 3. Extensive assistance 4. Total dependence - f <u>Activity Occurred 2 of</u> 7. Activity occurred on 8. Activity did not occu	p or staff oversight at any time nt, encouragement or cueing esident highly involved in activity; staff provide gu weight-bearing assistance - resident involved in activity, staff provide weight ull staff performance every time during entire 7-da	-bearing support y period or twice	and/or non-facility	ical help from staff ical assist sysical assist did not occur or family y staff provided care for that activity over the od 2. Support
	ent moves to and from lying position, turns side to ed or alternate sleep furniture	o side, and		
B. Transfer - how resident r standing position (exclue	noves between surfaces including to or from: bed, les to/from bath/toilet)	chair, wheelchair,		
C. Walk in room - how resid	ent walks between locations in his/her room			
D. Walk in corridor - how re	esident walks in corridor on unit			
	w resident moves between locations in his/her roo in wheelchair, self-sufficiency once in chair	om and adjacent		
set aside for dining, activ	ow resident moves to and returns from off-unit loca ities or treatments). If facility has only one floor , at areas on the floor. If in wheelchair, self-sufficient	how resident		
	outs on, fastens and takes off all items of clothing, sthesis or TED hose. Dressing includes putting on es			
during medication pass.	is and drinks, regardless of skill. Do not include eat Includes intake of nourishment by other means (e. IV fluids administered for nutrition or hydration)			
toilet; cleanses self after e clothes. Do not include e ostomy bag	uses the toilet room, commode, bedpan, or urinal limination; changes pad; manages ostomy or cath mptying of bedpan, urinal, bedside commode, cat	eter; and adjusts theter bag or		
	resident maintains personal hygiene, including co applying makeup, washing/drying face and hands			

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 15 of 51

• Back to Change Summary

CONFIDENTIAL DOCUMENT





IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident	Date				
Section G Functional Statu	IS				
G0120. Bathing.					
How resident takes full-body bath/shower, sponge bath, and dependent in self-performance and support	transfers in/out of tub/shower (excludes washing of back and hair). Code for most				
Enter Code A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period					
B. Support provided (Bathing support codes are as defined in item (G0110 column 2, ADL Support Provided, above)				
G0300. Balance During Transitions and Walking					
After observing the resident, code the following walking an					
	Enter Codes in Boxes				
Coding:	A. Moving from seated to standing position				
 O. Steady at all times 1. Not steady, but <u>able</u> to stabilize without staff 	B. Walking (with assistive device if used)				
assistance 2. Not steady, <u>only able</u> to stabilize with staff assistance	C. Turning around and facing the opposite direction while walking				
8. Activity did not occur	D. Moving on and off toilet				
	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)				
G0400. Functional Limitation in Range of Motion					
Code for limitation that interfered with daily functions or pla					
Coding:	Enter Codes in Boxes				
0. No impairment	A. Upper extremity (shoulder, elbow, wrist, hand)				
 Impairment on one side Impairment on both sides 	B. Lower extremity (hip, knee, ankle, foot)				
G0600. Mobility Devices					
Check all that were normally used					
A. Cane/crutch					
B. Walker					
C. Wheelchair (manual or electric)					
D. Limb prosthesis					
Z. None of the above were used					
G0900. Functional Rehabilitation Potential Complete only if A0310A = 01					
Enter Code A. Resident believes he or she is capable of increased independence in at least some ADLs. 0. No 1. Yes 9. Unable to determine					
Enter Code B. Direct care staff believe resident is capable of 0. No 1. Yes	of increased independence in at least some ADLs				

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 16 of 51

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





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IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident			Identifier	Date	
Section GG	Functional A	bilitie	s and Goals - Admissi	ion (Start of SNF PPS Stay)	
GG0100. Prior Functioning: illness, exacerbation, or injury Complete only if A0310B = 01	1	. Indicat	e the resident's usual ability w	ith everyday activities prior to the current	
		Ļ	Enter Codes in Boxes		
Coding: 3. Independent - Resident completed the activities by him/herself, with or without an				's need for assistance with bathing, dressing, using he current illness, exacerbation, or injury.	
assistive device, with no as helper. 2. Needed Some Help - Resi assistance from another pe	dent needed partial		walking from room to room	n): Code the resident's need for assistance with (with or without a device such as cane, crutch, or Ilness, exacerbation, or injury.	
 activities. 1. Dependent - A helper completed the activities for the resident. 8. Unknown. 9. Not Applicable. 				eed for assistance with internal or external stairs (with cane, crutch, or walker) prior to the current illness,	
				the resident's need for assistance with planning ing or remembering to take medication prior to the , or injury.	
GG0110. Prior Device Use. It Complete only if A0310B = 01		aids used	d by the resident prior to the c	urrent illness, exacerbation, or injury	
🗼 Check all that apply					
A. Manual wheelch	air				
B. Motorized wheel	chair and/or scooter				
C. Mechanical lift					
D. Walker					
E. Orthotics/Prosth	etics				
Z. None of the abov	re				

Resident Identifier Date **Functional Abilities and Goals** Section GG GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury Complete only if A0310B = 01 **Enter Codes in Boxes** Codina: A. Self-Care: Code the resident's need for assistance with bathing, dressing, using 3. Independent - Resident completed all the the toilet, or eating prior to the current illness, exacerbation, or injury. activities by themself, with or without an assistive device, with no assistance from a **B. Indoor Mobility (Ambulation):** Code the resident's need for assistance with helper 2. Needed Some Help - Resident needed partial walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. assistance from another person to complete any activities. C. Stairs: Code the resident's need for assistance with internal or external stairs (with 1. **Dependent** - A helper completed all the or without a device such as cane, crutch, or walker) prior to the current illness, activities for the resident. exacerbation, or injury. 8. Unknown 9. Not Applicable. **D. Functional Cognition:** Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. GG0110. Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury Complete only if A0310B = 01Check all that apply A. Manual wheelchair B. Motorized wheelchair and/or scooter C. Mechanical lift D. Walker E. Orthotics/Prosthetics Z. None of the above **GG0115.** Functional Limitation in Range of Motion Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days **Enter Codes in Boxes** Coding: 0. No impairment A. Upper extremity (shoulder, elbow, wrist, hand) 1. Impairment on one side 2. Impairment on both sides B. Lower extremity (hip, knee, ankle, foot) **GG0120.** Mobility Devices Check all that were normally used in the last 7 days A. Cane/crutch B. Walker C. Wheelchair (manual or electric) D. Limb prosthesis **Z.** None of the above were used

Page 17 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Back to Change Summary

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAM

Page 18 of 58

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		◄ v1.17.11 • OL
esident	Identifier	Date
Section GG	Functional Abilities and Goals - Start of SNF P	PS Stay or State PDPM
	0310B = 01, the assessment period is days 1 through 3 of the SNF PPS St A assessment, the assessment period is the ARD plus 2 previous days; co	
ttempted at the start of t	performance at the start of the SNF PPS stay (admission) for each activity u he SNF PPS stay (admission), code the reason. Code the resident's end of S	SNF PPS stay (discharge) goal(s) using the
-point scale. Use of codes Coding:	s 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) go	al(s).
•	ormance - If helper assistance is required because resident's performance is un ded.	safe or of poor quality, score according to
Activities may be completed	with or without assistive devices.	
-	dent completes the activity by him/herself with no assistance from a helper.	
04. Supervision or tou	assistance - Helper sets up or cleans up; resident completes activity. Helper ass ching assistance - Helper provides verbal cues and/or touching/steadying and Assistance may be provided throughout the activity or intermittently.	
03. Partial/moderate a half the effort.	assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or support	orts trunk or limbs, but provides less than
02. Substantial/maxin the effort.	nal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds t	runk or limbs and provides more than half
	r does ALL of the effort. Resident does none of the effort to complete the activi ident to complete the activity.	ty. Or, the assistance of 2 or more helpers is
f activity was not attemp	ted, code reason:	
07. Resident refused		
09. Not applicable - No	ot attempted and the resident did not perform this activity prior to the current il	llness, exacerbation, or injury.
	e to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attempted due	e to medical condition or safety concerns	
1. 2.		
Admission Discharge		
erformance Goal		
	-	
Enter Codes in Boxes		
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to t once the meal is placed before the resident.	he mouth and swallow food and/or liquid
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if remove dentures into and from the mouth, and manage denture soaking	
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothe bowel movement. If managing an ostomy, include wiping the opening b	
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, a and hair). Does not include transferring in/out of tub/shower.	nd drying self (excludes washing of back
	F. Upper body dressing: The ability to dress and undress above the waist; in	ncluding fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, i footwear.	ncluding fasteners; does not include
	H. Putting on/taking off footwear: The ability to put on and take off socks appropriate for safe mobility; including fasteners, if applicable.	and shoes or other footwear that is

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

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Identifier Date **Functional Abilities and Goals** - Admission 06. Independent - Resident completes the activity by themself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns to bring food and/or liquid to the mouth and swallow food and/or liquid ems to clean teeth. Dentures (if applicable): The ability to insert and h, and manage denture soaking and rinsing with use of equipment. perineal hygiene, adjust clothes before and after voiding or having a include wiping the opening but not managing equipment. If, including washing, rinsing, and drying self (excludes washing of back /out of tub/shower and undress above the waist; including fasteners, if applicable. and undress below the waist, including fasteners; does not include ity to put on and take off socks and shoes or other footwear that is steners, if applicable. personal hygiene, including combing hair, shaving, applying makeup, baths, showers, and oral hygiene).

Resident Section GG **GG0130.** Self-Care (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600. Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s). Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. If activity was not attempted, code reason:

1. Admission Performance	2. Discharge Goal	
↓ Enter Code	s in Boxes 🛔	
		A. Eating: The ability to use suitable utensils to once the meal is placed before the resident
		B. Oral hygiene: The ability to use suitable ite remove dentures into and from the mouth
		C. Toileting hygiene: The ability to maintain bowel movement. If managing an ostomy,
		E. Shower/bathe self: The ability to bathe sel and hair). Does not include transferring in/
		F. Upper body dressing: The ability to dress
		G. Lower body dressing: The ability to dress footwear.
		H. Putting on/taking off footwear: The ability appropriate for safe mobility; including fast
		I. Personal hygiene: The ability to maintain p washing/drying face and hands (excludes l

Page 18 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summary

CONFIDENTIAL DOCUMENT



Page 19 of 58

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Resident	-	Functional Abilities ar	Identifier		
				•	
		0B = 01, the assessment period is da ssessment, the assessment period is			
attempted at	the start of the	formance at the start of the SNF PPS : SNF PPS stay (admission), code the re 7, 09, 10, or 88 is permissible to code e	eason. Code the resident's	s end of SNF PPS stay (discharge	
amount of ass Activities may	istance provideo be completed wit	nance - If helper assistance is required b d. <i>'h or without assistive devices.</i> nt completes the activity by him/herself			core according to
05. Setup 04. Super compl	or clean-up ass vision or touch etes activity. Ass	istance - Helper sets up or cleans up; re ng assistance - Helper provides verbal istance may be provided throughout th	sident completes activity. F cues and/or touching/steac ne activity or intermittently.	Helper assists only prior to or follo dying and/or contact guard assista	ance as resident
	l/moderate ass i e effort.	stance - Helper does LESS THAN HALF t	he effort. Helper lifts, holds:	s, or supports trunk or limbs, but p	provides less than
02. Substa the eff		assistance - Helper does MORE THAN H	IALF the effort. Helper lifts	or holds trunk or limbs and provic	des more than half
		oes ALL of the effort. Resident does nor nt to complete the activity.	ne of the effort to complete	the activity. Or, the assistance of 2	2 or more helpers is
88. Not at	tempted due to	environmental limitations (e.g., lack (medical condition or safety concerns		straints)	
1. Admission Performance	2. Discharge Goal				
↓ Enter Code	s in Boxes 🗼		<u></u>		
		A. Roll left and right: The ability to roll bed.	from lying on back to left a	nd right side, and return to lying o	on back on the
		B. Sit to lying: The ability to move from	ו sitting on side of bed to ly	ing flat on the bed.	
		C. Lying to sitting on side of bed: The feet flat on the floor, and with no ba		on the back to sitting on the side o	of the bed with
		D. Sit to stand: The ability to come to a bed.	standing position from sitt	ing in a chair, wheelchair, or on th	ne side of the
		E. Chair/bed-to-chair transfer: The ab	ility to transfer to and from	a bed to a chair (or wheelchair).	
		F. Toilet transfer: The ability to get on	and off a toilet or commode	e.	
		G. Car transfer: The ability to transfer in open/close door or fasten seat belt.	n and out of a car or van on	the passenger side. Does not incl	ude the ability to
		I. Walk 10 feet: Once standing, the abil If admission performance is coded 07			2.
		J. Walk 50 feet with two turns: Once s			ns.
		K. Walk 150 feet: Once standing, the a	bility to walk at least 150 fe	et in a corridor or similar space.	

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Resident

Functional Abilities and Goals - Admission Section GG

GG0170. Mobility (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s). Coding:

Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent Resident completes the activity by themself with no assistance from a helper.

- completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- the effort.
- required for the resident to complete the activity.

If activity was not attempted, code reason:

07. Resident refused

- 09. Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

1. Admission	2. Discharge	
erformance	Goal	
Enter Code	s in Boxes 🛔	
		A. Roll left and right: The ability to roll from bed.
		B. Sit to lying: The ability to move from sittin
		C. Lying to sitting on side of bed: The ability with no back support.
		D. Sit to stand: The ability to come to a stand bed.
		E. Chair/bed-to-chair transfer: The ability to
		F. Toilet transfer: The ability to get on and of
		FF. Tub/shower transfer: The ability to get in
		G. Car transfer: The ability to transfer in and open/close door or fasten seat belt.
		I. Walk 10 feet: Once standing, the ability to If admission performance is coded 07, 09, 1
		J. Walk 50 feet with two turns: Once standir
		K. Walk 150 feet: Once standing, the ability t

Page 19 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

🕒 Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAM

Identifier

Date

05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident

02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half

01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is

lying on back to left and right side, and return to lying on back on the

ng on side of bed to lying flat on the bed.

y to move from lying on the back to sitting on the side of the bed and

ding position from sitting in a chair, wheelchair, or on the side of the

o transfer to and from a bed to a chair (or wheelchair).

off a toilet or commode.

n and out of a tub/shower.

out of a car or van on the passenger side. Does not include the ability to

walk at least 10 feet in a room, corridor, or similar space. 10, or 88 - Skip to GG0170M, 1 step (curb)

ng, the ability to walk at least 50 feet and make two turns.

to walk at least 150 feet in a corridor or similar space.

Page 20 of 58

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esident	Identifier	Date
Section GG	Functional Abilities and Goals - Start of SNF	F PPS Stay or State PDPM
	A0310B = 01, the assessment period is days 1 through 3 of the SNF PPS BRA assessment, the assessment period is the ARD plus 2 previous days	
ttempted at the start o	al performance at the start of the SNF PPS stay (admission) for each activit of the SNF PPS stay (admission), code the reason. Code the resident's end des 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge)	of SNF PPS stay (discharge) goal(s) using the
oding:		
	erformance - If helper assistance is required because resident's performance is	s unsafe or of poor quality, score according to
mount of assistance pro		
	ed with or without assistive devices. esident completes the activity by him/herself with no assistance from a helper.	
-	p assistance - Helper sets up or cleans up; resident completes activity. Helper	
04. Supervision or t	ouching assistance - Helper provides verbal cues and/or touching/steadying a system of the system of	
03. Partial/moderat	e assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or su	upports trunk or limbs, but provides less than
	timal assistance - Helper does MORE THAN HALF the effort. Helper lifts or hole	ds trunk or limbs and provides more than half
-	per does ALL of the effort. Resident does none of the effort to complete the ac resident to complete the activity.	ctivity. Or, the assistance of 2 or more helpers is
f activity was not atter	npted, code reason:	
07. Resident refuse	1	
	Not attempted and the resident did not perform this activity prior to the curre	
	lue to environmental limitations (e.g., lack of equipment, weather constraint	ts)
88. Not attempted of	lue to medical condition or safety concerns	
1. 2.		
Admission Dischar	je	
erformance Goal	1	
Enter Codes in Boxes	V	n an an al a sin a surfa a su (in de su su
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on un outdoor), such as turf or gravel.	neven or sloping surfaces (indoor or
	M. 1 step (curb): The ability to go up and down a curb and/or up and do	
	☐ If admission performance is coded 07, 09, 10, or 88 → Skip to GG017	70P, Picking up object
	N. 4 steps: The ability to go up and down four steps with or without a rail of admission performance is coded 07, 09, 10, or 88 → Skip to GG017	
	O. 12 steps: The ability to go up and down 12 steps with or without a rai	il.
	 P. Picking up object: The ability to bend/stoop from a standing position from the floor. 	n to pick up a small object, such as a spoon,
	Q1. Does the resident use a wheelchair and/or scooter?	
	0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two to	urns
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, th two turns.	e ability to wheel at least 50 feet and make
	RR1. Indicate the type of wheelchair or scooter used. 1. Manual	
	2. Motorized	
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to whe space.	eel at least 150 feet in a corridor or similar
	SS1. Indicate the type of wheelchair or scooter used. 1. Manual	
	2. Motorized	

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Resident

Section GG Functional	Abilities and Goals - Admission
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GG0170. Mobility (Assessment period is the first 3 days of the stay Complete column 1 when A0310A = 01. Complete columns 1 an When A0310B = 01, the stay begins on A2400B. When A0310B = 99,

Code the resident's usual performance at the start of the stav (admission) attempted at the start of the stay (admission), code the reason. Code the scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PI Coding:

Safety and Quality of Performance - If helper assistance is required becau amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent Resident completes the activity by themself with no assistance from a helper.

- completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- required for the resident to complete the activity.

If activity was not attempted, code reason:

07. Resident refused

- 09. Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

	-	
1. Admission Performance ↓ Enter Code	2. Discharge Goal s in Boxes 1	
		L. Walking 10 feet on uneven surfaces: The outdoor), such as turf or gravel.
		M. 1 step (curb): The ability to go up and do If admission performance is coded 07, 09,
		N. 4 steps: The ability to go up and down fou If admission performance is coded 07, 09,
		0. 12 steps: The ability to go up and down 12
		P. Picking up object: The ability to bend/sto from the floor.
		Q1. Does the resident use a wheeld 0. No
		R. Wheel 50 feet with two turns: Once seate two turns.
		RR1. Indicate the type of wheelchai 1. Manual 2. Motorized
		S. Wheel 150 feet: Once seated in wheelchai space.
		SS1. Indicate the type of wheelchai 1. Manual 2. Motorized

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 20 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

🕒 Back to Change Summary



STRATEGIC HEALTHCARE PROGRAM

Identifier

Date

d 2 when A0310B = 01.
the stay begins on A1600.
on) for each activity using the 6-point scale. If activity was not he resident's end of SNF PPS stay (discharge) goal(s) using the 6-point PS stay (discharge) goal(s).
use resident's performance is unsafe or of poor quality, score according to

05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident

01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is

ability to walk 10 feet on uneven or sloping surfaces (indoor or

wn a curb and/or up and down one step. 10, or 88 - Skip to GG0170P, Picking up object ur steps with or without a rail.

10, or 88 - Skip to GG0170P, Picking up object

12 steps with or without a rail.

op from a standing position to pick up a small object, such as a spoon,

hair and/or scooter?

Care (Discharge) R, Wheel 50 feet with two turns

ed in wheelchair/scooter, the ability to wheel at least 50 feet and make

ir or scooter used.

ir/scooter, the ability to wheel at least 150 feet in a corridor or similar

ir or scooter used.

Page 21 of 58

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Resident	Identifier Dat	.e
Section GG	Functional Abilities and Goals - Discharge (End of SNF PP	S Stay)
	Fare (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) FA0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not	ot = 03
	t's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an ac SNF PPS stay, code the reason.	tivity was not attempted
Coding: Safety and Quality amount of assistant	ty of Performance - If helper assistance is required because resident's performance is unsafe or of poor quance provided.	ality, score according to
	ompleted with or without assistive devices.	
	ent - Resident completes the activity by him/herself with no assistance from a helper.	
-	clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to o	r following the activity.
04. Supervisio	on or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard as a sctivity. Assistance may be provided throughout the activity or intermittently.	
03. Partial/mo half the effo	oderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs ffort.	, but provides less than
02. Substantia the effort.	al/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and i	provides more than half
	nt - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistan or the resident to complete the activity.	ce of 2 or more helpers is
If activity was not	t attempted, code reason:	
07. Resident re	refused	
09. Not applica	cable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation	n, or injury.
10. Not attemp	npted due to environmental limitations (e.g., lack of equipment, weather constraints)	
88. Not attemp	npted due to medical condition or safety concerns	
3.		
5. Discharge		
Performance		
Enter Codes in Boxes		
↓		
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food meal is placed before the resident.	and/or liquid once the
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to in dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.	
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or movement. If managing an ostomy, include wiping the opening but not managing equipment.	or having a bowel
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes was and hair). Does not include transferring in/out of tub/shower.	hing of back
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applica	ıble.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not footwear.	t include
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear safe mobility; including fasteners, if applicable.	r that is appropriate for

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

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Re

esident	Identifier	Date
Section GG	Functional Abilities and Goals - Discharge	
Complete colum When A0310G is r	re (Assessment period is the last 3 days of the stay). n 3 when A0310F = 10 or 11 or when A0310H = 1. not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2 narge assessments, the stay ends on A2000.	105 is not = 04, the stay ends on A2400C.
Code the resident's end of the stay, co	s usual performance at the end of the stay for each activity using the 6-point sc de the reason.	ale. If an activity was not attempted at the
 amount of assistant Activities may be conditional of the ender of	mpleted with or without assistive devices. nt - Resident completes the activity by themself with no assistance from a helper. ean-up assistance - Helper sets up or cleans up; resident completes activity. Helper n or touching assistance - Helper provides verbal cues and/or touching/steadying a activity. Assistance may be provided throughout the activity or intermittently. derate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or su bort. I/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or hold t - Helper does ALL of the effort. Resident does none of the effort to complete the act r the resident to complete the activity. attempted, code reason:	assists only prior to or following the activity. and/or contact guard assistance as resident apports trunk or limbs, but provides less than ds trunk or limbs and provides more than half tivity. Or, the assistance of 2 or more helpers is nt illness, exacerbation, or injury.
3. Discharge Performance nter Codes in Boxes		
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mo meal is placed before the resident.	uth and swallow food and/or liquid once the
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applic dentures into and from the mouth, and manage denture soaking and rinsing w	
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before movement. If managing an ostomy, include wiping the opening but not managed	
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and dry and hair). Does not include transferring in/out of tub/shower.	ing self (excludes washing of back
	F. Upper body dressing: The ability to dress and undress above the waist; includir	ng fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, includin footwear.	ng fasteners; does not include
	H. Putting on/taking off footwear: The ability to put on and take off socks and sh safe mobility; including fasteners, if applicable.	oes or other footwear that is appropriate for
	I. Personal hygiene: The ability to maintain personal hygiene, including combing washing/drying face and hands (excludes baths, showers, and oral hygiene).	hair, shaving, applying makeup,

Page 21 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 22 of 58

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Resident		Identifier	Date
Section GG	Functional Abilitie	es and Goals - Discharg	e (End of SNF PPS Stay)
	ty (Assessment period is the last 3 days of A0310G is not = 2 and A0310H = 1 and A		
	s usual performance at the end of the SNF NF PPS stay, code the reason.	PPS stay for each activity using the	ne 6-point scale. If an activity was not attempted
amount of assistan Activities may be co 06. Independe 05. Setup or cl 04. Supervisio completes 03. Partial/mon half the effor 02. Substantia the effort. 01. Dependent	ce provided. mpleted with or without assistive devices. nt - Resident completes the activity by him/l ean-up assistance - Helper sets up or cleans n or touching assistance - Helper provides activity. Assistance may be provided through derate assistance - Helper does LESS THAN ort. I/maximal assistance - Helper does MORE T	nerself with no assistance from a hel up; resident completes activity. He verbal cues and/or touching/steadyi nout the activity or intermittently. HALF the effort. Helper lifts, holds, or HAN HALF the effort. Helper lifts or	ce is unsafe or of poor quality, score according to per. Iper assists only prior to or following the activity. ing and/or contact guard assistance as resident or supports trunk or limbs, but provides less than holds trunk or limbs and provides more than half are activity. Or, the assistance of 2 or more helpers is
07. Resident re 09. Not applica 10. Not attemp	attempted, code reason: efused able - Not attempted and the resident did no oted due to environmental limitations (e.g oted due to medical condition or safety co	., lack of equipment, weather constr	
Enter Codes in Boxes	A. Roll left and right: The ability to roll fro	m lying on back to left and right side	e, and return to lying on back on the bed.
	B. Sit to lying: The ability to move from sit	ting on side of bed to lying flat on th	ne bed.
	C. Lying to sitting on side of bed: The abit the floor, and with no back support.	lity to move from lying on the back	to sitting on the side of the bed with feet flat on
	D. Sit to stand: The ability to come to a sta	inding position from sitting in a chai	ir, wheelchair, or on the side of the bed.
	E. Chair/bed-to-chair transfer: The ability	to transfer to and from a bed to a cl	hair (or wheelchair).
	F. Toilet transfer: The ability to get on and	d off a toilet or commode.	
	G. Car transfer: The ability to transfer in ar close door or fasten seat belt.	nd out of a car or van on the passeng	ger side. Does not include the ability to open/
	I. Walk 10 feet: Once standing, the ability If discharge performance is coded 07, 0		
	J. Walk 50 feet with two turns: Once stan	ding, the ability to walk at least 50 fe	eet and make two turns.
	K. Walk 150 feet: Once standing, the abilit	y to walk at least 150 feet in a corrid	lor or similar space.

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

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Resi

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lf a

Resident	Identifier	Date
Section GG	Functional Abilities and Goals - Discharge	
Complete column 3 when A When A0310G is not = 2 and	nent period is the last 3 days of the stay) A0310F = 10 or 11 or when A0310H = 1. I A0310H = 1 and A2400C minus A2400B is greater than 2 and A sments, the stay ends on A2000.	A2105 is not = 04, the stay ends on A2400C.
Code the resident's usual perion end of the stay, code the reas	formance at the end of the stay for each activity using the 6-point s	scale. If an activity was not attempted at the
Coding: Safety and Quality of Perform amount of assistance provided Activities may be completed with 06. Independent - Residen 05. Setup or clean-up assi 04. Supervision or touchin completes activity. Assi 03. Partial/moderate assis half the effort. 02. Substantial/maximal a the effort. 01. Dependent - Helper do required for the resider If activity was not attempted 07. Resident refused 09. Not applicable - Not at 10. Not attempted due to	nance - If helper assistance is required because resident's performance , h or without assistive devices. It completes the activity by themself with no assistance from a helper. stance - Helper sets up or cleans up; resident completes activity. Helpen ng assistance - Helper provides verbal cues and/or touching/steadying stance may be provided throughout the activity or intermittently. stance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or a assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds be ALL of the effort. Resident does none of the effort to complete the a at to complete the activity.	er assists only prior to or following the activity. g and/or contact guard assistance as resident supports trunk or limbs, but provides less than olds trunk or limbs and provides more than half activity. Or, the assistance of 2 or more helpers is rent illness, exacerbation, or injury.
3. Discharge Performance Enter Codes in Boxes		
	t and right: The ability to roll from lying on back to left and right side, a	
	ring: The ability to move from sitting on side of bed to lying flat on the	
	o sitting on side of bed: The ability to move from lying on the back to upport.	sitting on the side of the bed and with no
D. Sit to s	tand: The ability to come to a standing position from sitting in a chair,	wheelchair, or on the side of the bed.
E. Chair/b	ed-to-chair transfer: The ability to transfer to and from a bed to a cha	ir (or wheelchair).
F. Toilet t	ransfer: The ability to get on and off a toilet or commode.	
FF. Tub/sl	hower transfer: The ability to get in and out of a tub/shower.	
	nsfer: The ability to transfer in and out of a car or van on the passenge loor or fasten seat belt.	r side. Does not include the ability to open/
	feet: Once standing, the ability to walk at least 10 feet in a room, corriarge performance is coded 07, 09, 10, or $88 \rightarrow$ Skip to GG0170M, 1 ste	
J. Walk 50) feet with two turns: Once standing, the ability to walk at least 50 fee	t and make two turns.
K. Walk 1	50 feet: Once standing, the ability to walk at least 150 feet in a corridor	r or similar space.

Page 22 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

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Page 23 of 58

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Section GG	
	Functional Abilities and Goals - Discharge (End of SNF PPS Stay)
	ty (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) - Continued A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03
	's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempte NF PPS stay, code the reason.
Coding:	
Safety and Quality amount of assistan	y of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to ce provided
	mpleted with or without assistive devices.
06. Independe	nt - Resident completes the activity by him/herself with no assistance from a helper.
-	ean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
completes a	n or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident activity. Assistance may be provided throughout the activity or intermittently.
half the effo	
the effort.	I/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half
	t - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is r the resident to complete the activity.
f activity was not	attempted, code reason:
07. Resident re	
	able - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
-	oted due to environmental limitations (e.g., lack of equipment, weather constraints) oted due to medical condition or safety concerns
•	
3. Discharge Performance nter 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.
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object N. 4 steps: The ability to go up and down four steps with or without a rail.
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object N. 4 steps: The ability to go up and down four steps with or without a rail.
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 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
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 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 O. 12 steps: The ability to go up and down 12 steps with or without a rail. 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
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 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 O. 12 steps: The ability to go up and down 12 steps with or without a rail. 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. Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 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 O. 12 steps: The ability to go up and down 12 steps with or without a rail. 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. Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
	 turf or gravel. M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 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 O. 12 steps: The ability to go up and down 12 steps with or without a rail. 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. Q3. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. RR3. Indicate the type of wheelchair or scooter used. 1. Manual

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Resident

Identifier Date **Functional Abilities and Goals** - Discharge 06. Independent - Resident completes the activity by themself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. 07. Resident refused 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns valk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as nd/or up and down one step. Skip to GG0170P, Picking up object h or without a rail. Skip to GG0170P, Picking up object h or without a rail. standing position to pick up a small object, such as a spoon, from the or scooter? 50 feet with two turns Ichair/scooter, the ability to wheel at least 50 feet and make two turns. er used. he ability to wheel at least 150 feet in a corridor or similar space. er used.

Section GG **GG0170. Mobility** (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000. Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. If activity was not attempted, code reason:

3. Discharge Performance	
nter Codes in Boxes	
	L. Walking 10 feet on uneven surfaces: The ability to v turf or gravel.
	 M. 1 step (curb): The ability to go up and down a curb a If discharge performance is coded 07, 09, 10, or 88 –
	N. 4 steps: The ability to go up and down four steps with If discharge performance is coded 07, 09, 10, or 88 –
	O. 12 steps: The ability to go up and down 12 steps with
	P. Picking up object: The ability to bend/stoop from a s floor.
	Q3. Does the resident use a wheelchair and/o 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 5
	R. Wheel 50 feet with two turns: Once seated in wheel
	RR3. Indicate the type of wheelchair or scoote 1. Manual 2. Motorized
	S. Wheel 150 feet: Once seated in wheelchair/scooter, t
	SS3. Indicate the type of wheelchair or scoote 1. Manual 2. Motorized

Page 23 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

🕒 Back to Change Summary

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STRATEGIC HEALTHCARE PROGRAM

Page 24 of 58

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	ion GG	Functional Abilities and Go
		ent period is the ARD plus 2 previous cale 0310A = 02 - 06 and A0310B = 99 or wh
Code tl	he resident's usual perfo	ormance for each activity using the 6-point s
amour <i>Activiti</i> 06. 05. 04.	t of assistance provided. es may be completed with Independent - Resident Setup or clean-up assis Supervision or touching completes activity. Assis	ance - If helper assistance is required because or without assistive devices. completes the activity by themself with no as tance - Helper sets up or cleans up; resident co g assistance - Helper provides verbal cues and tance may be provided throughout the activit cance - Helper does LESS THAN HALF the effor
	half the effort.	ssistance - Helper does MORE THAN HALF the

E

ident	Identifier	Date
ection GG	Functional Abilities and Goals - OBRA/Interim	
	e (Assessment period is the ARD plus 2 previous calendar days) 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08.	
ode the resident's	usual performance for each activity using the 6-point scale. If an activity was not attem	pted, code the reason.
oding:	• Portormanco If holdow assistance is required because resident's performance is uncefe or	of poor quality score according to
mount of assistance		of pool quality, score according to
	pleted with or without assistive devices.	
-	t - Resident completes the activity by themself with no assistance from a helper. an-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists onl	y prior to or following the activity.
-	or touching assistance - Helper provides verbal cues and/or touching/steadying and/or con ctivity. Assistance may be provided throughout the activity or intermittently.	tact guard assistance as resident
	erate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports tru	nk or limbs, but provides less than
	maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or	limbs and provides more than half
01. Dependent	Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, t the resident to complete the activity.	he assistance of 2 or more helpers is
	ttempted, code reason:	
07. Resident re		
	ble - Not attempted and the resident did not perform this activity prior to the current illness, e	xacerbation, or injury
	ed due to environmental limitations (e.g., lack of equipment, weather constraints) ed due to medical condition or safety concerns	
oo. Not attemp	eu due to medical condition of safety concerns	
5.		
OBRA/Interim		
Performance		
ter Codes in Boxes		
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and sw meal is placed before the resident.	allow food and/or liquid once the
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The dentures into and from the mouth, and manage denture soaking and rinsing with use of e	
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after movement. If managing an ostomy, include wiping the opening but not managing equip	
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (exand hair). Does not include transferring in/out of tub/shower.	cludes washing of back
	F. Upper body dressing: The ability to dress and undress above the waist; including fastener	rs, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fastene footwear.	rs; does not include
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or oth safe mobility; including fasteners, if applicable.	er footwear that is appropriate for
	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shavin washing/drying face and hands (excludes baths, showers, and oral hygiene).	ng, applying makeup,

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023



STRATEGIC HEALTHCARE PROGRAMS

Page 25 of 58

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	Resident	Ide
	Section GG	Functional Abilities and Go
		ent period is the ARD plus 2 previous cale 0310A = 02 - 06 and A0310B = 99 or wh
	Code the resident's usual perfo	rmance for each activity using the 6-point
	amount of assistance provided. Activities may be completed with a 06. Independent - Resident 05. Setup or clean-up assist 04. Supervision or touching completes activity. Assist	ance - If helper assistance is required because or without assistive devices. completes the activity by themself with no as tance - Helper sets up or cleans up; resident c g assistance - Helper provides verbal cues and tance may be provided throughout the activity ance - Helper does LESS THAN HALF the effor
		sistance - Helper does MORE THAN HALF the

01. Dependent - Helper does ALL of the effort. Resident does none of the required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- 09. Not applicable Not attempted and the resident did not perform th
- 10. Not attempted due to environmental limitations (e.g., lack of equ
- 88. Not attempted due to medical condition or safety concerns 5. **OBRA/Interim** Performance **Enter Codes in Boxes** A. Roll left and right: The ability to roll from lying on l B. Sit to lying: The ability to move from sitting on side C. Lying to sitting on side of bed: The ability to move back support. D. Sit to stand: The ability to come to a standing posit E. Chair/bed-to-chair transfer: The ability to transfer F. Toilet transfer: The ability to get on and off a toilet FF. Tub/shower transfer: The ability to get in and out I. Walk 10 feet: Once standing, the ability to walk at lea If performance in the last 7 days is coded 07, 09, 10, scooter? J. Walk 50 feet with two turns: Once standing, the ab K. Walk 150 feet: Once standing, the ability to walk at

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023



STRATEGIC HEALTHCARE PROGRAM

Identifier	Date
ioals ·	- OBRA/Interim
alendar o when A(lays) 0 310B = 08.
nt scale.	If an activity was not attempted, code the reason.
se reside	nt's performance is unsafe or of poor quality, score according to
t complet and/or to ivity or in	ce from a helper. tes activity. Helper assists only prior to or following the activity. uching/steadying and/or contact guard assistance as resident termittently. per lifts, holds, or supports trunk or limbs, but provides less than
he effort.	Helper lifts or holds trunk or limbs and provides more than half
he effort	to complete the activity. Or, the assistance of 2 or more helpers is
	y prior to the current illness, exacerbation, or injury weather constraints)
oack to le	ft and right side, and return to lying on back on the bed.
of bed to	blying flat on the bed.
from lyir	ng on the back to sitting on the side of the bed and with no
ion from	sitting in a chair, wheelchair, or on the side of the bed.
to and fro	om a bed to a chair (or wheelchair).
or comm	ode.
of a tub/	shower.
	et in a room, corridor, or similar space. Skip to GG0170Q5, Does the resident use a wheelchair and/or
ility to wa	alk at least 50 feet and make two turns.
least 150	feet in a corridor or similar space.

Page 26 of 58

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Resident	lde
Section GG	Functional Abilities and Go
•	ent period is the ARD plus 2 previous cale 0310A = 02 - 06 and A0310B = 99 or wl
Code the resident's usual perfo	rmance for each activity using the 6-point
amount of assistance provided. Activities may be completed with of 06. Independent - Resident 05. Setup or clean-up assist 04. Supervision or touching completes activity. Assist	ance - If helper assistance is required because or without assistive devices. completes the activity by themself with no as tance - Helper sets up or cleans up; resident co g assistance - Helper provides verbal cues and tance may be provided throughout the activit ance - Helper does LESS THAN HALF the effor
02. Substantial/maximal as the effort.	sistance - Helper does MORE THAN HALF the
•	s ALL of the effort. Resident does none of the to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

5. OBRA/Interim Performance		
nter Codes in Boxes		
		 Q5. Does the resident use a wheelchair and 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Whee
	R. Whe	el 50 feet with two turns: Once seated in wh
		RR5. Indicate the type of wheelchair or sco 1. Manual 2. Motorized
	S. Whee	el 150 feet: Once seated in wheelchair/scoote
		 SS5. Indicate the type of wheelchair or score 1. Manual 2. Motorized

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summary

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STRATEGIC HEALTHCARE PROGRAM

dentifier Date oals - OBRA/Interim endar days) /hen A0310B = 08. t scale. If an activity was not attempted, code the reason. e resident's performance is unsafe or of poor quality, score according to ssistance from a helper. completes activity. Helper assists only prior to or following the activity. nd/or touching/steadying and/or contact guard assistance as resident ity or intermittently. rt. Helper lifts, holds, or supports trunk or limbs, but provides less than e effort. Helper lifts or holds trunk or limbs and provides more than half e effort to complete the activity. Or, the assistance of 2 or more helpers is 09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury d/or scooter? el 50 feet with two turns eelchair/scooter, the ability to wheel at least 50 feet and make two turns. oter used. r, the ability to wheel at least 150 feet in a corridor or similar space. oter used.

Page 27 of 58

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Resident Identifier Date	Resident Identifier Date
Section H Bladder and Bowel	Section H Bladder and Bowel
H0100. Appliances	H0100. Appliances
↓ Check all that apply	Check all that apply
A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
B. External catheter	B. External catheter
C. Ostomy (including urostomy, ileostomy, and colostomy)	C. Ostomy (including urostomy, ileostomy, and colostomy)
D. Intermittent catheterization	D. Intermittent catheterization
Z. None of the above	Z. None of the above
H0200. Urinary Toileting Program	H0200. Urinary Toileting Program
Enter Code A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility? 0. No → Skip to H0300, Urinary Continence 1. Yes → Continue to H0200B, Response 9. Unable to determine → Skip to H0200C, Current toileting program or trial B. Response - What was the resident's response to the trial program? 0. No improvement	 A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on admission/entry or reentry or since urinary incontinence was noted in this facility? No → Skip to H0300, Urinary Continence Yes → Continue to H0200B, Response Unable to determine → Skip to H0200C, Current toileting program or trial B. Response - What was the resident's response to the trial program? No improvement
1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress	 Decreased wetness Completely dry (continent) Unable to determine or trial in progress
 Enter Code C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence? 0. No 1. Yes 	being used to manage the resident's urinary continence? 0. No 1. Yes
H0300. Urinary Continence	H0300. Urinary Continence
Enter Code Urinary continence - Select the one category that best describes the resident 0. Always continent 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days	Enter Code Urinary continence - Select the one category that best describes the resident 0. Always continent 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400. Bowel Continence	H0400. Bowel Continence
Enter Code Bowel continence - Select the one category that best describes the resident 0. Always continent 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days	Enter Code Bowel continence - Select the one category that best describes the resident 0. Always continent 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days
H0500. Bowel Toileting Program	H0500. Bowel Toileting Program
Enter Code Is a toileting program currently being used to manage the resident's bowel continence? 0. No 1. Yes	Enter Code Is a toileting program currently being used to manage the resident's bowel continence? 0. No 1. Yes
H0600. Bowel Patterns	H0600. Bowel Patterns
Enter Code 0. No 1. Yes	Enter Code 0. No 1. Yes

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 24 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 28 of 58

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Resident	ldentifier	Date	Resident	h
Section I	Active Diagnoses		Section I	Active Diagnoses
Complete only if A0310B = 0 Indicate the resider 01. Stroke 02. Non-Traumatic 03. Traumatic Brain 04. Non-Traumatic 05. Traumatic Spin 06. Progressive Ner 07. Other Neurolog 08. Amputation 09. Hip and Knee R 10. Fractures and C 11. Other Orthoped	n Dysfunction Spinal Cord Dysfunction al Cord Dysfunction urological Conditions gical Conditions replacement Other Multiple Trauma dic Conditions prespiratory Conditions	e primary reason for admission	Complete only if AC Enter Code Enter Code O1. Strok 02. Non-1 03. Traun 04. Non-1 05. Traun 06. Progr 07. Other 08. Ampu 09. Hip an 10. Fractor 11. Other 12. Debili	Traumatic Brain Dysfunction natic Brain Dysfunction Traumatic Spinal Cord Dysfunction natic Spinal Cord Dysfunction essive Neurological Conditions Neurological Conditions Neurological Conditions atation nd Knee Replacement ures and Other Multiple Trauma Orthopedic Conditions ity, Cardiorespiratory Conditions cally Complex Conditions

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 25 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

CONFIDENTIAL DOCUMENT





Identifier

Date

OBRA assessment

hat best describes the primary reason for admission

Page 29 of 58

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Resident		Identifier	Date		V • v1.18.11 ► dent	I
Sectio	n I Active Diagnose	S		S	ection I	Active Diagnoses
Active Di	iagnoses in the last 7 days - Check all that a					n the last 7 days - Check all that apply
	i listed in parentheses are provided as examples an		ists	Dia	agnoses listed in pa	rrentheses are provided as examples and should not be
Ca	ncer				Cancer	
01	100. Cancer (with or without metastasis)					er (with or without metastasis)
	eart/Circulation				Heart/Circula	
102	200. Anemia (e.g., aplastic, iron deficiency, pernic	ious, and sickle cell)			_	hia (e.g., aplastic, iron deficiency, pernicious, and sickle
IO3	300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)			l0300. Atrial	Fibrillation or Other Dysrhythmias (e.g., bradycardia
104	400. Coronary Artery Disease (CAD) (e.g., angina	a, myocardial infarction, and atherosclerotic ł	heart disease (ASHD))		10400. Coror	nary Artery Disease (CAD) (e.g., angina, myocardial inf
105	500. Deep Venous Thrombosis (DVT), Pulmona	ry Embolus (PE), or Pulmonary Thrombo-F	Embolism (PTE)		I0500. Deep	Venous Thrombosis (DVT), Pulmonary Embolus (PE
	500. Heart Failure (e.g., congestive heart failure (I0600. Heart	: Failure (e.g., congestive heart failure (CHF) and pulmo
	700. Hypertension				 10700. Hype	rtension
	800. Orthostatic Hypotension					ostatic Hypotension
						heral Vascular Disease (PVD) or Peripheral Arterial I
	900. Peripheral Vascular Disease (PVD) or Perip	ineral Arterial Disease (PAD)			Gastrointesti	-
	istrointestinal 100. Cirrhosis				I1100. Cirrho	
					- 1	oesophageal Reflux Disease (GERD) or Ulcer (e.g., es
	200. Gastroesophageal Reflux Disease (GERD) o		culcers)			
	300. Ulcerative Colitis, Crohn's Disease, or Infla	mmatory Bowel Disease			Genitourinar	ative Colitis, Crohn's Disease, or Inflammatory Bowe
	enitourinary					y ın Prostatic Hyperplasia (BPH)
	400. Benign Prostatic Hyperplasia (BPH)				=	
	500. Renal Insufficiency, Renal Failure, or End-	stage Renal Disease (ESRD)				Insufficiency, Renal Failure, or End-Stage Renal Dis
15	550. Neurogenic Bladder				_	ogenic Bladder
I1e	650. Obstructive Uropathy				_	ructive Uropathy
Inf	fections				Infections	
🗌 117	700. Multidrug-Resistant Organism (MDRO)				11700. Multi	drug-Resistant Organism (MDRO)
I20	000. Pneumonia				I2000. Pneu	monia
I21	100. Septicemia				l2100. Septi	cemia
122	200. Tuberculosis				I2200. Tube	rculosis
	300. Urinary Tract Infection (UTI) (LAST 30 DAY	Ś)			I2300. Urina	ry Tract Infection (UTI) (LAST 30 DAYS)
	400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and					Hepatitis (e.g., Hepatitis A, B, C, D, and E)
	500. Wound Infection (other than foot)	-,				nd Infection (other than foot)
	etabolic				Metabolic	
	900. Diabetes Mellitus (DM) (e.g., diabetic retino	pathy penbronathy and peuropathy)				etes Mellitus (DM) (e.g., diabetic retinopathy, nephrop
	-	parity, hephroparity, and heuroparity)				
	100. Hyponatremia				3200. Hype	
	200. Hyperkalemia					
	300. Hyperlipidemia (e.g., hypercholesterolemia)					rlipidemia (e.g., hypercholesterolemia)
	400. Thyroid Disorder (e.g., hypothyroidism, hyp	erthyroidism, and Hashimoto's thyroiditis)			- · ·	bid Disorder (e.g., hypothyroidism, hyperthyroidism, ar
	usculoskeletal				Musculoskele	i tis (e.g., degenerative joint disease (DJD), osteoarthriti
	700. Arthritis (e.g., degenerative joint disease (DJ	D), osteoarthritis, and rheumatoid arthritis (R	RA))		<u> </u>	
38	800. Osteoporosis				3800. Osteo	•
39	900. Hip Fracture - any hip fracture that has a relation of the trochanter and femoral neck		toring (e.g., sub-capital fractures, ar	nd		racture - any hip fracture that has a relationship to curr ires of the trochanter and femoral neck)
	000. Other Fracture				4000. Othei	r Fracture
Ne	eurological				Neurological	
	200. Alzheimer's Disease				I4200. Alzhe	imer's Disease
43	300. Aphasia				I4300. Apha	sia
44	400. Cerebral Palsy				I4400. Cereb	oral Palsy
	500. Cerebrovascular Accident (CVA), Transien	t Ischemic Attack (TIA), or Stroke			14500. Cereb	provascular Accident (CVA), Transient Ischemic Atta
	800. Non-Alzheimer's Dementia (e.g. Lewy body		a mixed dementia frontotemporal	dementia		Alzheimer's Dementia (e.g. Lewy body dementia, vasc
	such as Pick's disease; and dementia related					as Pick's disease; and dementia related to stroke, Parkin
Neuro	ological Diagnoses continued on next page	2			Neurological D	iagnoses continued on next page
	ursing Home Comprehensive (NC) Version 1.		Pa	ge 26 of 51 MD	S 3.0 Nursing Ho	me Comprehensive (NC) Version 1.18.11 Effective

Generation Back to Change Summary





STRATEGIC HEALTHCARE PROGRAMS

dentifier Date
e considered as all-inclusive lists
cell)
as and tachycardias)
farction, and atherosclerotic heart disease (ASHD))
), or Pulmonary Thrombo-Embolism (PTE)
onary edema)
Disease (PAD)
ophageal, gastric, and peptic ulcers)
el Disease
sease (ESRD)
athy, and neuropathy)
any, and neuropathy)
nd Hashimoto's thyroiditis)
s, and rheumatoid arthritis (RA))
rent status, treatments, monitoring (e.g., sub-capital fractures, and
ck (TIA), or Stroke
ular or multi-infarct dementia; mixed dementia; frontotemporal dementia Ison's or Creutzfeldt-Jakob diseases)

fective 10/01/2023

Page 30 of 58

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	◄ v1.17.11 • OL		v1.18.11 ►	ldentifier Date	
Resider		Residen			
Sec	tion I Active Diagnoses		tion l	Active Diagnoses	
	e Diagnoses in the last 7 days - Check all that apply			in the last 7 days - Check all that apply parentheses are provided as examples and should not be considered as all-inclusive lists	
Diagr	oses listed in parentheses are provided as examples and should not be considered as all-inclusive lists Neurological - Continued	Diagin	Neurological - Co		
	14900. Hemiplegia or Hemiparesis			iplegia or Hemiparesis	
	I5000. Paraplegia		I5000. Parapleg	plegia	
	I5100. Quadriplegia		I5100. Quadrip	driplegia	
	I5200. Multiple Sclerosis (MS)		I5200. Multiple	tiple Sclerosis (MS)	
	I5250. Huntington's Disease		I5250. Hunting	tington's Disease	
	I5300. Parkinson's Disease		15300. Parkinso	sinson's Disease	
	I5350. Tourette's Syndrome		15350. Tourette	rette's Syndrome	
	I5400. Seizure Disorder or Epilepsy		15400. Seizure [ure Disorder or Epilepsy	
	I5500. Traumatic Brain Injury (TBI)			imatic Brain Injury (TBI)	
	Nutritional		Nutritional		
	15600. Malnutrition (protein or calorie) or at risk for malnutrition		15600. Malnutri Psychiatric/Moo	nutrition (protein or calorie) or at risk for malnutrition	
	Psychiatric/Mood Disorder I5700. Anxiety Disorder		15700. Anxiety		
	I5800. Depression (other than bipolar)			ression (other than bipolar)	
	15900. Bipolar Disorder		15900. Bipolar D		
	I5950. Psychotic Disorder (other than schizophrenia)		-	hotic Disorder (other than schizophrenia)	
	16000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)			zophrenia (e.g., schizoaffective and schizophreniform disorders)	
	16100. Post Traumatic Stress Disorder (PTSD)		-	Traumatic Stress Disorder (PTSD)	
	Pulmonary		Pulmonary		
	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)			a ma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive l ases such as asbestosis)	lung
	l6300. Respiratory Failure		16300. Respirate	piratory Failure	
	Vision		Vision		
	16500. Cataracts, Glaucoma, or Macular Degeneration None of Above		None of Above	aracts, Glaucoma, or Macular Degeneration	
	17900. None of the above active diagnoses within the last 7 days			e of the above active diagnoses within the last 7 days	
	Other		Other		
	18000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.			itional active diagnoses Isis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.	
			A.		
			В.		
			с.		
			· · · · · · · · · · · · · · · · · · ·		
			D		
	E		E		
	F		F		
	G		G		
	н		Н		
			I		
			J.		
			I		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 27 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAMS

Page 31 of 58

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	✓ v1.17.11 • Ol	D NEW • v1.18.11 ►			
Resident	Identifier Date	Resident		ldentifier	Date
Section J	Health Conditions	Section J	Health Conditions		
J0100. Pain Management	t - Complete for all residents, regardless of current pain level	J0100. Pain Mana	gement - Complete for all residents, rega	ardless of current pain level	
At any time in the last 5 days, l	has the resident:		t 5 days, has the resident:		
	eduled pain medication regimen?	Enter Code A. Recei	ved scheduled pain medication regimen?		
0. No 1. Yes		1. Ye			
Enter Code B. Received PRN	pain medications OR was offered and declined?		ved PRN pain medications OR was offered a	and declined?	
0. No 1. Yes		0. No			
Enter Code C. Received non-	-medication intervention for pain?		ved non-medication intervention for pain?	?	
0. No 1. Yes		0. No			
	essment Interview be Conducted?		ain Assessment Interview be Conducte interview with all residents. If resident is con		Breath (dyspnea)
	w with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) It is rarely/never understood)	· · ·	(resident is rarely/never understood) \rightarrow Ski	•	
	ntinue to J0300, Pain Presence		s → Continue to J0300, Pain Presence		
Pain Assessment Inte	erview	Pain Assessme	nt Interview		
J0300. Pain Presence		J0300. Pain Pre	sence		
Enter Code Ask resident: "H	lave you had pain or hurting at any time in the last 5 days?"		dent: " Have you had pain or hurting a	at any time in the last 5 days?'	1
0. No→S	Skip to J1100, Shortness of Breath		No \rightarrow Skip to J1100, Shortness of Breath		
1. Yes→ 9 Unable	Continue to J0400, Pain Frequency to answer — Skip to J0800, Indicators of Pain or Possible Pain		Yes → Continue to J0410, Pain Frequency Unable to answer → Skip to J0800, Indica	ators of Pain or Possible Pain	
J0400. Pain Frequency		J0410. Pain Fre	· · · · · · · · · · · · · · · · · · ·		
	how much of the time have you experienced pain or hurting over the last 5 days?"		dent: <i>"How much of the time have yo</i>	u experienced pain or hurtir	ng over the last 5 days?"
Enter Code 1. Almost c	•		arely or not at all		
2. Frequen 3. Occasion			Occasionally Frequently		
4. Rarely	nany		Almost constantly		
9. Unable t	to answer		Inable to answer		
J0500. Pain Effect on F		J0510. Pain Effe	•		
Enter Carla	:: "Over the past 5 days, has pain made it hard for you to sleep at night ?"		dent: "Over the past 5 days, how much of	f the time has pain made it h	ard for you to sleep at night?"
0. No 1. Yes		2.	Rarely or not at all Occasionally		
9. Unable to	o answer	3.	Frequently		
	: "Over the past 5 days, have you limited your day-to-day activities because of pain?"		Almost constantly Unable to answer		
Enter Code 0. No 1. Yes		J0520. Pain Inte	erference with Therapy Activities		
9. Unable to	o answer			ive you limited your particip	ation in rehabilitation therapy sessions
		due to p		, , , , ,	.,
			Does not apply - I have not received rel	habilitation therapy in the par	st 5 days
			Rarely or not at all Occasionally		
		3.	Frequently		
			Almost constantly Jnable to answer		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 28 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS



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esident	Identifier Date	Resident		
Section J	Health Conditions	Secti	on J	Health Conditions
		Pain	Assessment	Interview - Continued
		J0530	. Pain Interf	erence with Day-to-Day Activities
		Enter Coc	therapy se 1. Rai 2. Occ 3. Fre 4. Alr	t: "Over the past 5 days, how often have yo essions) because of pain?" rely or not at all casionally quently nost constantly able to answer
	sity - Administer ONLY ONE of the following pain intensity questions (A or B)	J0600		ity - Administer ONLY ONE of the follow
Enter Rating Ask resid as the w Enter tw Enter Code Enter Code Ask resid Ask resid Ask resid Ask resid Ask resid Ask resid S. Mod S. Seve 4. Very	derate	nd ten	Ask resi as the v Enter to Ask resi 1. Mild 2. Mod 3. Seve 4. Very	erate
J0700. Should the S	Staff Assessment for Pain be Conducted?	J0700	. Should the S	itaff Assessment for Pain be Conducted?
		Enter Co	0. 10 (50	410 = 1 thru 4) - Skip to J1100, Shortness of Bre
	0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain		1. Yes (J	0410 = 9) \rightarrow Continue to J0800, Indicators of Pair
	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain	Staff /	1. Yes () Assessment f	
Staff Assessment for	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain		ssessment f	
Staff Assessment for	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain For Pain Pain or Possible Pain in the last 5 days	J0800.	ssessment f	or Pain Pain or Possible Pain in the last 5 days
Staff Assessment fo J0800. Indicators of Check all that ap	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain For Pain Pain or Possible Pain in the last 5 days	.0080L	ssessment f Indicators of heck all that ap	or Pain Pain or Possible Pain in the last 5 days oply
Staff Assessment for J0800. Indicators of Check all that ap A. Non-ver	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain or Pain Pain or Possible Pain in the last 5 days pply	.0080L	Assessment f Indicators of heck all that ap A. Non-ver	or Pain Pain or Possible Pain in the last 5 days
Staff Assessment for J0800. Indicators of Check all that ap A. Non-vert B. Vocal con	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain for Pain Pain or Possible Pain in the last 5 days pply bal sounds (e.g., crying, whining, gasping, moaning, or groaning)	.0080L	Assessment f Indicators of Theck all that ap A. Non-ver B. Vocal co	or Pain Pain or Possible Pain in the last 5 days pply bal sounds (e.g., crying, whining, gasping, moani
Check all that ap Check all that ap A. Non-ver B. Vocal con C. Facial ex D. Protective	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain For Pain Pain or Possible Pain in the last 5 days poply bal sounds (e.g., crying, whining, gasping, moaning, or groaning) poplaints of pain (e.g., that hurts, ouch, stop)		Assessment f Indicators of heck all that ap A. Non-ver B. Vocal co C. Facial ex D. Protecti	or Pain Pain or Possible Pain in the last 5 days ply bal sounds (e.g., crying, whining, gasping, moani mplaints of pain (e.g., that hurts, ouch, stop)
0. No (so 1. Yes (JC Staff Assessment for J0800. Indicators of Check all that ap A. Non-veri B. Vocal con C. Facial ex D. Protecting body par	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain for Pain Fain or Possible Pain in the last 5 days oply thal sounds (e.g., crying, whining, gasping, moaning, or groaning) omplaints of pain (e.g., that hurts, ouch, stop) cpressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) the body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding		Assessment f Indicators of heck all that ap A. Non-ver B. Vocal co C. Facial ex D. Protecti body pa	or Pain Pain or Possible Pain in the last 5 days oply bal sounds (e.g., crying, whining, gasping, moani mplaints of pain (e.g., that hurts, ouch, stop) pressions (e.g., grimaces, winces, wrinkled foreher we body movements or postures (e.g., bracing, g
0. No (50) 1. Yes (J0) Staff Assessment for J0800. Indicators of ↓ Check all that ap △ △ A. Non-veri B. Vocal con ○ C. Facial ex ○ D. Protecting body par Z. None of the	0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain for Pain Pain or Possible Pain in the last 5 days pply rbal sounds (e.g., crying, whining, gasping, moaning, or groaning) pmplaints of pain (e.g., that hurts, ouch, stop) complaints of pain (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) re body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holdin rt during movement)	yosoo. ↓ (↓ (↓ (↓ (↓ (↓ (↓ (↓ (Assessment f Indicators of heck all that ap A. Non-ver B. Vocal co C. Facial ex D. Protecti body pai Z. None of	or Pain Pain or Possible Pain in the last 5 days ply bal sounds (e.g., crying, whining, gasping, moani mplaints of pain (e.g., that hurts, ouch, stop) pressions (e.g., grimaces, winces, wrinkled forehe ve body movements or postures (e.g., bracing, c t during movement)

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 29 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

CONFIDENTIAL DOCUMENT





Identifier

Date

I limited your day-to-day activities (<u>excluding</u> rehabilitation

ing pain intensity questions (A or B)

last 5 days on a zero to ten scale, with zero being no pain and ten at 00 -10 pain scale)

st pain over the last 5 days." (Show resident verbal scale)

ath (dyspnea) I or Possible Pain

ng, or groaning)

ead, furrowed brow, clenched teeth or jaw) Juarding, rubbing or massaging a body part/area, clutching or holding a

ecked, skip to J1100, Shortness of Breath (dyspnea)

st 5 days of pain or possible pain ys ys

> •)) 🖗 Page 33 of 58

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Resident		Identifier Date		W•v1. esident	18.11 ►	
Section	n J	Health Conditions		Sectio	n J	Health Conditions
Other He	ealth Condition	\$ S	0)ther H	ealth Conditio	ns
J1100. Sł	hortness of Breat	h (dyspnea)	J.	1100. S	hortness of Brea	ath (dyspnea)
🔶 Che	ck all that apply			🗼 Che	eck all that apply	
	A. Shortness of b	reath or trouble breathing with exertion (e.g., walking, bathing, transferring)			A. Shortness of	breath or trouble breathing with exertion (e.g
	B. Shortness of b	reath or trouble breathing when sitting at rest			B. Shortness of	breath or trouble breathing when sitting at re
	C. Shortness of b	reath or trouble breathing when lying flat			C. Shortness of	breath or trouble breathing when lying flat
	Z. None of the ab	ove			Z. None of the a	above
J1300. C	urrent Tobacco U	se	٦.	1300. C	urrent Tobacco	Use
Enter Code	Tobacco use		E	Enter Code	0. No	
	0. No 1. Yes				1. Yes	
J1400. Pi	rognosis		J.	1400. P	rognosis	
		nave a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physic	cian			t have a condition or chronic disease that may r
Enter Code	documentation) 0. No		E	Enter Code	documentation) 0. No	
	1. Yes				1. Yes	
J1550. Pi	roblem Condition	15	J.	1550. P	roblem Conditi	ons
Che	ck all that apply		_	↓ Che	eck all that apply	
	A. Fever				A. Fever	
	B. Vomiting				B. Vomiting	
	C. Dehydrated				C. Dehydrated	
	D. Internal bleedi	ing			D. Internal blee	ding
	Z. None of the ab	ove			Z. None of the a	above
	all History on Adn only if A0310A = (nission/Entry or Reentry D1 or A0310E = 1				dmission/Entry or Reentry = 01 or A0310E = 1
Enter Code		t have a fall any time in the last month prior to admission/entry or reentry?	E	Enter Code		ent have a fall any time in the last month prior t
	0. No 1. Yes				0. No 1. Yes	
	9. Unable to d				9. Unable to	
Enter Code	B. Did the resident0. No	t have a fall any time in the last 2-6 months prior to admission/entry or reentry?	E	Enter Code	B. Did the reside 0. No	ent have a fall any time in the last 2-6 months p
	1. Yes				1. Yes	
	9. Unable to d	l etermine t have any fracture related to a fall in the 6 months prior to admission/entry or reentry?			9. Unable to	
Enter Code	C. Did the resident 0. No	have any fracture related to a fail in the 6 months phor to admission/entry of reentry?	E	Enter Code	0. No	ent have any fracture related to a fall in the 6 i
	 Yes Unable to d 	etermine		Ш	1. Yes 9. Unable to	determine
J1800. A		mission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	J'	1800. A	I	dmission/Entry or Reentry or Prior Asses
Enter Code	Has the resident ha	d any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is m		Enter Code		had any falls since admission/entry or reentr
	recent?			\square	recent?	
		o to J2000, Prior Surgery Intinue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)				kip to J2000, Prior Surgery Continue to J1900, Number of Falls Since Admis

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 30 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Identifier	Date
r tion (e.g., walking, bathing, tran	sferring)
ing at rest	
ng flat	
nat may result in a life expectan o	cy of less than 6 months? (Requires physician
th prior to admission/entry or re	entry?
nonths prior to admission/entry	or reentry?
in the 6 months prior to admissi	on/entry or reentry?
	neduled PPS), whichever is more recent
or reentry or the prior assessme	ent (OBRA or Scheduled PPS), whichever is more
ce Admission/Entry or Reentry or	r Prior Assessment (OBRA or Scheduled PPS)

Page 34 of 58

NEW • v1.18.11 ▶

Section J

Resident

Coding: 0. None

Enter Code

assessment

Enter Code

1. One

2. Two or more

0. No 1. Yes 8. Unknown

0. No 1. Yes 8. Unknown

J2000. Prior Surgery - Complete only if A0310B = 01

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Resident		Identifier	✓ v1.17.11 • OL Date	
Section J	Health Conditions			
J1900. Number of Falls	Since Admission/Entry or Ree	ntry or Prior Assessment (OBRA	or Scheduled PPS), whichever is more recent	
	🗼 Enter Codes in Boxes			
Coding:	care clinician;	A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall		
0. None 1. One 2. Two or more		B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain		
		C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma		
J2000. Prior Surgery - C	omplete only if A0310B = 01			
Enter Code Did the resident 0. No 1. Yes 8. Unknown	have major surgery during the 100	days prior to admission?		
J2100. Recent Surgery F assessment	Requiring Active SNF Care - Co	omplete only if A0310B = 01 or if st	tate requires completion with an OBRA	
Enter Code Did the resident 0. No 1. Yes 8. Unknown		iring the prior inpatient hospital stay	that requires active care during the SNF stay?	

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 30 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Health Conditions

Lenter Codes in Boxes

after the fall

subdural hematoma

🕒 Back to Change Summary

CONFIDENTIAL DOCUMENT





Identifier

Date

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted

B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain

C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness,

Did the resident have major surgery during the **100 days prior to admission**?

J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

Page 35 of 58

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esident		Identifier Date	Resider		IO
Sect	tion J	Health Conditions	Sec	tion J	Health Conditions
Surai	cal Procedures - Comp	blete only if J2100 = 1	Surg	ical Procedures -	Complete only if J2100 = 1
	Check all that apply			, Check all that app	lv
*	Major Joint Replaceme	ant		Major Joint Repla	-
	J2300. Knee Replacen				lacement - partial or total
H	J2310. Hip Replaceme				acement - partial or total
H	J2320. Ankle Replace				placement - partial or total
H	-				Replacement - partial or total
	Spinal Surgery	acement - partial or total		Spinal Surgery	
		pinal cord or major spinal nerves			, the spinal cord or major spinal nerves
H	-				g fusion of spinal bones
님	J2410. Involving fusio				j lamina, discs, or facets
님	J2420. Involving lami				ijor spinal surgery
ш	J2499. Other major sp	• ·		Other Orthopedi	
	Other Orthopedic Surg				actures of the shoulder (including clavicle and sca
님	-	es of the shoulder (including clavicle and scapula) or arm (but not hand)		-	actures of the pelvis, hip, leg, knee, or ankle (not
닏	-	es of the pelvis, hip, leg, knee, or ankle (not foot)		-	
\Box	J2520. Repair but not			-	at not replace joints
\Box	J2530. Repair other b	ones (such as hand, foot, jaw)		-	her bones (such as hand, foot, jaw)
	J2599. Other major or	thopedic surgery			ijor orthopedic surgery
_	Neurological Surgery			Neurological Sur	
Ш	J2600. Involving the k	prain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)			the brain, surrounding tissue or blood vessels (
	J2610. Involving the p	peripheral or autonomic nervous system - open or percutaneous			y the peripheral or autonomic nervous system - o
	J2620. Insertion or re	moval of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices			or removal of spinal or brain neurostimulators,
	J2699. Other major ne	eurological surgery			ijor neurological surgery
	Cardiopulmonary Surg	jery		Cardiopulmonar	
	J2700. Involving the h	neart or major blood vessels - open or percutaneous procedures			J the heart or major blood vessels - open or percu
	J2710. Involving the r	espiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic		J2710. Involving	g the respiratory system, including lungs, bronch
	J2799. Other major ca	rdiopulmonary surgery			njor cardiopulmonary surgery
	Genitourinary Surgery			Genitourinary Su	
	J2800. Involving male	e or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)			genital systems (such as prostate, testes, ovaries,
	J2810. Involving the k nephrostomies	xidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of or urostomies)) the kidneys, ureters, adrenal glands, or bladde omies or urostomies)
	J2899. Other major ge	enitourinary surgery		J2899. Other ma	ijor genitourinary surgery
	Other Major Surgery			Other Major Surg	jery
		ons, ligaments, or muscles		J2900. Involving	g tendons, ligaments, or muscles
Ē.	-	jastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver,			g the gastrointestinal tract or abdominal conten
		leen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)		pancreas	, or spleen - open or laparoscopic (including creation
	J2920. Involving the e	endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open		J2920. Involving	, the endocrine organs (such as thyroid, parathyro
Ē.	J2930. Involving the b			J2930. Involving	y the breast
E.	-	ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant		J2940. Repair of	deep ulcers, internal brachytherapy, bone marr
H		irgery not listed above		J5000. Other ma	ijor surgery not listed above

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 31 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

ldentifier	Date
apula) or arm (but not hand) t foot)	
(excludes skull and skin but includ open or percutaneous	es cranial nerves)
, electrodes, catheters, or CSF dra	ainage devices
utaneous procedures hi, trachea, larynx, or vocal cords	s - open or endoscopic
, uterus, vagina, external genitalia)	
er - open or laparoscopic (includes	creation or removal of
	us, the biliary tree, gall bladder, liver, utaneous feeding tubes, or hernia repair) us - open
row or stem cell harvest or trans	plant

Page 36 of 58

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Resident	Identifier	Date	✓ v1.17.11 • OLD	NEW • v1.18.11 ► Resident		
Section K	Section K Swallowing/Nutritional Status					
K0100. Swallowing Disor Signs and symptoms of pos	der			K0100. Swallow Signs and sympto		
🗼 Check all that apply				Check all th		
	/solids from mouth when eating or drinking			A. Los		
	n mouth/cheeks or residual food in mouth after meals			B. Hol		
	hoking during meals or when swallowing medications			D. Cor		
	difficulty or pain with swallowing					
Z. None of the at				K0200. Height a		
KU200. Height and weigh	It - While measuring, if the number is X.1 - X.4 round down; X.5 or greater	ater round up		Rozoo. Height a		
A. Height (i	n inches). Record most recent height measure since the most recent admissic	on/entry or reentry		inches A		
	n pounds). Base weight on most recent measure in last 30 days; measure wei actice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	ght consistently, acco	rding to standard	pounds B		
K0300. Weight Loss				K0300. Weight		
Enter Code 0. No or unkn 1. Yes, on phy	re in the last month or loss of 10% or more in last 6 months own rsician-prescribed weight-loss regimen physician-prescribed weight-loss regimen			Enter Code 0. 1. 2. 2		
K0310. Weight Gain				K0310. Weight		
Enter Code 0. No or unkn 1. Yes, on phy	r e in the last month or gain of 10% or more in last 6 months own rsician-prescribed weight-gain regimen physician-prescribed weight-gain regimen			Enter Code 0. 2.		
K0510. Nutritional Appro	aches			K0520. Nutritio		
	itional approaches that were performed during the last 7 days			Check all of the foll		
	<i>sident</i> of this facility and within the <i>last 7 days</i> . Only check column 1 if on or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days	1. While NOT a Resident	2. While a Resident	1. On Admission Assessment pe A2400B 2. While Not a Re Performed whi		
	Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>					
A. Parenteral/IV feeding				DAYS. If reside 3. While a Reside Performed whi		
B. Feeding tube - nasogastric or abdominal (PEG)						
thickened liquids)	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)			B. Feeding tube (
Z. None of the above				C. Mechanically a		

Resident		Identifi	er		Date	
Sectio	on K	Swallowing/Nutritional Statu	IS			
	Swallowing Disor					
-	d symptoms of pos eck all that apply	sible swallowing disorder				
€		/solids from mouth when eating or drinking				
		n mouth/cheeks or residual food in mouth after i	meals			
		hoking during meals or when swallowing medica				
		difficulty or pain with swallowing				
	Z. None of the ab	pove				
KO200.	Height and Weigh	it - While measuring, if the number is X.1 - X.4 r	ound down; X.5	or greater round	d up	
inches	A. Height (i	n inches). Record most recent height measure since	the most recent a	dmission/entry o	r reentry	
pounds		n pounds). Base weight on most recent measure in actice (e.g., in a.m. after voiding, before meal, with s		ure weight consis	tently, according	to standard
0300.	Weight Loss					
Enter Code	1. Yes, on phy 2. Yes, not on Weight Gain Gain of 5% or more 0. No or unknow	re in the last month or gain of 10% or more in las	t 6 months			
	2. Yes, not on Nutritional Appro					
1. On A Asses A240 2. While	dmission sment period is days DB e Not a Resident	itional approaches that apply 1 through 3 of the SNF PPS Stay starting with	1. On Admission	2. While Not a Resident	3. While a Resident	4. At Discharge
Only DAYS 3. While Perfo 4. At Di	check column 2 if resi . If resident last enter e a Resident rmed while a resident scharge	sident of this facility and within the <i>last 7 days</i> . Ident entered (admission or reentry) IN THE LAST 7 red 7 or more days ago, leave column 2 blank. In this facility and within the <i>last 7 days</i> ast 3 days of the SNF PPS Stay ending on A2400C	t	Check all ↓	that apply	Ļ
A. Parer	nteral/IV feeding					
B. Feedi	ng tube (e.g., nasoga	istric or abdominal (PEG))				
	anically altered diet d food, thickened liqu	- require change in texture of food or liquids (e.g., uids)				
D. Thera	peutic diet (e.g., low	salt, diabetic, low cholesterol)				
Z. None	of the above					

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 32 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary



STRATEGIC HEALTHCARE PROGRAMS

Page 37 of 58

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IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident	Date			
Section K	Swallowing/Nutritional Status			
K0710. Percent Intake by A	rtificial Route - Complete K0710 only if Column 1 and/or Column 2 ar	e checked for K0510A	and/or K0510B	
 While a Resident Performed while a resident During Entire 7 Days Performed during the entire 	2. While a Resident	3. During Entire 7 Days		
Enter Codes				
 A. Proportion of total calories 1. 25% or less 2. 26-50% 3. 51% or more 				
B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more				

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Resident	Iden	lifier	Date	
Section K	Swallowing/Nutritional Stat	us		
K0710. Percent Intak	e by Artificial Route - Complete K0710 only if Colu	ımn 2 and/or Column 3 are	e checked for K0520A	and/or K0520B
3. During Entire 7 Days While a During				3. During Entire 7 Days
			🔶 🗼 Enter	Codes ↓
 A. Proportion of total c 1. 25% or less 2. 26-50% 3. 51% or more 	alories the resident received through parenteral or	tube feeding		
 B. Average fluid intake 1. 500 cc/day or less 2. 501 cc/day or mo 				

Section L		Oral/Dental Status				
L0200. D	L0200. Dental					
🔶 Che	ck all that apply					
	A. Broken or loosel	y fitting full or partial denture (chipped, cracked, uncleanable, or loose)				
	B. No natural teeth	or tooth fragment(s) (edentulous)				
	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)					
	D. Obvious or likely cavity or broken natural teeth					
	E. Inflamed or blee	ding gums or loose natural teeth				
	F. Mouth or facial pain, discomfort or difficulty with chewing					
	G. Unable to examine					
	Z. None of the above	ve were present				

Section L		Oral/Dental Status				
L0200. D	L0200. Dental					
🗼 Che	Check all that apply					
	A. Broken or loosely fitting full or partial denture (chipped, or					
	B. No natural teeth or tooth fragment(s) (edentulous)					
	C. Abnormal mouth	tissue (ulcers, masses, oral lesions, includir				
	D. Obvious or likely	/ cavity or broken natural teeth				
	E. Inflamed or blee	ding gums or loose natural teeth				
	F. Mouth or facial pain, discomfort or difficulty with chewing					
	G. Unable to examine					
	Z. None of the above were present					

Page 33 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020



STRATEGIC HEALTHCARE PROGRAMS

racked, uncleanable, or loose)
ng under denture or partial if one is worn)
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Page 38 of 58

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▼ v1.17.11 • OLD	NEW • v1.18.11 ► Resident Identifier Date
Resident Identifier Date Section M Skin Conditions	Section M Skin Conditions
Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage	Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage
M0100. Determination of Pressure Ulcer/Injury Risk	M0100. Determination of Pressure Ulcer/Injury Risk
↓ Check all that apply	Check all that apply
A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device	A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device
B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
C. Clinical assessment	C. Clinical assessment
Z. None of the above	Z. None of the above
M0150. Risk of Pressure Ulcers/Injuries	M0150. Risk of Pressure Ulcers/Injuries
Enter Code Is this resident at risk of developing pressure ulcers/injuries?	Enter Code Is this resident at risk of developing pressure ulcers/injuries?
0. No 1. Yes	0. No 1. Yes
M0210. Unhealed Pressure Ulcers/Injuries	M0210. Unhealed Pressure Ulcers/Injuries
Enter Code Does this resident have one or more unhealed pressure ulcers/injuries?	Enter Code Does this resident have one or more unhealed pressure ulcers/injuries?
0. No → Skip to M1030, Number of Venous and Arterial Ulcers	0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
	A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not
A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues	have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues
Enter Number	Ent <u>er Num</u> ber
1. Number of Stage 1 pressure injuries	1. Number of Stage 1 pressure injuries
B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also	B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister
Enter Number	Enter Number
1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3	1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
Enter Number 2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted	2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted
at the time of admission/entry or reentry	at the time of admission/entry or reentry
C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be	C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be
present but does not obscure the depth of tissue loss. May include undermining and tunneling	present but does not obscure the depth of tissue loss. May include undermining and tunneling
Enter Number 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4	1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
	Enter Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were
2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	noted at the time of admission/entry or reentry
D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the
wound bed. Often includes undermining and tunneling	wound bed. Often includes undermining and tunneling
Enter Number 1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device
Enter Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were	2. Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were
noted at the time of admission/entry or reentry	noted at the time of admission/entry or reentry
M0300 continued on next page	M0300 continued on next page

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 34 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





Page 39 of 58

.

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident		Identifier	Date			
Section M	Skin Conditions					
M0300. Current Numb	er of Unhealed Pressure Ulcers/	/Injuries at Each Stage - Conti	nued			
E. Unstageab	le - Non-removable dressing/device	e: Known but not stageable due to	o non-removable dressing/device			
Unstagea	of unstageable pressure ulcers/inju able - Slough and/or eschar	uries due to non-removable dres	ssing/device - If 0 → Skip to M0300F,			
	of <u>these</u> unstageable pressure ulce ed at the time of admission/entry or r		on admission/entry or reentry - enter how many			
F. Unstageab	e - Slough and/or eschar: Known b	ut not stageable due to coverage	of wound bed by slough and/or eschar			
	of unstageable pressure ulcers due able - Deep tissue injury	e to coverage of wound bed by s	lough and/or eschar - If 0 → Skip to M0300G,			
	of <u>these</u> unstageable pressure ulce the time of admission/entry or reentr		ssion/entry or reentry - enter how many were			
G. Unstageab	le - Deep tissue injury:					
	 Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers 					
	of <u>these</u> unstageable pressure inju the time of admission/entry or reentr		nission/entry or reentry - enter how many were			
M1030. Number of Ver	nous and Arterial Ulcers					
Enter Number Enter the total	number of venous and arterial ulco	ers present				
M1040. Other Ulcers, V	Vounds and Skin Problems					
🗼 Check all that app	ly					
Foot Problems						
A. Infection o	f the foot (e.g., cellulitis, purulent dra	inage)				
B. Diabetic fo	ot ulcer(s)					
C. Other open	lesion(s) on the foot					
Other Problem	IS					
D. Open lesion	n(s) other than ulcers, rashes, cuts (e.g., cancer lesion)				
E. Surgical wo	und(s)					
F. Burn(s) (sec	ond or third degree)					
G. Skin tear(s)	1					
H. Moisture A	ssociated Skin Damage (MASD) (e.g	g., incontinence-associated derma	titis [IAD], perspiration, drainage)			
None of the Ak	ove					
Z. None of the	above were present					

esident			Identifier	Date
Section	M	Skin Condition	ns	
M0300. Ci	urrent Number o	of Unhealed Pressure L	Jlcers/Injuries at Each Stage - Contir	nued
1	E. Unstageable - N	lon-removable dressing,	/ device: Known but not stageable due to	o non-removable dressing/device
iter Number		nstageable pressure ulco - Slough and/or eschar	ers/injuries due to non-removable dres	sing/device - If 0 \longrightarrow Skip to M0300F,
ter Number		<u>hese</u> unstageable pressu t the time of admission/er		on admission/entry or reentry - enter how many
Ī	F. Unstageable - S	ilough and/or eschar: Kn	nown but not stageable due to coverage c	of wound bed by slough and/or eschar
er Number		nstageable pressure ulco - Deep tissue injury	ers due to coverage of wound bed by sl	ough and/or eschar - If 0 → Skip to M0300G,
er Number		hese unstageable pressu time of admission/entry or		ssion/entry or reentry - enter how many were
•	G. Unstageable - I	Deep tissue injury:		
er Number		nstageable pressure inju enous and Arterial Ulcers	uries presenting as deep tissue injury -	f 0 → Skip to M1030,
er Number		hese unstageable pressu time of admission/entry or		nission/entry or reentry - enter how many were
1030. N	umber of Venou	s and Arterial Ulcers		
r Number	Enter the total nur	nber of venous and arter	rial ulcers present	
040. O	ther Ulcers, Wou	unds and Skin Problem	15	
	ck all that apply			
F	Foot Problems			
		e foot (e.g., cellulitis, purul	ent drainage)	
	B. Diabetic foot u	lcer(s)		
	C. Other open lesi	ion(s) on the foot		
(Other Problems			
	D. Open lesion(s) o	other than ulcers, rashes	, cuts (e.g., cancer lesion)	
	E. Surgical wound	l(s)		
	F. Burn(s) (second	or third degree)		
	G. Skin tear(s)			
	H. Moisture Assoc	iated Skin Damage (MA	SD) (e.g., incontinence-associated dermat	itis [IAD], perspiration, drainage)
Ī	None of the Above	1		
	Z. None of the abo	ove were present		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 35 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

CONFIDENTIAL DOCUMENT



Page 40 of 58

NEW • v1.18.11 ▶

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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Resident _			Identifier	Date		
Sectio	n M	Skin Conditions				
M1200.	Skin and Ulcer/Inju	ry Treatments				
↓ ci	heck all that apply					
	A. Pressure reducin	g device for chair				
	B. Pressure reducin	g device for bed				
	C. Turning/repositi	oning program				
	D. Nutrition or hydration intervention to manage skin problems					
	E. Pressure ulcer/in	jury care				
	F. Surgical wound o	are				
	G. Application of n	nsurgical dressings (with or w	vithout topical medications) other	han to feet		
	H. Applications of c	intments/medications other th	han to feet			
	I. Application of dr	essings to feet (with or without	t topical medications)			
	Z. None of the abov	e were provided				

Resident			Identifier	Date			
Sectio	n M	Skin Conditions					
M1200.	Skin and Ulcer/Inju	ry Treatments					
↓ Cł	neck all that apply						
	A. Pressure reducin	ig device for chair					
	B. Pressure reducin	g device for bed					
	C. Turning/repositi	C. Turning/repositioning program					
	D. Nutrition or hydration intervention to manage skin problems						
	E. Pressure ulcer/injury care						
	F. Surgical wound o	are .					
	G. Application of nonsurgical dressings (with or without topical medications) other than to feet						
	H. Applications of c	 Applications of ointments/medications other than to feet 					
	I. Application of dr	ressings to feet (with or with	out topical medications)				
	Z. None of the abov	ve were provided					

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 36 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 41 of 58

NEW • v1.18.11 ▶

IntelliLogix[™] MDS 1.17.2 to MDS 1.18.11 Crosswalk Guide

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			◀ v1.17.11 • OLD
Resident		Identifier	Date
Sectio	n N	Medications	
N0300. I	njections		
Enter Days		er of days that injections of any type were received d → Skip to N0410, Medications Received	luring the last 7 days or since admission/entry or reentry if less
N0350. I	nsulin		
Enter Days	A. Insulin injections or reentry if less t		were received during the last 7 days or since admission/entry
Enter Days		n - Record the number of days the physician (or auth ring the last 7 days or since admission/entry or reentry	norized assistant or practitioner) changed the resident's if less than 7 days
N0410. M	Medications Receiv	:d	
			harmacological classification, not how it is used, during the ation was not received by the resident during the last 7 days.
Enter Days	A. Antipsychotic		
Enter Days	B. Antianxiety		
Enter Days	C. Antidepressant		
Enter Days	D. Hypnotic		
Enter Days	E. Anticoagulant (e	g., warfarin, heparin, or low-molecular weight heparin)	
Enter Days	F. Antibiotic		
Enter Days	G. Diuretic		
Enter Days	H. Opioid		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 37 of 51

Resident	Identifier	Date	
Sectio	n N Medications		
N0300.	njections		
Enter Days	Record the number of days that injections of any type were received during the last 7 days than 7 days. If 0	s or since admission/er	ntry or reentry if less
N0350. I	nsulin		
Enter Days	A. Insulin injections - Record the number of days that insulin injections were received durin or reentry if less than 7 days	ng the last 7 days or sir	ace admission/entry
Enter Days	B. Orders for insulin - Record the number of days the physician (or authorized assistant or insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days	practitioner) change	d the resident's
N0415. I	High-Risk Drug Classes: Use and Indication		
during 2. Indica	ng if the resident is taking any medications by pharmacological classification, not how it is used, the last 7 days or since admission/entry or reentry if less than 7 days tion noted mn 1 is checked, check if there is an indication noted for all medications in the drug class	1. Is taking	2. Indication noted
	min i is checked, check il there is an indication noted for an medications in the drug class	Check all	that apply 🚽
A. Antip	sychotic		
B. Antiar	ixiety		
C. Antide	epressant		
D. Hypno	otic		
E. Antico	agulant (e.g., warfarin, heparin, or low-molecular weight heparin)		
F. Antibi	otic		
G. Diure	tic		
H. Opioi	d and a second se		
I. Antipl	atelet		
Ј. Нурод	Jlycemic (including insulin)		
7 None	of the above		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

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BACKTO		Summerv
		Currenty

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 42 of 58

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		◀ v1.17.11 • OLD	NEW • v1.18.11 ▶	
Resident	ldentifier	Date	Resident	Identifier
Section N	Medications		Section N	Medications
N0450. Antipsych	otic Medication Review		N0450. Antipsychotic M	ledication Review
Enter Code more 0. No 1. Yes 2. Yes 3. Yes B. Has a g 0. No 1. Yes C. Date of Mon	e resident receive antipsychotic medications since admission/entry or reentry or the prior OBR recent? - Antipsychotics were not received \rightarrow Skip N0450B, N0450C, N0450D, and N0450E - Antipsychotics were received on a routine basis only \rightarrow Continue to N0450B, Has a GDR been attempted - Antipsychotics were received on a PRN basis only \rightarrow Continue to N0450B, Has a GDR been attempted - Antipsychotics were received on a routine and PRN basis \rightarrow Continue to N0450B, Has a GDR been attempted - Antipsychotics were received on a routine and PRN basis \rightarrow Continue to N0450B, Has a GDR been attempted - Antipsychotics were received on a routine and PRN basis \rightarrow Continue to N0450B, Has a GDR been radual dose reduction (GDR) been attempted? \rightarrow Skip to N0450D, Physician documented GDR as clinically contraindicated \Rightarrow Continue to N0450C, Date of last attempted GDR f last attempted GDR:	mpted? ted?	Enter Code Enter Code Enter Code Enter Code C. Date of last Month Month Month	dent receive antipsychotic medications since admission/er receive antipsychotic medications since admission/er receives a strain of the str
	ne Comprehensive (NC) Version 1.17.2 Effective 10/01/2020	Page 37 of 51	0. No - GDR	has not been documented by a physician as clinically contrain
N0450. Antipsych	otic Medication Review - Continued		1. Yes - GDF	linically contraindicated R has been documented by a physician as clinically contraindic linically contraindicated
0. No GE 1. Yes GE	- GDR has not been documented by a physician as clinically contraindicated \rightarrow Skip N0450E Date p R as clinically contraindicated - GDR has been documented by a physician as clinically contraindicated \rightarrow Continue to N0450E, I R as clinically contraindicated		E. Date physici	an documented GDR as clinically contraindicated: Day Year
	hysician documented GDR as clinically contraindicated:			
N2001. Drug Regir	nen Review - Complete only if A0310B = 01		N2001. Drug Regimen R	eview - Complete only if A0310B = 01
0. No 1. Yes	plete drug regimen review identify potential clinically significant medication issues? - No issues found during review s - Issues found during review - Resident is not taking any medications		0. No - No is 1. Yes - Issu	drug regimen review identify potential clinically significa isues found during review es found during review dent is not taking any medications
N2003. Medication	Follow-up - Complete only if N2001 =1		N2003. Medication Follo	ow-up - Complete only if N2001 =1
		nplete prescribed/		contact a physician (or physician-designee) by midnight o actions in response to the identified potential clinically sig
N2005. Medication	Intervention - Complete only if A0310H = 1		N2005. Medication Inte	rvention - Complete only if A0310H = 1
calendar 0. No 1. Ye 9. NA		sion?	calendar day ea 0. No 1. Yes	contact and complete physician (or physician-designee) pr ich time potential clinically significant medication issues w re were no potential clinically significant medication issues ide ons
MDS 3.0 Nursing Ho	ne Comprehensive (NC) Version 1.17.2 Effective 10/01/2020	Page 38 of 51	MDS 3.0 Nursing Home Co	omprehensive (NC) Version 1.18.11 Effective 10/01/2023

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CONFIDENTIAL DOCUMENT





Date

since admission/entry or reentry or the prior OBRA assessment, whichever is

50B, N0450C, N0450D, and N0450E only --> Continue to N0450B, Has a GDR been attempted?

R as clinically contraindicated

clinically contraindicated → Continue to N0450E, Date physician documented

clinically significant medication issues?

nee) by midnight of the next calendar day and complete prescribed/ tential clinically significant medication issues?

sician-designee) prescribed/recommended actions by midnight of the next nedication issues were identified since the admission?

nedication issues identified since admission or resident is not taking any

Page 43 of 58

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Resident	Identifier	Date	
Section O	Special Treatments, Procedures, and Program	ns	
O0100. Special Treat	ments, Procedures, and Programs		
Check all of the following	treatments, procedures, and programs that were performed during the last 14 day	'S	
	<i>a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if nission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days	1. While NOT a Resident	2. While a Resident
	sident of this facility and within the last 14 days	🗸 Check all t	hat apply
Cancer Treatments			
A. Chemotherapy			
B. Radiation			
Respiratory Treatments			
C. Oxygen therapy			
D. Suctioning			
E. Tracheostomy care			
F. Invasive Mechanical	/entilator (ventilator or respirator)		
G. Non-Invasive Mecha	nical Ventilator (BiPAP/CPAP)		
Other			
H. IV medications			
I. Transfusions			
J. Dialysis			
K. Hospice care			
precautions)	ine for active infectious disease (does not include standard body/fluid		
None of the Above			
Z. None of the above			

NEW • v1.18.11 ▶ Resident Section O Special Treatments, Proce O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with b. While a Resident Performed while a resident of this facility and within the last 14 days c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A240 **Cancer Treatments** A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation **Respiratory Treatments** 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. Anticoagulant H10. Other **I1. Transfusions** O0110 continued on next page

Page 39 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Identifier	Date						
edures, and	Programs						
performed							
A2400B	a. On Admission	b. While a Resident	c. At Discharge				
00C	ţ	Check all that apply	′↓				
		·					

Page 44 of 58

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			◄ v1.17.11 • OLD	NEW • v1	.18.11 🕨				
Resident		Identifier	Date	Resident _		Identifier		Date	
Sectio	n O Special Treatments, P	rocedures, and Programs		Sectio	on O	Special Treatments, Procedures, an	d Programs		
						ents, Procedures, and Programs - Continued eatments, procedures, and programs that were performed			
				 a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B b. While a Resident Performed while a resident of this facility and within the last 14 days 			a. On Admission	b. While a Resident	
				c. At Dis Asses		e last 3 days of the SNF PPS Stay ending on A2400C	Ļ	Check all that app	ly ↓
				J1. Dialy	vsis				
				J2.	Hemodialysis				
				J3.	Peritoneal dialysis	is			
				K1. Hos	pice care				
					ation or quarantin y/fluid precautions)	ne for active infectious disease (does not include standard s)			
				01. IV A	ccess				
				02.	Peripheral				
				O3.	Midline				
				04.	Central (e.g., PICC	C, tunneled, port)			
				None of t	he Above				
				Z1. Non	e of the above				
O0250. I	nfluenza Vaccine - Refer to current version of RAI ma		-			ne - Refer to current version of RAI manual for current influ		-	ing period
Enter Code	 A. Did the resident receive the influenza vaccine in this 0. No → Skip to O0250C, If influenza vaccine not rec 1. Yes → Continue to O0250B, Date influenza vacci 	ceived, state reason	on season?	Enter Code	0. No → S	dent receive the influenza vaccine <i>in this facility</i> for this year's Skip to O0250C, If influenza vaccine not received, state reason Continue to O0250B, Date influenza vaccine received	influenza vaccinatio	n season?	
	 B. Date influenza vaccine received → Complete date a 		mococcal vaccination up to date?			Trace received \rightarrow Complete date and skip to O0300A, Is	the resident's Pneur	nococcal vaccination	up to date?
	Month Day Year				Month	- Day - Year			
Enter Code	 C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influe 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a decline 9. None of the above 			Enter Code	C. If influenza v 1. Resident 2. Received 3. Not eligit 4. Offered a 5. Not offered	vaccine not received, state reason: t not in this facility during this year's influenza vaccination seaso d outside of this facility ible - medical contraindication and declined red to obtain influenza vaccine due to a declared shortage	วท		
	Pneumococcal Vaccine			00300.	Pneumococcal V	Vaccine			
Enter Code	 A. Is the resident's Pneumococcal vaccination up to da 0. No → Continue to O0300B, If Pneumococcal vacc 1. Yes → Skip to O0400, Therapies 	ine not received, state reason		Enter Code	0. No → C	ent's Pneumococcal vaccination up to date? Continue to O0300B, If Pneumococcal vaccine not received, state Skip to O0400, Therapies	reason		
Enter Code	 B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered 			Enter Code	1. Not eligit	occal vaccine not received, state reason: ible - medical contraindication and declined red			

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 39 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summar				
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CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAMS

Page 45 of 58

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	◄ v1.17.11 • OLD	NEW • v1.18.11 ►	
esident	Identifier Date	Resident	Identifier Date
Section O	Special Treatments, Procedures, and Programs	Section O	Special Treatments, Procedures, and Programs
O0400. Therapies		O0400. Therapies Complete only when A	
	A. Speech-Language Pathology and Audiology Services		A. Speech-Language Pathology and Audiology Services
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	Enter Number of Minutes	Spectric anguage ratio ogy and Addiology Services Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days 	Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400A5, Therapy start date		If the sum of individual, concurrent, and group minutes is zero,
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 		 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended on the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if therapy is an action of the start dark as if the start
	Month Day Year Month Day Year		- enter dashes if therapy is ongoing
	B. Occupational Therapy		Month Day Year Month Day Year B. Occupational Therapy Image: Comparison of the second
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	Enter Number of Minutes	I. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days 	Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days
	If the sum of individual, concurrent, and group minutes is zero,		If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400B5, Therapy start date
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 		 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing
	Month Day Year Month Day Year		$\square \square $
O0400 continue	ed on next page	O0400 continu	led on next page

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 40 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





Page 46 of 58

Developed by Strategic Healthcare Programs • www.SHPdata.com

	✓ v1.17.11 • OLD	NEW • v1.18.11 ▶	
Resident	Identifier Date	Resident	Identifier Date
Section O	Special Treatments, Procedures, and Programs	Section O	Special Treatments, Procedures, and Programs
O0400. Therapies	- Continued	O0400. Therapies	s - Continued
	C. Physical Therapy	Complete only when A	
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days	Enter Number of Minutes	 C. Physical Therapy 1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days	Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400C5, Therapy start date		If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400C5, Therapy start date
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	Enter Number of Minutes	 3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 		 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing
	Month Day Year Month Day Year		$\square \square $
	D. Respiratory Therapy		D. Respiratory Therapy
Enter Number of Minutes	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy 	Enter Number of Minutes	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy
Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	E. Psychological Therapy (by any licensed mental health professional)		E. Psychological Therapy (by any licensed mental health professional)
Enter Number of Minutes	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days	Enter Number of Minutes	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days
	If zero, \rightarrow skip to O0400F, Recreational Therapy		If zero, \rightarrow skip to O0400F, Recreational Therapy
Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	F. Recreational Therapy (includes recreational and music therapy)		F. Recreational Therapy (includes recreational and music therapy)
Enter Number of Minutes	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days	Enter Number of Minutes	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days
	If zero, \rightarrow skip to O0420, Distinct Calendar Days of Therapy		If zero, \rightarrow skip to 00420, Distinct Calendar Days of Therapy
Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
O0420. Distinct Ca	alendar Days of Therapy	00420 Distinct C	alendar Days of Therapy.
Enter Number of Days	Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.	Complete only when A	
	occupational merapy, or Physical merapy for at least 15 millutes in the past / days.	Enter Number of Days	Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 41 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAMS

Page 47 of 58

Developed by Strategic Healthcare Programs • www.SHPdata.com

Resident	✓ v1.17.11 • OLD Identifier Date	NEW • v1.18.11 ► Resident	
Section O	Special Treatments, Procedures, and Programs	Section O	Special Treatments, Proc
O0425. Part A Th Complete only if A	erapies	O0425. Part A Therap Complete only if A0310	
	A. Speech-Language Pathology and Audiology Services	A.	Speech-Language Pathology and Audiology
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	1. Individual minutes - record the total numb since the start date of the resident's most re
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	2. Concurrent minutes - record the total num concurrently with one other resident sinc (A2400B)
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	3. Group minutes - record the total number o of residents since the start date of the resid
	If the sum of individual, concurrent, and group minutes is zero,	l If	the sum of individual, concurrent, and group
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes	4. Co-treatment minutes - record the total nu co-treatment sessions since the start date of the start
Enter Number of Days	 Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Days	5. Days - record the number of days this there the resident's most recent Medicare Part A s
	B. Occupational Therapy	В.	Occupational Therapy
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	1. Individual minutes - record the total numb since the start date of the resident's most re
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes	2. Concurrent minutes - record the total num concurrently with one other resident sinc (A2400B)
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	3. Group minutes - record the total number o of residents since the start date of the resid
	If the sum of individual, concurrent, and group minutes is zero,	l If	the sum of individual, concurrent, and group
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes	4. Co-treatment minutes - record the total nu co-treatment sessions since the start date
Enter Number of Days	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Days	5. Days - record the number of days this there the resident's most recent Medicare Part A s
	C. Physical Therapy	С.	Physical Therapy
Enter Number of Minutes	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	1. Individual minutes - record the total numb since the start date of the resident's most re
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	2. Concurrent minutes - record the total num concurrently with one other resident sinc (A2400B)
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Minutes	3. Group minutes - record the total number o of residents since the start date of the resid
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to 00430, Distinct Calendar Days of Part A Therapy	l If	the sum of individual, concurrent, and group
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes	4. Co-treatment minutes - record the total nu co-treatment sessions since the start date
Enter Number of Days	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)	Enter Number of Days	5. Days - record the number of days this there the resident's most recent Medicare Part A s
00430. Distinct C Complete only if A	alendar Days of Part A Therapy D310H = 1	00430. Distinct Calen Complete only if A0310	ndar Days of Part A Therapy DH = 1
Enter Number of Days	Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes since the start date of the resident's most recent Medicare Part A stay (A2400B)		Record the number of calendar days that the re Occupational Therapy, or Physical Therapy for at Part A stay (A2400B)

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 42 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

CONFIDENTIAL DOCUMENT





Identifier

Date

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Services

per of minutes this therapy was administered to the resident **individually** (cent Medicare Part A stay (A2400B)

ber of minutes this therapy was administered to the resident the the start date of the resident's most recent Medicare Part A stay

f minutes this therapy was administered to the resident as **part of a group** lent's most recent Medicare Part A stay (A2400B)

minutes is zero, \rightarrow skip to O0425B, Occupational Therapy

umber of minutes this therapy was administered to the resident in of the resident's most recent Medicare Part A stay (A2400B)

apy was administered for **at least 15 minutes** a day since the start date of stay (A2400B)

per of minutes this therapy was administered to the resident **individually** (cent Medicare Part A stay (A2400B)

ber of minutes this therapy was administered to the resident the the start date of the resident's most recent Medicare Part A stay

f minutes this therapy was administered to the resident as **part of a group** lent's most recent Medicare Part A stay (A2400B)

minutes is zero, → skip to O0425C, Physical Therapy

umber of minutes this therapy was administered to the resident in of the resident's most recent Medicare Part A stay (A2400B)

apy was administered for **at least 15 minutes** a day since the start date of stary (A2400B)

per of minutes this therapy was administered to the resident **individually** cent Medicare Part A stay (A2400B)

ber of minutes this therapy was administered to the resident te the start date of the resident's most recent Medicare Part A stay

f minutes this therapy was administered to the resident as **part of a group** lent's most recent Medicare Part A stay (A2400B)

minutes is zero, \rightarrow skip to O0430, Distinct Calendar Days of Part A Therapy

Imber of minutes this therapy was administered to the resident in of the resident's most recent Medicare Part A stay (A2400B)

apy was administered for **at least 15 minutes** a day since the start date of stay (A2400B)

sident received Speech-Language Pathology and Audiology Services, t least 15 minutes since the start date of the resident's most recent Medicare

Page 48 of 58

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esident		ldentifier	Date
Sectio	n O	Special Treatments, Procedures, and Programs	
00500. R	Restorative Nursing	J Programs	
	e number of days each none or less than 15 m	n of the following restorative programs was performed (for at least 15 minutes a day) ir inutes daily)	n the last 7 calendar days
Number of Days	Technique		
	A. Range of motion	n (passive)	
	B. Range of motior	n (active)	
	C. Splint or brace a	ssistance	
Number of Days	Training and Skill P	ractice In:	
	D. Bed mobility		
	E. Transfer		
	F. Walking		
	G. Dressing and/or	grooming	
	H. Eating and/or sv	vallowing	
	I. Amputation/pro	stheses care	
	J. Communication		
00600. P	Physician Examinat	ions	
Enter Days	Over the last 14 days	, on how many days did the physician (or authorized assistant or practitioner) exa	amine the resident?
00700. P	Physician Orders		
Enter Days	Over the last 14 days	, on how many days did the physician (or authorized assistant or practitioner) cha	ange the resident's orders?

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Section	0	Special Treatments, Proce
00500. Re	estorative Nursing	J Programs
	number of days each one or less than 15 m	n of the following restorative programs was p inutes daily)
Number of Days	Technique	
	A. Range of motion	n (passive)
	B. Range of motion	n (active)
	C. Splint or brace a	ssistance
Number of Days	Training and Skill P	ractice In:
	D. Bed mobility	
	E. Transfer	
	F. Walking	
	G. Dressing and/or	grooming
	H. Eating and/or sv	vallowing
	I. Amputation/pro	stheses care
\Box	J. Communication	

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





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Date

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performed (for at least 15 minutes a day) in the last 7 calendar days

Page 49 of 58

Developed by Strategic Healthcare Programs • www.SHPdata.com

			◄ v1.17.11 · C				
Resident		Identifier	Date	Resident			
Section P	Restraints and Al	arms		Section P	Restraints and Alarms		
P0100. Physical Restr	aints			P0100. Physical Rest	raints		
	manual method or physical or mech ove easily which restricts freedom o		pment attached or adjacent to the resident's body that o one's body	Physical restraints are any the individual cannot ren	y manual method or physical or mechanical device, nove easily which restricts freedom of movement o		
		🗼 Enter Codes in Boxe	S		↓ Enter		
		Used in Bed			Use		
		A. Bed rail			A.		
		B. Trunk restraint			B. 1		
Coding		C. Limb restraint		Coding:	C .		
Coding: 0. Not used 1. Used less than dail	v	D. Other		0. Not used 1. Used less than dat			
2. Used daily	,	Used in Chair or Ou	ıt of Bed	2. Used daily	Use		
2. Used daily		E. Trunk restraint					
		F. Limb restraint			F. 1		
		G. Chair prevents	rising		G.		
		H. Other			н.		
P0200. Alarms				P0200. Alarms			
An alarm is any physical o	r electronic device that monitors res	ident movement and alerts the	e staff when movement is detected	An alarm is any physical of	or electronic device that monitors resident moveme		
		🗼 Enter Codes in Boxe	S		↓ Enter		
		A. Bed alarm			A.		
		B. Chair alarm		Coding:	B.		
Coding: 0. Not used 1. Used less than dail	v	C. Floor mat alarm	1	0. Not used 1. Used less than dai	ilv c.		
2. Used daily	,	D. Motion sensor a	alarm	2. Used daily	D.		
		E. Wander/elopem	nent alarm		E . 1		
		F. Other alarm			F. 1		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 44 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAM

		Identifier	Date
Restraints and Al	arms		
estraints			
any manual method or physical or mech remove easily which restricts freedom o			nt attached or adjacent to the resident's body that ne's body
	↓ Ei	nter Codes in Boxes	
		Used in Bed	
		A. Bed rail	
		B. Trunk restraint	
		C. Limb restraint	
daily		D. Other	
		Used in Chair or Out of	Bed
		E. Trunk restraint	
		F. Limb restraint	
		G. Chair prevents risin	g
		H. Other	
al or electronic device that monitors res	ident mo	vement and alerts the stat	ff when movement is detected
	↓ Ei	nter Codes in Boxes	
		A. Bed alarm	
		B. Chair alarm	
daily		C. Floor mat alarm	
-		D. Motion sensor aları	n
		E. Wander/elopement	alarm
		F. Other alarm	

Page 50 of 58

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Resident	Identifier Date
Section Q	Participation in Assessment and Goal Setting
Q0100. Participation in As	sessment
Enter Code . No . Yes	cipated in assessment
Enter Code 0. No 1. Yes	ficant other participated in assessment as no family or significant other
Enter Code 0. No 1. Yes	gally authorized representative participated in assessment as no guardian or legally authorized representative
Q0300. Resident's Overall Complete only if A0310E = 1	Expectation
Enter Code A. Select one for a 1. Expects to b 2. Expects to re	resident's overall goal established during assessment process e discharged to the community emain in this facility e discharged to another facility/institution r uncertain
Enter Code 1. Resident 2. If not resider 1. Resident	nation source for Q0300A nt, then family or significant other nt, family, or significant other, then guardian or legally authorized representative r uncertain
Q0400. Discharge Plan	
0. No 1. Yes → Skip	rge planning already occurring for the resident to return to the community? to Q0600, Referral
Q0490. Resident's Prefere Complete only if A0310A = 02,	nce to Avoid Being Asked Question Q0500B
Enter Code 0. No	s clinical record document a request that this question be asked only on comprehensive assessments?
Q0500. Return to Commu	nity
respond): "Do	nt (or family or significant other or guardian or legally authorized representative if resident is unable to understand or you want to talk to someone about the possibility of leaving this facility and returning to live and ces in the community?" r uncertain

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	Section Q Participation in Assessme
	Q0110. Participation in Assessment and Goal Setting Identify all active participants in the assessment process
	Check all that apply
	A. Resident
	B. Family
	C. Significant other
	D. Legal guardian
	E. Other legally authorized representative
	Z. None of the above
	Q0310. Resident's Overall Goal Complete only if A0310E = 1
	A Resident's overall goal for discharge established during t
	1. Discharge to the community
	2. Remain in this facility 3. Discharge to another facility/institution
	9. Unknown or uncertain
	Enter Code B. Indicate information source for Q0310A
	1. Resident 2. Family
	3. Significant other
	4. Legal guardian 5. Other legally authorized representative
_	9. None of the above
	Q0400. Discharge Plan
	Enter Code A. Is active discharge planning already occurring for the res
	0. No 1. Yes → Skip to Q0610, Referral
	Q0490. Resident's Documented Preference to Avoid Being Aske
	Complete only if A0310A = 02, 06, or 99
	Enter Code 0. No
	1. Yes \rightarrow Skip to Q0610, Referral
	Q0500. Return to Community
	Enter Code B. Ask the resident (or family or significant other or guardian of
	or respond): "Do you want to talk to someone about the p
	services in the community?" 0. No
	1. Yes
	9. Unknown or uncertain Enter Code C. Indicate information source for Q0500B
	1. Resident
	2. Family 3. Significant other
	4. Legal guardian
	5. Other legally authorized representative 9. None of the above
	5. None of the above
	MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective
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MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT



Identifier Date ent and Goal Setting he assessment process ident to return to the community? d Question Q0500B question (Q0500B) be asked only on a comprehensive assessment? r legally authorized representative **only** if resident is unable to understand ossibility of leaving this facility and returning to live and receive





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Resident _		Identifier	Date
Sectio	on Q	Participation in Assessment and Goal Setti	ing
Q0550.	Resident's Preferen	ce to Avoid Being Asked Question Q0500B Again	
Enter Code	respond) want to assessments.)	It (or family or significant other or guardian or legally authorized represe be asked about returning to the community on <u>all</u> assessments? (F ument in resident's clinical record and ask again only on the next compr not available	Rather than only on comprehensive
Enter Code	 Resident If not resident 	tion source for Q0550A , then family or significant other , family or significant other, then guardian or legally authorized repre bove	esentative

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020



NEW • v1.18.11 ▶ Resident Identifier Section Q Participation in Assessment and Goal Setting Q0550. Resident's Preference to Avoid Being Asked Question Q0500B A. Does resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or Enter Code respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessments alone) 0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 1 Yes 8. Information not available Enter Code C. Indicate information source for Q0550A Resident 1. 2. Family 3. Significant other 4. Legal guardian Other legally authorized representative 5. 9. None of the above Q0610. Referral Enter Code A. Has a referral been made to the Local Contact Agency (LCA)? 0. **No** 1. Yes Q0620. Reason Referral to Local Contact Agency (LCA) Not Made Complete only if Q0610 = 0Enter Code Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away

5. Discharge date more than 3 months away

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summary

CONFIDENTIAL DOCUMENT



STRATEGIC HEALTHCARE PROGRAM

Date

Page 52 of 58

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	• v1	1.17.11 • OLD NEW	• v1.18.11 ►			
Resident	Identifier Date	Resider	nt		Identifier	Date
Section	Q Participation in Assessment and Goal Setting	Sec	tion V	Care Area Assessme	ent (CAA) Summary	
Q0600. Ref	rerral					
Enter Code	 as a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record) 0. No - referral not needed 1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20) 2. Yes - referral made 					
Section			00 Itoms Erom th	e Most Recent Prior OBRA or Sche	duled PDS Accorcment	
	ns From the Most Recent Prior OBRA or Scheduled PPS Assessment nly if A0310E = 0 and if the following is true for the prior assessment : A0310A = 01- 06 or A0310B = 01			E = 0 and if the following is true for		= 01- 06 or A0310B = 01
Enter Code	 Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment) 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above 	Enter	01. Admis 02. Quart 03. Annu 04. Signif 05. Signif 06. Signif	ssment Federal OBRA Reason for Assession assessment (required by day 14) erly review assessment al assessment ficant change in status assessment ficant correction to prior comprehensi ficant correction to prior quarterly ass of the above	i ve assessment	assessment)
Enter Code	 Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment) 01. 5-day scheduled assessment 08. IPA - Interim Payment Assessment 99. None of the above 	Enter	01. 5-day 08. IPA -1	ssment PPS Reason for Assessment (A scheduled assessment nterim Payment Assessment of the above	0310B value from prior assessment	t)
C.	Prior Assessment Reference Date (A2300 value from prior assessment) Image: Month Image: Day Year		C. Prior Asses	Soment Reference Date (A2300 value fr	om prior assessment)	
Enter Score	. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)	Enter S		ssment Brief Interview for Mental Sta	tus (BIMS) Summary Score (C050)	0 value from prior assessment)
Enter Score E.	Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300 value from prior assessment)	Enter		ssment Resident Mood Interview (PHO	Q-2 to 9©) Total Severity Score (D	0160 value from prior assessment)
Enter Score	Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessm	ment)		ssment Staff Assessment of Resident I	Nood (PHQ-9-OV) Total Severity	Score (D0600 value from prior assessment)

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 46 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Generation Back to Change Summary

CONFIDENTIAL DOCUMENT





Page 53 of 58

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Resident			Identifier	✓ v1.17.11 • O Date
Section V	Care Area A	ssassmant	(CAA) Summ	
	*	55E55111E111	(CAA) Summ	
V0200. CAAs and Care				
the problem(s) identifie completing the RAI (MI 3. Indicate in the <u>Location</u>	e Area, indicate whether a r ed in your assessment of th DS and CAA(s)). Check colu	e care area. The <u>C</u> Imn B if the trigger <u>ntation</u> column wł	are Planning Decisio ed care area is addre nere information rela	ated to the CAA can be found. CAA documentation
A. CAA Results			1	1
Care	Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
		🗼 Check al	that apply 🗸	
01. Delirium				
02. Cognitive Loss/Dem	entia			
03. Visual Function				
04. Communication				
05. ADL Functional/Reh	abilitation Potential			
06. Urinary Incontinence Catheter	e and Indwelling			
07. Psychosocial Well-Be	eing			
08. Mood State				
09. Behavioral Sympton	ns			
10. Activities				
11. Falls				
12. Nutritional Status				
13. Feeding Tube				
14. Dehydration/Fluid N	Maintenance			
15. Dental Care				
16. Pressure Ulcer				
17. Psychotropic Drug U	Jse			
18. Physical Restraints				
19. Pain				
20. Return to Communi	-			
-	dinator for CAA Process a	nd Date Signed		
1. Signature				2. Date
-	ompleting Care Plan Dec	ision and Date Sig	jned	
1. Signature				2. Date

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Resident			Identifier		Date
Section V Care Area Assessment (CAA) Summary					
V0200. CAAs and Care Planning					
 Check column A if Care Area is triggered. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The <u>Care Planning Decision</u> column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan. Indicate in the <u>Location and Date of CAA Documentation</u> column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area. 					
A. CAA Results					
Care Area		A. Care Area Triggered	B. Care Planning Decision		and Date of umentation
		↓ Check all t	that apply 🗼		
01. Delirium					
02. Cognitive Loss/Dementia					
03. Visual Function					
04. Communication					
05. ADL Functional/Rehabilit					
06. Urinary Incontinence and Catheter	Indwelling				
07. Psychosocial Well-Being					
08. Mood State					
09. Behavioral Symptoms					
10. Activities					
11. Falls					
12. Nutritional Status					
13. Feeding Tube					
14. Dehydration/Fluid Maint	enance				
15. Dental Care					
16. Pressure Ulcer					
17. Psychotropic Drug Use					
18. Physical Restraints					
19. Pain					
20. Return to Community Re	ferral				
B. Signature of RN Coordinat	or for CAA Process a	nd Date Signed		•	
1. Signature 2. Date Image: Month data Image: Day data					
C. Signature of Person Comp	leting Care Plan Deci	sion and Date Sigr	ned		
1. Signature				2. Date	- Year

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 47 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

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CONFIDENTIAL DOCUMENT





Page 54 of 58

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Resident	ldentifier Date	✓ v1.17.11 · OLD NEW · Y Resident	v1.18.11 ►	I
Section X	Correction Request	Sect	ion X	Correction Request
Complete Section X Identification of Record section, reproduce the infor This information is necessar	only if A0050 = 2 or 3 to be Modified/Inactivated - The following items identify the existing assessment record that is in er mation EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. y to locate the existing record in the National MDS Database.	ror. In this Identi section This int	fication of Record n, reproduce the inform formation is necessary	only if A0050 = 2 or 3 to be Modified/Inactivated - The following mation EXACTLY as it appeared on the existing e v to locate the existing record in the National MD
Enter Code Type of provide	home (SNF/NF)	Enter Cc	ode Type of provide	nome (SNF/NF)
X0200. Name of Reside	nt (A0500 on existing record to be modified/inactivated)	X0200). Name of Resider	nt (A0500 on existing record to be modified
A. First name:			A. First name:	
X0300. Gender (A0800 d	on existing record to be modified/inactivated)	X0300	D. Gender (A0800 o	on existing record to be modified/inactivate
Enter Code 1. Male 2. Female		Enter Co	1. Male 2. Female	
X0400. Birth Date (A090	00 on existing record to be modified/inactivated)	X0400	D. Birth Date (A090	0 on existing record to be modified/inactiv
Month	- Day - Year		—	Day Year
X0500. Social Security	Number (A0600A on existing record to be modified/inactivated)	X050	0. Social Security I	Number (A0600A on existing record to be n
X0570. Optional State	Assessment (A0300A on existing record to be modified/inactivated)			
Enter Code 0. No 1. Yes	ment for state payment purposes only?			
X0600. Type of Assessn	nent (A0310 on existing record to be modified/inactivated)	X0600). Type of Assessm	nent (A0310 on existing record to be modifi
01. Admiss 02. Quarter 03. Annual 04. Signific 05. Signific	ant change in status assessment ant correction to prior comprehensive assessment ant correction to prior quarterly assessment	Enter Co	01. Admissi 02. Quarter 03. Annual 04. Significa 05. Significa	ant change in status assessment ant correction to prior comprehensive assessn ant correction to prior quarterly assessment
01. 5-day so PPS Unsche	led Assessment for a Medicare Part A Stay cheduled assessment duled Assessment for a Medicare Part A Stay erim Payment Assessment essment	Enter Co	PPS Schedul 01. 5-day sc PPS Unsched PS Unsched	led Assessment for a <u>Medicare Part A Stay</u> heduled assessment duled Assessment for a <u>Medicare Part A Stay</u> erim Payment Assessment essment
10. Dischar 11. Dischar	acking record ge assessment- return not anticipated ge assessment- return anticipated n facility tracking record	Enter Co	11. Discharg	acking record ge assessment-return not anticipated ge assessment-return anticipated n facility tracking record
Enter Code D. No 1. Yes	Part A PPS Discharge Assessment?	Enter Co	H. Is this a SNF I 0. No 1. Yes	Part A PPS Discharge Assessment?
MDS 3.0 Nursing Home Co	omprehensive (NC) Version 1.17.2 Effective 10/01/2020	Page 48 of 51		

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Back to Change Summary

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAMS

ldentifier	Date
items identify the existing assessment recor erroneous record, even if the information is ir DS Database.	d that is in error. In this ncorrect.
/inactivated)	
l/inactivated)	
ed)	
ated)	
nodified/inactivated)	

ied/inactivated)	
ment	

Page 55 of 58

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Resident	Identifier Date
Section X	Correction Request
(0700. Date on existing	record to be modified/inactivated - Complete one only
A. Assessment	Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99
Month	Day Year
B. Discharge D	ate (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12
Month	Day Year
C. Entry Date (1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01
-	
Month	Day Year
orrection Attestation S	ection - Complete this section to explain and attest to the modification/inactivation request
0800. Correction Num	
Enter the numb	er of correction requests to modify/inactivate the existing record, including the present one
0900. Reasons for Mo	lification - Complete only if Type of Record is to modify a record in error (A0050 = 2)
👃 Check all that apply	
A. Transcriptio	n error
B. Data entry e	rror
C. Software pro	oduct error
D. Item coding	error
	equiring modification
If "Other" che	cked, please specify:
1050. Reasons for Ina	tivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
👃 Check all that apply	
A. Event did no	t occur
Z. Other error	equiring inactivation
lf "Other" che	cked, please specify:
1100. RN Assessment	Coordinator Attestation of Completion
A. Attesting in	lividual's first name:
D. Attention in	
B. Attesting in	lividual's last name:
C. Attesting in	lividual's title:
D. Signature	
5. Signature	
E Attactation	lata
E. Attestation	
Month	Day Year

 √1.17.11 • OLD NEW • v1.18.11 esident Section X **Correction Request** X0700. Date on existing record to be modified/inactivated - Comple A. Assessment Reference Date (A2300 on existing record to be Year Month Day B. Discharge Date (A2000 on existing record to be modified/ina Day Year C. Entry Date (A1600 on existing record to be modified/inactiva Mon Da Correction Attestation Section - Complete this section to explain a X0800. Correction Number Enter Nun Enter the number of correction requests to modify/inactivate X0900. Reasons for Modification - Complete only if Type of Record , Check all that apply A. Transcription error B. Data entry error C. Software product error D. Item coding error Z. Other error requiring modification If "Other" checked, please specify: X1050. Reasons for Inactivation - Complete only if Type of Record , Check all that apply A. Event did not occur \square Z. Other error requiring inactivation If "Other" checked, please specify: X1100. RN Assessment Coordinator Attestation of Completion A. Attesting individual's first name: B. Attesting individual's last name: C. Attesting individual's title: D. Signature E. Attestation date Month Day Year

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 49 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAM

Identifier Date	
ete one only	
e modified/inactivated) - Complete only if X0600F = 99	
activated) - Complete only if X0600F = 10, 11, or 12	
ated) - Complete only if X0600F = 01	
nd attest to the modification/inactivation request	
e the existing record, including the present one	
d is to modify a record in error (A0050 = 2)	
is to inactivate a record in error (A0050 = 3)	

Page 56 of 58

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		◄ v1.17.11 • OLD	NEW • v1.18.11 ►	
Resident	ldentifier	Date	Resident	
Section Z	Assessment Administration		Section Z	Assessment Administration
Z0100. Medicare Part A	A Billing		Z0100. Medicare Part A	Billing
A. Medicare Pa	art A HIPPS code:		A. Medicare P	art A HIPPS code:
B. Version cod	le:		B. Version coc	le:
Z0200. State Medicaid	Billing (if required by the state)		Z0200. State Medicaid	Billing (if required by the state)
A. Case Mix gr	oup:		A. Case Mix gr	oup:
B. Version cod	e:		B. Version coc	le:
Z0250. Alternate State	Medicaid Billing (if required by the state)		Z0250. Alternate State	Medicaid Billing (if required by the state)
A. Case Mix gr	oup:		A. Case Mix gr	oup:
B. Version cod	le:		B. Version coc	le:
Z0300. Insurance Billin	g		Z0300. Insurance Billin	g
A. Billing code			A. Billing code	::
B. Billing versi	ion:		B. Billing vers	ion:

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

Page 50 of 51

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

• Back to Change Summary

CONFIDENTIAL DOCUMENT





STRATEGIC HEALTHCARE PROGRAMS

Identifier	Date
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Page 57 of 58

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lentifier	Date	
n		
//Death Reporting		
wledge, this informatic used as a basis for ens at payment of such feo and truthfulness of this	or this resident and that I collecte on was collected in accordance w suring that residents receive appr deral funds and continued partici s information, and that I may be p ubmitting false information. I also	vith applicable ropriate and quality ipation in the personally subject to
Title	Sections	Date Section Completed
Completion		
		or signed
:omple	B. D	etion B. Date RN Assessment Coordinate assessment as complete:

Resident Identifier Date Section Z **Assessment Administration** Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. Signature A. R C. D E. F G.

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MDS 3.0 Nursing Home Comprehensive (NC) Version 1.17.2 Effective 10/01/2020

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Page 51 of 51

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LL.

K.

A. Signature:

Z0500. Signature of RN Assessment Coordinator Verifying Assessment

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Back to Change Summary



STRATEGIC HEALTHCARE PROGRAM

Title	Sections	Date Section Completed
Completion	·	
B. [Date RN Assessment Coordinator : assessment as complete:	signed
[/ear

MDS 3.0 Nursing Home Comprehensive (NC) Version 1.18.11 Effective 10/01/2023

Page 58 of 58



Page 61 of 61