

<b>Appendix B. Master List of Changes to LTCH CARE Data Set Items</b>			
<b>Item Number</b>	<b>Item Language, LTCH CARE Data Set Published in 60-day Federal Notice, Friday, September 2, 2011 (Volume 76, Issues 171)</b>	<b>Change for 30-day Federal Notice and LTCH CARE Data Set form where change applies</b>	<b>Justification</b>
Multiple Items	Patient/resident	Changed all instances of “patient/resident” or “resident” to “patient”  Applies to all forms	Revised to correct language for LTCHs
A0210	Assessment Reference Date	Added “Observation end date:” above date boxes.  Applies to all forms	Revised to harmonize with MDS 3.0
A0250	Reason for Assessment 01. Admission 10. Planned discharge 11. Unplanned discharge 12. Expired	Added option category: 02. Reentry  Applies to all forms	Revision to capture reentry to LTCHs
A1050	What is the highest degree or level of school this patient/resident has completed?	Item Deleted  Applies to Unplanned Discharge	Item identified as not necessary for Unplanned Discharge LTCH CARE Data Set
A1100	Language	Item Deleted  Applies to Unplanned Discharge	Item identified as not necessary for Unplanned Discharge LTCH CARE Data Set
A1200	Marital Status	Item Deleted  Applies to Unplanned Discharge	Item identified as not necessary for Unplanned Discharge LTCH CARE Data Set
A1300C	Other Patient/Resident Items	Item Deleted  Applies to Unplanned Discharge	Item identified as not necessary for Unplanned Discharge LTCH CARE Data Set

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A1800	<p>A1800. Admitted From. Immediately preceding this admission, where was the patient/resident?</p> <p>01. Community residential setting (e.g., private home, assisted living, group home, adult foster care)</p> <p>02. Long-term care facility</p> <p>03. Skilled nursing facility (SNF)</p> <p>04. Hospital emergency department</p> <p>05. Short-stay acute hospital (IPPS)</p> <p>06. Long-term care hospital (LTCH)</p> <p>07. Inpatient rehabilitation hospital or unit (IRF)</p> <p>08. Psychiatric hospital or unit 09. MR/DD Facility</p> <p>10. Hospice</p> <p>99. None of the above</p>	<p>Changed option 01 to: Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care)</p> <p>Option 07 changed to: 07. Inpatient rehabilitation facility or unit (IRF)</p> <p>Applies to Admission form</p>	<p>Revised to clarify option categories.</p>
A1810	<p>A1810. In the last 2 months, what other medical services besides those identified in A1800 has the patient/resident received?</p> <p>B. Community residential setting (e.g., private home, assisted living, group home, adult foster care)</p> <p>G. Inpatient rehabilitation hospital or unit (IRF)</p>	<p>Changed option B. to: Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care)</p> <p>Changed option G to Inpatient rehabilitation facility or unit (IRF)</p> <p>Applies to Admission form</p>	<p>Revised to clarify “community residential setting”</p> <p>Revised to clarify option category</p>
A1820	<p>A1820. What was the primary diagnosis being treated in the previous setting?</p> <p>Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.</p>	<p>Free text space was removed. Instructions changed to: Enter ICD code for the patient's primary diagnosis in the previous setting in the boxes provided. Include the decimal for the code in the appropriate box.</p> <p>Applies to Admission form</p>	<p>Removed free text to synchronize with technical specifications document, and edited instruction wording to reflect change.</p>

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A1960	A1960. Reason for Discharge Delay 01. No bed available 02. Services, equipment or medications not available (e.g., home health care, durable medical equipment, IV medications) 03. Family/support (e.g., family could not pick patient/resident up) 04. Medical (patient/resident condition changed) 98. Other	Changed option 01 to: 1. No bed available at discharge hospital/facility.  Applies to Planned Discharge form	Revised to clarify option category.
A2100	A2100. Discharge Location 01. Community residential setting (e.g., private home, assisted living, group home, adult foster care) 02. Long-term care facility 03. Skilled nursing facility (SNF) 04. Hospital emergency department 05. Short-stay acute hospital (IPPS) 06. Long-term care hospital (LTCH) 07. Inpatient rehabilitation hospital or unit (IRF) 08. Psychiatric hospital or unit 09. MR/DD facility 10. Hospice 12. Discharged Against Medical Advice 98. Other	Changed option 07 to: 07. Inpatient rehabilitation facility or unit (IRF)  Changed option 01 to: 1. Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care)  Applies to Planned and Unplanned Discharge forms	Revised to clarify option categories.
B0100	Comatose	Item Deleted  Applies to Expired form	Item identified as not necessary for Expired LTCH CARE Data Set
GG0160	Functional Mobility: The functional mobility items should be completed on ALL patients/residents. (Complete during the XX-day assessment period.)  Code the patient's/resident's most usual performance using the 6-point scale below.	Deleted "The functional mobility items should be completed on ALL patients/residents".  Changed instructions to read: "Code the patient's usual performance using the 6-point scale below"  Changed XX to 3.  Applies to Admission, Planned and Unplanned Discharge forms	Revised to remove extra verbiage, and to include the finalized look-back period.

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GG0160	<p>01. Dependent - Helper does ALL of the effort. Patient/Resident does none of the effort to complete the task.</p> <p>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.</p> <p>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.</p> <p>04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/ STEADYING assistance as patient/resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; patient/resident completes activity. Helper assists only prior to or following the activity.</p> <p>06. Independent - Patient/Resident completes the activity by him/herself with no assistance from a helper.</p> <p>07. Patient/Resident refused</p> <p>09. Not applicable</p> <p>If activity was not attempted, code:</p> <p>88. Not attempted due to medical condition or safety concerns</p> <p>90. Task attempted but not completed</p>	<p>Reversed order of options 01 through 06.</p> <p>Deleted option 90, Task attempted, but not completed.</p> <p>Applies to Admission, Planned and Unplanned Discharge forms</p>	<p>Revised so that the order of the items is consistent with the name of the scale.</p> <p>Deleted option category that was not applicable.</p>
H0400	<p>Bowel Continence.</p> <p>Select the one category that best describes the patient/resident.</p> <p>0. Always continent</p> <p>1. Occasionally incontinent (one episode of bowel incontinence)</p> <p>2. Frequently incontinent (X or more episodes of bowel incontinence, but at least one continent bowel movement)</p> <p>3. Always incontinent (no episodes of continent bowel movements)</p> <p>9. Not rated, resident had an ostomy or did not have a bowel movement for the entire XX days.</p>	<p>Added “(Complete during the 3-day assessment period.) to item header. Changed X to 2 and changed XX to 3</p> <p>Applies to Admission, Planned and Unplanned Discharge forms</p>	<p>Revised to include the finalized look-back period, and to finalize the definition of “frequently incontinent”</p>

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Section I	<p>Coders: For this section, please indicate presence of the following conditions, based on a review of the patient's/resident's clinical records at the time of assessment.</p>	<p>Changed to: For this section, indicate the presence of the following conditions, based on a review of the patient's clinical records at the time of assessment.</p> <p>Applies to Admission, Planned and Unplanned Discharge forms</p>	<p>Removed extra verbiage to improve clarity of item</p>
I0900	<p>Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)</p>	<p>Item Deleted</p> <p>Applies to Expired form</p>	<p>Item identified as not necessary for Expired LTCH CARE Data Set</p>
I2900	<p>Diabetes Mellitus (DM)</p>	<p>Item Deleted</p> <p>Applies to Expired form</p>	<p>Item identified as not necessary for Expired LTCH CARE Data Set</p>
I5600	<p>Malnutrition (protein or calorie) or at risk for malnutrition.</p>	<p>Item Deleted</p> <p>Applies to Expired form</p>	<p>Item identified as not necessary for Expired LTCH CARE Data Set</p>
K0200	<p>B. Weight (in pounds). Base weight on most recent measure in last XX days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.).</p>	<p>Changed XX to 3</p> <p>Applies to Admission, Planned and Unplanned Discharge forms</p>	<p>Revised to include the finalized look-back period.</p>
M0900	<p>Healed Pressure Ulcers. A. Were pressure ulcers present on the prior assessment? 0. No 1. Yes</p>	<p>Item Deleted</p> <p>Applies to Planned and Unplanned Discharge forms</p>	<p>Item identified as not necessary for Unplanned Discharge LTCH CARE Data Set</p>