APPENDIX A
LONG-TERM CARE HOSPITAL CONTINUITY ASSESSMENT RECORD & EVALUATION DATA SET, ITEM MATRIX, V3.00 - FINAL

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
A0050	Type of Record	R	R	R	R	System cannot accept record without response	N
A0100A	National Provider Identifier (NPI)	R	R	R	R	—	N
A0100B	CMS Certification Number (CCN)	R	R	R	R	—	N
A0100C	State Medicaid Provider Number	RIAV	RIAV	RIAV	RIAV	—	N
A0200	Type of Provider	R	R	R	R	System cannot accept record without response	N
A0210	Assessment Reference Date	R	R	R	R	System cannot accept record without response	N
A0220	Admission Date	R	R	R	R	System cannot accept record without response	N
A0250	Reason for Assessment	R	R	R	R	System cannot accept record without response	N
A0270	Discharge Date (Date of Death on Expired form)	N/A	R	R	R	System cannot accept record without response	N
A0500A	First name	R	R	R	R	Required, however, system accepts default response of hyphen or dash	N
A0500B	Middle initial	RIAV	RIAV	RIAV	RIAV	—	N
A0500C	Last name	R	R	R	R	System cannot accept record without response	N
A0500D	Suffix	RIAV	RIAV	RIAV	RIAV	—	N
A0600A	Social Security Number	R	R	R	R	Required, however, system accepts default response of hyphen or dash	N
A0600B	Medicare number	RIAV	RIAV	RIAV	RIAV	—	N
A0700	Medicaid Number	RIAV	RIAV	RIAV	RIAV	—	N
A0800	Gender	R	R	R	R	System cannot accept record without response	N
A0900	Birth Date	R	R	R	R	Birth year required	N
A1000A	Race/Ethnicity: American Indian or Alaska Native	RIAV	RIAV	RIAV	RIAV	—	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
A1000B	Race/Ethnicity: Asian	RIAV	RIAV	RIAV	RIAV	—	N
A1000C	Race/Ethnicity: Black or African American	RIAV	RIAV	RIAV	RIAV	—	N
A1000D	Race/Ethnicity: Hispanic or Latino	RIAV	RIAV	RIAV	RIAV	—	N
A1000E	Race/Ethnicity: Native Hawaiian or Other Pacific Islander	RIAV	RIAV	RIAV	RIAV	—	N
A1000F	Race/Ethnicity: White	RIAV	RIAV	RIAV	RIAV	—	N
A1100A	Does the Patient need or want an interpreter to communicate with a doctor or health care staff?	RIAV	N/A	N/A	N/A	—	N
A1100B	Preferred language	RIAV	N/A	N/A	N/A	—	N
A1200	Marital Status	RIAV	N/A	N/A	N/A	—	N
A1400A	Payer Information: Medicare (traditional fee-for-service)	RIAV	RIAV	RIAV	RIAV	—	N
A1400B	Payer Information: Medicare (managed care, /Part C, /Medicare Advantage)	RIAV	RIAV	RIAV	RIAV	—	N
A1400C	Payer Information: Medicaid (traditional fee-for-service)	RIAV	RIAV	RIAV	RIAV	—	N
A1400D	Payer Information: Medicaid (managed care)	RIAV	RIAV	RIAV	RIAV	—	N
A1400E	Payer Information: Workers' compensation	RIAV	RIAV	RIAV	RIAV	—	N
A1400F	Payer Information: Title programs (e.g., Title III, V, or XX)	RIAV	RIAV	RIAV	RIAV	—	N
A1400G	Payer Information: Other government (e.g., TRICARE, VA, etc.)	RIAV	RIAV	RIAV	RIAV	—	N
A1400H	Payer Information: Private insurance/Medigap	RIAV	RIAV	RIAV	RIAV	—	N
A1400I	Payer Information: Private managed care	RIAV	RIAV	RIAV	RIAV	—	N
A1400J	Payer Information: Self-pay	RIAV	RIAV	RIAV	RIAV	—	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
A1400K	Payer Information: No payor source	RIAV	RIAV	RIAV	RIAV	—	N
A1400X	Payer Information: Unknown	RIAV	RIAV	RIAV	RIAV	—	N
A1400Y	Payer Information: Other	RIAV	RIAV	RIAV	RIAV	—	N
A1802	Admitted From	R	N/A	N/A	N/A	—	N
A2110	Discharge Location	N/A	R	R	N/A	—	N
A2500	Program Interruption(s)	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2510	Number of Program Interruptions During This Stay in This Facility	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525A1	First Interruption Start Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525A2	First Interruption End Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525B1	Second Interruption Start Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525B2	Second Interruption End Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525C1	Third Interruption Start Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525C2	Third Interruption End Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525D1	Fourth Interruption Start Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525D2	Fourth Interruption End Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
A2525E1	Fifth Interruption Start Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
A2525E2	Fifth Interruption End Date	N/A	R	R	N/A	Complete the program interruption items if it applies to the patient.	N
B0100	Comatose	R	R	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	N
BB0700	Expression of Ideas and Wants	R	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
BB0800	Understanding Verbal Content	R	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
C1610A	Signs and Symptoms of Delirium (from CAM©): Acute Onset and Fluctuating Course - Is there evidence of an acute change in mental status from the patient's baseline?	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
C1610B	Signs and Symptoms of Delirium (from CAM©): Acute Onset and Fluctuating Course - Did the (abnormal) behavior fluctuate during the day, that is, tent to come and go or increase and decrease in severity?	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM.Covariate for Function Mobility QM.	Y
C1610C	Signs and Symptoms of Delirium (from CAM©): Inattention - Did the patient have difficulty focusing attention, for example, being easily distracted or having difficulty keeping track of what was said?	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
C1610D	Signs and Symptoms of Delirium (from CAM©): Disorganized Thinking - Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
C1610E1	Signs and Symptoms of Delirium (from CAM©): Altered Level of Consciousness - Overall, how would you rate the patient's level of consistency? Alert (Normal)	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
C1610E2	Signs and Symptoms of Delirium (from CAM©): Altered Level of Consciousness - Overall, how would you rate the patient's level of consistency? Vigilant (hyperalert) or Lethargic (drowsy, easily aroused) or Stupor (difficult to arouse) or Coma (unarousable)	R	R	R	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
GG0100B	Prior Functioning: Everyday Activities. Indoor Mobility (Ambulation)	R	N/A	N/A	N/A	Part of covariate calculation for LTCH Mobility QM.	Y
GG0110	Prior Device Use	R	N/A	N/A	N/A	Covariate for LTCH Function Mobility QM.	Y
GG0130A1	Self-Care: Eating: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130A2	Self-Care: Eating: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0130A3	Self-Care: Eating: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130B1	Self-Care: Oral hygiene: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130B2	Self-Care: Oral hygiene: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0130B3	Self-Care: Oral hygiene: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0130C1	Self-Care: Toileting hygiene: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130C2	Self-Care: Toileting hygiene: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0130C3	Self-Care: Toileting hygiene: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130D1	Self-Care: Wash upper body: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0130D2	Self-Care: Wash upper body: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0130D3	Self-Care: Wash upper body: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170A1	Mobility: Roll left and right: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	N
GG0170A2	Mobility: Roll left and right: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170A3	Mobility: Roll left and right: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0170B1	Mobility: Sit to lying: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	N
GG0170B2	Mobility: Sit to lying: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170B3	Mobility: Sit to lying: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	N
GG0170C1	Mobility: Lying to sitting on side of bed: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Mobility QM.	N
GG0170C2	Mobility: Lying to sitting on side of bed: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170C3	Mobility: Lying to sitting on side of bed: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	N
GG0170D1	Mobility: Sit to stand: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170D2	Mobility: Sit to stand: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0170D3	Mobility: Sit to stand: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170E1	Mobility: Chair/bed-to-chair transfer: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170E2	Mobility: Chair/bed-to-chair transfer: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170E3	Mobility: Chair/bed-to-chair transfer: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170F1	Mobility: Toilet transfer: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170F2	Mobility: Toilet transfer: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170F3	Mobility: Toilet transfer: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170H1	Mobility: Does the patient walk?	R	N/A	N/A	N/A	Item added to reduce burden. If GG0170H=0, skip to GG0170Q, Wheelchair or Scooter.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0170H3	Mobility: Does the patient walk?	N/A	R	N/A	N/A	Item added to reduce burden. If GG0170H=0, skip to GG0170Q, Wheelchair or Scooter.	Y
GG0170I1	Mobility: Walk 10 feet: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170I2	Mobility: Walk 10 feet: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170I3	Mobility: Walk 10 feet: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170J1	Mobility: Walk 50 feet with two turns: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170J2	Mobility: Walk 50 feet with two turns: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170J3	Mobility: Walk 50 feet with two turns: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170K1	Mobility: Walk 150 feet: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170K2	Mobility: Walk 150 feet: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0170K3	Mobility: Walk 150 feet: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Used to calculate change in mobility value for the LTCH Function Mobility QM.	Y
GG0170Q1	Mobility: Does the patient use a wheelchair/scooter?	R	N/A	N/A	N/A	Item added to reduce burden. If GG0170Q=0, skip to H0350 Bladder Continence.	Y
GG0170R1	Mobility: Wheel 50 feet with two turns: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170R2	Mobility: Wheel 50 feet with two turns: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170R3	Mobility: Wheel 50 feet with two turns: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170RR1	Mobility: Indicate the type of wheelchair/scooter used	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170RR3	Mobility: Indicate the type of wheelchair/scooter used.	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170S1	Mobility: Wheel 150 feet: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170S2	Mobility: Wheel 150 feet: Discharge Goal	R	N/A	N/A	N/A	Reporting at least 1 or more goals provides documentation that function is included in the patient's care plan.	Y
GG0170S3	Mobility: Wheel 150 feet: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
GG0170SS1	Mobility: Indicate the type of wheelchair/scooter used: Admission Performance	R	N/A	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
GG0170SS3	Mobility: Indicate the type of wheelchair/scooter used: Discharge Performance	N/A	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM.	Y
H0350	Bladder Continence	R	R	N/A	N/A	Standardized assessment data required for submission as part of the Function Process QM. Covariate for Function Mobility QM.	Y
H0400	Bowel Continence	R	N/A	N/A	N/A	Part of covariate calculation for PU measure	N
I0050	Indicate the patient's primary medical condition category	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I0050A	Indicate the patient's primary medical condition category (ICD): Other medical condition	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I0101	Comorbidities and Co-existing Conditions: Severe and Metastatic Cancers	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I0900	Comorbidities and Co-existing Conditions: Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	R	N/A	N/A	N/A	Part of covariate calculation for PU measure.	N
I1501	Comorbidities and Co-existing Conditions: Chronic Kidney Disease, Stage 5	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I1502	Comorbidities and Co-existing Conditions: Acute Renal Failure	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I2101	Comorbidities and Co-existing Conditions: Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
I2600	Comorbidities and Co-existing Conditions: Central Nervous System Infections, Opportunistic Infections, Bone/Joint/Muscle Infections/Necrosis	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I2900	Comorbidities and Co-existing Conditions: Diabetes Mellitus (DM)	R	N/A	N/A	N/A	Part of covariate calculation for PU measure. Covariate for LTCH Function Mobility QM.	N
I4100	Comorbidities and Co-existing Conditions: Major Lower Limb Amputation	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I4501	Comorbidities and Co-existing Conditions: Stroke	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I4801	Comorbidities and Co-existing Conditions: Dementia	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I4900	Comorbidities and Co-existing Conditions: Hemiplegia or Hemiparesis	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I5000	Comorbidities and Co-existing Conditions: Paraplegia	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I5101	Comorbidities and Co-existing Conditions: Complete Tetraplegia	R	N/A	N/A	N/A	Exclusion for the LTCH Function Mobility QM. Covariate for Function Mobility QM.	Y
I5102	Comorbidities and Co-existing Conditions: Incomplete Tetraplegia	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I5110	Comorbidities and Co-existing Conditions: Other Spinal Cord Disorder/Injury	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
I5200	Comorbidities and Co-existing Conditions: Multiple Sclerosis (MS)	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y
I5250	Comorbidities and Co-existing Conditions: Huntington's Disease	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y
I5300	Comorbidities and Co-existing Conditions: Parkinson's Disease	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
I5450	Comorbidities and Co-existing Conditions: Amyotrophic Lateral Sclerosis	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y
I5460	Comorbidities and Co-existing Conditions: Locked-In State	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y
I5470	Comorbidities and Co-existing Conditions: Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain	R	N/A	N/A	N/A	Exclusion criterion for the LTCH Function Mobility QM.	Y
I5601	Comorbidities and Co-existing Conditions: Malnutrition (protein or calorie)	R	N/A	N/A	N/A	Part of covariate calculation for LTCH Mobility QM.	N
I5602	Comorbidities and Co-existing Conditions: At risk for Malnutrition	R	N/A	N/A	N/A	Part of covariate calculation for LTCH Mobility QM.	Y
17900	Comorbidities and Co-existing Conditions: None of the above	R	N/A	N/A	N/A	None of the comorbidity covariates apply to this patient.	N
J1800	Any Falls Since Admission	N/A	R	R	R	Part of numerator calculation for Falls measure.	Y
J1900A	Number of Falls Since Admission - No Injury	N/A	RIAV	RIAV	RIAV	Part of numerator calculation for Falls measure.	Y
J1900B	Number of Falls Since Admission - Injury (except major)	N/A	RIAV	RIAV	RIAV	Part of numerator calculation for Falls measure.	Y
J1900C	Number of Falls Since Admission - Major injury	N/A	R	R	R	Part of numerator calculation for Falls measure.	Y
K0200A	Height (in inches)	R	N/A	N/A	N/A	Part of covariate calculation for PU measure.	N
K0200B	Weight (in pounds)	R	N/A	N/A	N/A	Part of covariate calculation for PU measure.	N
M0210	Unhealed Pressure Ulcer(s): Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher?	R	R	R	N/A	System cannot accept record without response.	N
M0300A	Stage 1: Number of Stage 1 pressure ulcers	V	V	V	N/A	—	N
M0300B1	Stage 2: Number of Stage 2 pressure ulcers	R	R	R	N/A	Used for PU Measure consistency checks.	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
M0300B2	Stage 2: Number of these Stage 2 pressure ulcers that were present upon admission	N/A	R	R	N/A	—	N
M0300C1	Stage 3: Number of Stage 3 pressure ulcers	R	R	R	N/A	Used for PU Measure consistency checks.	N
M0300C2	Stage 3: Number of these Stage 3 pressure ulcers that were present upon admission	N/A	R	R	N/A	—	N
M0300D1	Stage 4: Number of Stage 4 pressure ulcers	R	R	R	N/A	Used for PU Measure consistency checks.	N
M0300D2	Stage 4: Number of these Stage 4 pressure ulcers that were present upon admission	N/A	R	R	N/A	—	N
M0300E1	Unstageable - Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	R	V	V	N/A	—	N
M0300E2	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A	—	N
M0300F1	Unstageable - Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	R	V	V	N/A	—	N
M0300F2	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A	—	N
M0300G1	Unstageable - Deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	R	V	V	N/A	—	N
M0300G2	Unstageable - Deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	N/A	V	V	N/A	—	N
M0800A	Worsening in Pressure Ulcer Status Since Admission: Stage 2	N/A	R	R	N/A	Part of numerator calculation for PU measure.	N
M0800B	Worsening in Pressure Ulcer Status Since Admission: Stage 3	N/A	R	R	N/A	Part of numerator calculation for PU measure.	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
M0800C	Worsening in Pressure Ulcer Status Since Admission: Stage 4	N/A	R	R	N/A	Part of numerator calculation for PU measure.	N
M0800D	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Non-removable dressing	N/A	V	V	N/A	—	Y
M0800E	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Slough and/or eschar	N/A	V	V	N/A	—	Y
M0800F	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Deep tissue injury	N/A	V	V	N/A	—	Y
O0100F3	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator: weaning	R	N/A	N/A	N/A	Inclusion criterion for the LTCH Function Mobility QM.	Y
O0100F4	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator: non-weaning	R	N/A	N/A	N/A	Inclusion criterion for the LTCH Function Mobility QM.	Y
O0100G	Special Treatments, Procedures, and Programs: Non-invasive Ventilator (BIPAP, CPAP)	R	N/A	N/A	N/A	Inclusion criterion for the LTCH Function Mobility QM.	Y
O0100J	Special Treatments, Procedures, and Programs: Dialysis	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
O0100N	Special Treatments, Procedures, and Programs: Total Parenteral Nutrition	R	N/A	N/A	N/A	Covariate for Function Mobility QM.	Y
O0100Z	Special Treatments, Procedures, and Programs: None of the above	R	N/A	N/A	N/A	None of the comorbidity covariates for special treatments, procedures, and programs apply to this patient.	Y
O0250A	Influenza vaccine - Did patient receive influenza vaccine in this facility for this year's influenza vaccination season?	R	R	R	R	Part of numerator calculation for Influenza vaccination measure.	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
O0250B	Influenza vaccine - Date influenza vaccine received	RIAV	RIAV	RIAV	RIAV	Part of numerator calculation for Influenza vaccination measure.	N
O0250C	Influenza vaccine - If influenza vaccine not received, state reason:	R	R	R	R	Part of numerator calculation for Influenza vaccination measure.	N
Z0400A	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400B	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400C	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400D	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400E	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400F	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400G	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N

Item No.	Description	Admission	Planned Discharge	Unplanned Discharge	Expired	Rationale for Inclusion as a Required Item for April 1, 2016 Data Collection	New for V3.00
Z0400H	Signature of Persons Completing the Assessment: Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400I	Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400J	Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400K	Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0400L	Attestation signature, title, sections, date	N/A	N/A	N/A	N/A	—	N
Z0500A	Attestation signature of person verifying completion	N/A	N/A	N/A	N/A	—	N
Z0500B	LTCH CARE Data Set Completion Date	R	R	R	R	System cannot accept record without response	N

Key:
R: Required
RIAV: Required if information is available
V: Voluntary
N/A: Not Applicable