

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020

#	Admission/Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
1.	All	N/A	Version 3.0	Version 4.0	Updated version number.
2.	Admission	9	9. Race/Ethnicity (Check all that apply) American Indian or Alaska Native A. Asian B. Black or African American C. Hispanic or Latino D. Native Hawaiian or Other Pacific Islander E. White F.	Deleted	Item 9. Race/Ethnicity is deleted and replaced with items A1005. Ethnicity and A1010. Race.
3.	Admission	15A	15A. Admit From (01-Home (private home/apt., board/care, assisted living, group home, transitional living); 02-Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 06 -Home under care of organized home health service organization; 50 -Hospice (home);51 - Hospice (institutional facility); 61 -Swing bed; 62 -Another Inpatient Rehabilitation Facility; 63 -Long-Term Care Hospital (LTCH);64 -Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 -Critical Access Hospital; 99 -Not Listed)	15A. Admit From (01. Home (e.g. private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements); 02. Short-term General Hospital; 03. Skilled Nursing Facility (SNF); 04: Intermediate care; 06. Home under care of organized home health service organization; 50. Hospice (home); 51. Hospice (medical facility); 61. Swing Bed; 62. Another Inpatient Rehabilitation Facility; 63. Long-Term Care Hospital (LTCH); 64. Medicaid Nursing Facility; 65. Inpatient Psychiatric Facility; 66. Critical Access Hospital (CAH); 99. Not Listed	Revised for PAC alignment.

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4.	Discharge	44D	<p>44D. Patient’s discharge destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46)</p> <p>(01- Home (private home/apt., board/care, assisted living, group home, transitional living); 02- Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 06 - Home under care of organized home health service organization; 50 - Hospice (home); 51 - Hospice (institutional facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital; 99 - Not Listed)</p>	<p>44D. Patient’s discharge destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46)</p> <p>(01. Home (e.g. private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements); 02. Short-term General Hospital; 03. Skilled Nursing Facility (SNF); 04: Intermediate care; 06. Home under care of organized home health service organization; 50. Hospice (home); 51. Hospice (medical facility); 61. Swing Bed; 62. Another Inpatient Rehabilitation Facility; 63. Long-Term Care Hospital (LTCH); 64. Medicaid Nursing Facility; 65. Inpatient Psychiatric Facility; 66. Critical Access Hospital (CAH); 99. Not Listed</p>	Revised for Transfer of Health Information measure calculation and PAC alignment.
5.	Admission	Section	N/A – new section	Section A. Administrative Information	Adding new section to accommodate new items.
6.	Admission	A1005	N/A – new item	<p>A1005. Ethnicity Are you Hispanic, Latino/a, or Spanish origin?</p> <p>↓ Check all that apply</p> <p>A. No, not of Hispanic, Latino/a, or Spanish origin</p> <p>B. Yes, Mexican, Mexican American, Chicano/a</p> <p>C. Yes, Puerto Rican</p> <p>D. Yes, Cuban</p> <p>E. Yes, Another Hispanic, Latino, or Spanish origin</p> <p>X. Patient unable to respond</p>	Item 9. Race/Ethnicity is deleted and replaced with A1005. Ethnicity. Proposed as SPADE in the FY 2020 IRF PPS proposed rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.

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7.	Admission	A1010	N/A – new item	A1010. Race What is your race? ↓ Check all that apply A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese H. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Patient unable to respond	Item 9. Race/Ethnicity is deleted and replaced with A1010. Race. Proposed as SPADE in the FY 2020 IRF PPS proposed rule. Aligns with 2011 HHS race and ethnicity data standards for person-level data collection, while maintaining the 1997 OMB minimum data standards for race and ethnicity.
8.	Admission, Discharge	A1110 A1110A A1110B	N/A – new item	A1110. Language A. What is your preferred language? <div style="border: 1px solid black; display: flex; width: 100%; height: 15px; margin: 5px 0;"></div> B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine	Proposed as SPADE in the FY 2020 IRF PPS proposed rule.

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9.	Admission, Discharge	A1250	N/A – new item	<p>A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? ↓ Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No D. Patient unable to respond</p>	Proposed as SPADE in the FY 2020 IRF PPS proposed rule. Consistent with Healthy People 2020 priority to address patients' social determinants of health.
10.	Discharge	A2121	N/A – new item	<p>A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider? 0. No – Current reconciled medication list not provided to the subsequent provider 1. Yes – Current reconciled medication list provided to the subsequent provider</p>	New data element added for the Transfer of Health Information quality measures.

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11.	Discharge	A2122	N/A – new item	<p>A2122. Provision of Current Reconciled Medication List to Patient at Discharge At the time of discharge, did your facility provide the patient’s current reconciled medication list to the patient, family and/or caregiver?</p> <p>0. No – Current reconciled medication list not provided to the patient, family and/or caregiver</p> <p>1. Yes – Current reconciled medication list provided to the patient, family and/or caregiver</p>	New data element added for the Transfer of Health Information quality measures.
12.	Discharge	A2123A1 A2123A2 A2123B1 A2123B2 A2123C1 A2123C2 A2123D1 A2123D2 A2123E1 A2123E2	N/A – new item	<p>A2123. Route of Current Reconciled Medication List Transmission Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider and/or patient/family/caregiver.</p> <p>1. To subsequent provider 2. To patient/family/caregiver</p> <p>↓ Check all that apply</p> <p>A. Electronic Health Record B. Health Information Exchange Organization C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other Methods (e.g., texting, email, CDs)</p>	New data element added for the Transfer of Health Information quality measures.

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13.	Admission	B0200	N/A – new item	<p>B0200. Hearing Ability to hear (with hearing aid or hearing appliances if normally used)</p> <p>0. Adequate - no difficulty in normal conversation, social interaction, listening to TV</p> <p>1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)</p> <p>2. Moderate difficulty - speaker has to increase volume and speak distinctly</p> <p>3. Highly impaired - absence of useful hearing</p>	Added to assess Hearing in Section B – Speech, Hearing, and Vision. MDS currently assesses this but it is missing from previous versions of IRF-PAI. National Beta Test data supports cross-setting reliability and feasibility.
14.	Admission	B1000	N/A – new item	<p>B1000. Vision Ability to see in adequate light (with glasses or other visual appliances)</p> <p>0. Adequate - sees fine detail, such as regular print in newspapers/books</p> <p>1. Impaired - sees large print, but not regular print in newspapers/books</p> <p>2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects</p> <p>3. Highly impaired - object identification in question, but eyes appear to follow objects</p> <p>4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects</p>	Added to assess Vision in Section B – Speech, Hearing, and Vision. MDS currently assesses this but it is missing from previous versions of IRF-PAI. National Beta Test data supports cross-setting reliability and feasibility.

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15.	Admission, Discharge	B1300	N/A – new item	<p>B1300. Health Literacy How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p>0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Patient unable to respond</p>	Proposed as SPADE in the FY 2020 IRF PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the National Academies of Sciences, Engineering and Medicine (NASEM).
16.	Discharge	C0100	N/A – new item	<p>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? (3-day assessment period) Attempt to conduct interview with all patients.</p> <p>0. No (patient is rarely/never understood) → <i>Skip to XXXX</i></p> <p>1. Yes → <i>Continue to C0200, Repetition of Three Words</i></p>	Added BIMS to Cognitive Patterns section on discharge of the IRF-PAI to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.

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17.	Discharge	C0200	N/A – new item	<p>C0200. Repetition of Three Words</p> <p>Ask patient: <i>“I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue and bed. Now tell me the three words.”</i></p> <p>Number of words repeated after first attempt</p> <ul style="list-style-type: none"> 3. Three 2. Two 1. One 0. None <p>After the patient's first attempt, repeat the words using cues (<i>“sock, something to wear; blue, a color; bed, a piece of furniture”</i>). You may repeat the words up to two more times.</p>	<p>Added BIMS to Cognitive Patterns section on discharge of the IRF-PAI to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>

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18.	Discharge	C0300 C0300A C0300B C0300C	N/A – new item	<p>C0300. Temporal Orientation (orientation to year, month, and day)</p> <p>Ask patient: <i>“Please tell me what year it is right now.”</i></p> <p>A. Able to report correct year</p> <p>3. Correct 2. Missed by 1 year 1. Missed by 2 - 5 years 0. Missed by > 5 years or no answer</p> <p>Ask patient: <i>“What month are we in right now?”</i></p> <p>B. Able to report correct month</p> <p>2. Accurate within 5 days 1. Missed by 6 days to 1 month 0. Missed by > 1 month or no answer</p> <p>Ask patient: <i>“What day of the week is today?”</i></p> <p>C. Able to report correct day of the week</p> <p>1. Correct 0. Incorrect or no answer</p>	<p>Added BIMS to Cognitive Patterns section on discharge of the IRF-PAI to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>

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19.	Discharge	C0400 C0400A C0400B C0400C	N/A – new item	<p>C0400. Recall</p> <p>Ask patient: <i>“Let’s go back to an earlier question. What were those three words that I asked you to repeat?”</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.</p> <p>A. Able to recall “sock” 2. Yes, no cue required 1. Yes, after cueing ("something to wear") 0. No - could not recall</p> <p>B. Able to recall “blue” 2. Yes, no cue required 1. Yes, after cueing ("a color") 0. No - could not recall</p> <p>C. Able to recall “bed” 2. Yes, no cue required 1. Yes, after cueing ("a piece of furniture") 0. No - could not recall</p>	<p>Added BIMS to Cognitive Patterns section on discharge of the IRF-PAI to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.</p>

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20.	Discharge	C0500	N/A – new item	<p>C0500. BIMS Summary Score</p> <p>Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the patient was unable to complete the interview</p>	Added BIMS to Cognitive Patterns section on discharge of the IRF-PAI to assess mental status. Most public comments supportive of including BIMS. TEP supported use of BIMS. Testing supports use of MDS version of BIMS. National Beta Test data supports cross-setting reliability and feasibility.
21.	Admission	C1310A C1310B C1310C C1310D	N/A – new item	<p>C1310. Signs and Symptoms of Delirium (from CAM®) Code after completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record.</p> <p>A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the patient's baseline? 0. No 1. Yes</p> <p>Enter Codes in Boxes</p> <p>B. Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</p> <p>C. Disorganized thinking - Was the patient 's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow</p>	TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.

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				<p>of ideas, or unpredictable switching from subject to subject)?</p> <p>D. Altered level of consciousness - Did the patient have altered level of consciousness as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • vigilant – startled easily to any sound or touch • lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch • stuporous – very difficult to arouse and keep aroused for the interview • comatose – could not be aroused <p>Coding:</p> <p>0. Behavior not present</p> <p>1. Behavior continuously present, does not fluctuate</p> <p>2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	
22.	Discharge	C1310A C1310B C1310C C1310D	N/A – new item	<p>C1310. Signs and Symptoms of Delirium (from CAM®)</p> <p>Code after completing Brief Interview for Mental Status and reviewing medical record.</p> <p>A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the patient's baseline?</p> <p>0. No</p> <p>1. Yes</p>	TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.

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				<p>Enter Codes in Boxes</p> <p>B. Inattention - Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</p> <p>C. Disorganized thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject).</p> <p>D. Altered level of consciousness - Did the patient have altered level of consciousness as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • vigilant – startled easily to any sound or touch • lethargic – repeatedly dozed off when being asked questions, but responded to voice or touch • stuporous – very difficult to arouse and keep aroused for the interview • comatose – could not be aroused <p>Coding:</p> <p>0. Behavior not present</p> <p>1. Behavior continuously present, does not fluctuate</p> <p>2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	

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23.	Admission, Discharge	CAM © Footnote	Adapted with permission from: Inouye SK et al, Clarifying confusion: The Confusion Assessment Method. A new method for detection of delirium. Annals of Internal Medicine. 1990; 113: 941-948. Confusion Assessment Method: Training Manual and Coding Guide, Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.	<i>Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program. All rights reserved. Adopted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.</i>	TEP supportive of CAM use.
24.	Admission, Discharge	D0150 D0150A1 D0150A2 D0150B1 D0150B2 D0150C1 D0150C2 D0150D1 D0150D2 D0150E1 D0150E2 D0150F1 D0150F2 D0150G1 D0150G2 D0150H1 D0150H2 D0150I1 D0150I2	N/A – new item	<p>D0150. Patient Mood Interview (PHQ-2 to 9) Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"</p> <p>If symptom is present, enter 1 (yes) in column 1, Symptom Presence.</p> <p>If yes in column 1, then ask the patient: "About how often have you been bothered by this?"</p> <p>Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p>	Adding PHQ-2 to 9 to IRF-PAI. Stakeholder and expert input, including public comments and the TEP, supportive of using PHQ-2 as gateway to full PHQ-9 depression screening. This approach reduces burden while ensuring that patients with some depressive symptoms are screening with full PHQ-9. Results of the National Beta Test support the PHQ-2 to 9 as feasible and reliable across PAC settings.

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				<p>2. Symptom Frequency</p> <ul style="list-style-type: none"> 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day) <p>Enter scores in boxes.</p> <p>A. Little interest or pleasure in doing things</p> <p>B. Feeling down, depressed, or hopeless If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview and SKIP to next section.</p> <p>C. Trouble falling or staying asleep, or sleeping too much</p> <p>D. Feeling tired or having little energy</p> <p>E. Poor appetite or overeating</p> <p>F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down</p> <p>G. Trouble concentrating on things, such as reading the newspaper or watching television</p> <p>H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</p> <p>I. Thoughts that you would be better off dead, or of hurting yourself in some way</p>	

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25.	Admission, Discharge	D0160	N/A – new item	<p>D0160. Total Severity Score</p> <p>Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</p>	Adding PHQ-2 to 9 to IRF- PAI.
26.	Admission, Discharge	D0700	N/A – new item	<p>D0700. Social Isolation How often do you feel lonely or isolated from those around you?</p> <p>0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Patient unable to respond</p>	Proposed as SPADE in the FY 2020 IRF PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the NASEM.
27.	Admission, Discharge	J0510	N/A – new item	<p>J0510. Pain Effect on Sleep</p> <p>Ask patient: <i>“Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?”</i></p> <p>0. Does not apply – I have not had any pain or hurting in the past 5 days → <i>Skip to XXXX</i></p> <p>1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost Constantly 9. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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28.	Admission, Discharge	J0520	N/A – new item	<p>J0520. Pain Interference with Therapy Activities</p> <p>Ask patient: <i>“Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?”</i></p> <p>0. Does not apply – I have not received rehabilitation therapy in the past 5 days</p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost Constantly</p> <p>9. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
29.	Admission, Discharge	J0530	N/A – new item	<p>J0530. Pain Interference with Day-to-Day Activities</p> <p>Ask patient: <i>“Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”</i></p> <p>1. Rarely or not at all</p> <p>2. Occasionally</p> <p>3. Frequently</p> <p>4. Almost Constantly</p> <p>9. Unable to answer</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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30.	Admission	K0110 K0110A K0110B K0110C	<p>K0110. Swallowing/Nutritional Status (3-day assessment period) Indicate the patient's usual ability to swallow.</p> <p>↓ Check all that apply. A. Regular food - Solids and liquids swallowed safely without supervision or modified food or liquid consistency. B. Modified food consistency/supervision - Patient requires modified food or liquid consistency and/or needs supervision during eating for safety. C. Tube/parenteral feeding - Tube/parenteral feeding used wholly or partially as a means of sustenance.</p>	Deleted	Replaced with item K0520. Nutritional Approaches to align with MDS' assessment of nutritional status.
31.	Admission	K0520 K0520A K0520B K0520C K0520D K0520Z	N/A – new item	<p>K0520. Nutritional Approaches Check all of the following nutritional approaches that apply on admission.</p> <p>↓ Check all that apply A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above</p>	Included to align with MDS' assessment of nutritional status. Item K0520 will mirror the MDS.

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32.	Discharge	K0520 K0520A1 K0520A2 K0520B1 K0520B2 K0520C1 K0520C2 K0520D1 K0520D2 K0520Z1 K0520Z2	N/A – new item	K0520. Nutritional Approaches 1. Last 7 days Check all of the nutritional approaches that were received in the last 7 days 2. At discharge Check all of the nutritional approaches that were being received at discharge ↓ Check all that apply A. Parenteral/IV feeding B. Feeding tube (e.g., nasogastric or abdominal (PEG)) C. Mechanically altered diet – require change in texture of food or liquids (e.g., pureed food, thickened liquids) D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol) Z. None of the above	Included to align with MDS' assessment of nutritional status. Item K0520 will mirror the MDS.

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

#	Admission/ Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
33.	Admission	N0415 N0415A1 N0415A2 N0415E1 N0415E2 N0415F1 N0415F2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2	N/A – new item	<p>N0415. High-Risk Drug Classes: Use and Indication</p> <p>1. Is taking Check if the patient is taking any medications in the following drug classes</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class</p> <p>↓ Check all that apply</p> <p>A. Antipsychotic E. Anticoagulant F. Antibiotic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin)</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

#	Admission/ Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
34.	Discharge	N0420A1 N0420A2 N0420E1 N0420E2 N0420F1 N0420F2 N0420H1 N0420H2 N0420I1 N0420I2 N0420J1 N0420J2	N/A – new item	<p>N0420. High-Risk Drug Classes: Use and Indication</p> <p>1. Is taking Check if the patient is taking any medications in the following drug classes</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class</p> <p>↓ Check all that apply</p> <p>A. Antipsychotic E. Anticoagulant F. Antibiotic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin)</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
35.	Admission	O0100N O0110	<p>O0100. Special Treatments, Procedures, and Programs Check if treatment applies at admission</p> <p>O0100N. Total Parenteral Nutrition</p>	<p>O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply on admission.</p> <p>↓ Check all that apply</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
36.	Discharge	O0110	N/A – new item	<p>O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that apply at discharge.</p> <p>↓ Check all that apply</p>	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

#	Admission/ Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
37.	Admission, Discharge; note: “a” is used for item numbering for admission while “b” is used for item numbering for discharge	O0110A1a O0110A2a O0110A3a O0110A10a O0110B1a O0110A1b O0110A2b O0110A3b O0110A10b O0110B1b	N/A – new item	Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation	Included to align with the MDS, and public comment and subject matter experts support breaking the parent item “chemotherapy” into type of chemotherapy to distinguish patient complexity/burden of care.

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

#	Admission/ Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
38.	Admission, Discharge; note: “a” is used for item numbering for admission while “b” is used for item numbering for discharge	O0110C1a O0110C2a O0110C3a O0110C4a O0110D1a O0110D2a O0110D3a O0110E1a O0110F1a O0110G1a O0110G2a O0110G3a O0110C1b O0110C2b O0110C3b O0110C4b O0110D1b O0110D2b O0110D3b O0110E1b O0110F1b O0110G1b O0110G2b O0110G3b	N/A – new item	Respiratory Therapies C1. Oxygen Therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy Care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP	Included to align with the MDS, and public comment and subject matter experts support: breaking the parent item “oxygen therapy” into continuous vs. intermittent to distinguish patient complexity/burden of care; breaking the parent item “suctioning” into frequency of suctioning to distinguish patient complexity/burden of care. In public comment, there was support for breaking the parent item into 2 response options (BiPAP and CPAP).

Change Table for Proposed IRF QRP New and Modified Items – Effective Date: October 1, 2020 (continued)

#	Admission/ Discharge	Item / Text Affected	IRF-PAI Version 3.0	IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
39.	Admission, Discharge; note: “a” is used for item numbering for admission while “b” is used for item numbering for discharge	00110AH1a 00110AH2a 00110H3a 00110H4a 00110H10a 00110I1a 00110J1a 00110J2a 00110J3a 00110O1a 00110O2a 00110O3a 00110O4a 00110Z1a 00110H1b 00110H2b 00110H3b 00110H4b 00110H10b 00110I1b 00110J1b 00110J2b 00110J3b 00110O1b 00110O2b 00110O3b 00110O4b 00110Z1b	N/A – new item	Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulation H10. Other I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis O1. IV Access O2. Peripheral IV O3. Midline O4. Central line (e.g., PICC, tunneled, port) None of the Above Z1. None of the above	In public comment, there was support for: further delineating types of IV medications (and the new vasoactive medication item, 00110H2, is included in the LTCH ventilator liberation quality measures); breaking out the dialysis parent item into type of dialysis; breaking out the IV access parent item (which appears on the MDS) into types of IV access.