# Change Table for Final IRF-PAI Version 4.0– Effective Date: October 1, 2020 – Changes from Version 3.0 to 4.0

| # | Admission/Discharge | Item / Text Affected | IRF-PAI Version 3.0 | IRF-PAI Version 4.0 (Note: Modifications to existing items highlighted in yellow) | Rationale forChange / Comments |
| --- | --- | --- | --- | --- | --- |
| 1.
 | All | N/A | Version 3.0 | Version 4.0 | Updated version number. |
|  | Admission Discharge | Footer | Final IRF-PAI Version 3.0 - Effective October 1, 2019 | Final IRF-PAI Version 4.0 - Effective October 1, 2020 | Updated footer |
|  | Admission Discharge | N/A | N/A | Punctuation and style revisions applicable throughout the instrument | Punctuation and style revisions to align with Minimum Data Set and LTCH CARE Data Set |
|  | Admission | 18 | 18. DELETED | N/A | All items previously labeled as DELETED have been removed. |
|  | Admission | 19 | 19. DELETED | N/A | All items previously labeled as DELETED have been removed. |
|  | Admission | 25 | 25. DELETED | N/A | All items previously labeled as DELETED have been removed. |
|  | Admission | 26 | 26. DELETED | N/A | All items previously labeled as DELETED have been removed. |
|  | Admission | 28 | 28. DELETED | N/A | All items previously labeled as DELETED have been removed. |
| 1.
 | Admission | 9 | **9. Race/Ethnicity** Arrow pointing down **(Check all that apply**)**A.** American Indian or Alaska Native**B.** Asian**C.** Black or African American**D.** Hispanic or Latino**E.** Native Hawaiian or Other Pacific Islander**F.** White | N/A | Item 9. Race/Ethnicity is deleted and replaced with items A1005. Ethnicity and A1010. Race. |
| 1.
 | 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. |
| 1.
 | Discharge | 44D | **44D. Patient’s discharge** destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46) **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** | **44D. Patient’s discharge** destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46) **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 Transfer of Health Information measure calculation and PAC alignment. |
| 1.
 | Admission | Section | N/A – new section | **Section A. Administrative Information** | Adding new section to accommodate new items. |
| 1.
 | Admission | A1005 | N/A – new item | **A1005. Ethnicity**Are you of Hispanic, Latino/a, or Spanish origin? Arrow pointing down**Check all that apply****A.** No, not of Hispanic, Latino/a, or Spanish origin **B.** Yes, Mexican, Mexican American, Chicano/a **C.** Yes, Puerto Rican**D.** Yes, Cuban**E.** Yes, another Hispanic, Latino, or Spanish origin**X.** Patient unable to respond | Item 9. Race/Ethnicity is deleted and replaced with A1005. Ethnicity. Finalized as SPADE in the FY 2020 IRF PPS final 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. |
| 1.
 | Admission | A1010 | N/A – new item | **A1010. Race**What is your race? Arrow pointing down**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. Finalized as SPADE in the FY 2020 IRF PPS final 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.  |
| 1.
 | Admission | A1110A1110AA1110B | N/A – new item | **A1110. Language****A.** **What is your preferred language?****Answer box****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** | Finalized as SPADE in the FY 2020 IRF PPS final rule. |
| 1.
 | Admission, Discharge | A1250 | N/A – new item | **A1250. Transportation**Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?Arrow pointing down**Check all that apply****A. Yes**, it has kept me from medical appointments or from getting mymedications**B. Yes**, it has kept me from non-medical meetings, appointments, work, or from getting things that I need**C. No****X. Patient unable to respond**  | Finalized as SPADE in the FY 2020 IRF PPS final rule. Consistent with Healthy People 2020 priority to address patients’ social determinants of health. |
| 1.
 | Discharge | A2121 | N/A – new item | **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 | New data element added for the Transfer of Health Information quality measures. |
| 1.
 | Discharge | A2122A2122AA2122BA2122CA2122DA2122E | N/A – new item | **A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider** Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.Arrow pointing down **Check all that apply****A. Electronic Health Record****B. Health Information Exchange**  **Organization****C. Verbal** (e.g., in-person, telephone, video conferencing)**D. Paper-based** (e.g., fax, copies, printouts)**E. Other Methods** (e.g., texting, email, CDs) | New data element added for the Transfer of Health Information quality measures. |
| 1.
 | Discharge | A2123 | N/A – new item | **A2123. Provision of Current Reconciled Medication List to Patient at Discharge**At the time of discharge, did your facility provide the patient’s current reconciled medication list to the patient, family and/or caregiver?0. **No** – Current reconciled medication list  not provided to the patient, family  and/or caregiver 1. **Yes** – Current reconciled medication  list provided to the patient, family  and/or caregiver | New data element added for the Transfer of Health Information quality measures. |
| 1.
 | Discharge | A2124A2124AA2124BA2124CA2124DA2124E | N/A – new item | **A2124.** **Route of Current Reconciled Medication List Transmission to Patient** Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.Arrow pointing down**Check all that apply****A. Electronic Health Record** (e.g., electronic access to patient portal)**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) | New data element added for the Transfer of Health Information quality measures. |
| 1.
 | Admission | B0200 | N/A – new item | **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 TV1. **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 distinctly3. **Highly impaired** - absence of useful  hearing | 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. |
| 1.
 | Admission | B1000 | N/A – new item | **B1000. Vision****Ability to see in adequate light** (with glasses or other visual appliances) 0. **Adequate** - sees fine detail, such as  regular print in newspapers/books1. **Impaired** - sees large print, but not regular print in newspapers/books2. **Moderately impaired** - limited vision;  not able to see newspaper headlines  but can identify objects3. **Highly impaired** - object identification in question, but eyes appear to follow  objects4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects | 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. |
| 1.
 | Admission,Discharge | B1300 | N/A – new item | **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?0. **Never**1. **Rarely**2. **Sometimes**3. **Often**4. **Always**8. **Patient unable to respond** | Finalized as SPADE in the FY 2020 IRF PPS final rule. Recommended for inclusion in Medicare data by HHS and the National Academies of Sciences, Engineering and Medicine (NASEM). |
| 1.
 | Discharge | C0100 | N/A – new item | **C0100. Should Brief Interview for Mental Status** (C0200-C0500) be Conducted? (3-day assessment period)Attempt to conduct interview with all patients.0. **No** (patient is rarely/never understood) Arrow pointing to the right*Skip to C0900, Memory/Recall Ability*1. **Yes** Arrow pointing to the right*Continue to C0200, Repetition of Three Words* | 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. |
| 1.
 | Discharge | C0200 | N/A – new item | **C0200. Repetition of Three Words**Ask patient: *“I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue and bed****. Now tell me the three words.”***Number of words repeated after first attempt**3. **Three**2. **Two**1. **One**0. **None**After the patient's first attempt, repeat the words using cues *("sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times. | 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. |
| 1.
 | Discharge | C0300C0300AC0300BC0300C | N/A – new item | **C0300. Temporal Orientation** (orientation to year, month, and day)Ask patient: *“Please tell me what year it is right now.”***A. Able to report correct year** 3. **Correct** 2. **Missed by 1 year** 1. **Missed by 2 - 5 years** 0. **Missed by > 5 years** or no answerAsk patient: *“What month are we in right now?”***B. Able to report correct month**2. **Accurate within 5 days**1. **Missed by 6 days to 1 month**0. **Missed by > 1 month** or no answerAsk patient: *“What day of the week is today?”***C. Able to report correct day of the week**1. **Correct**0. **Incorrect or no answer** | 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. |
| 1.
 | Discharge | C0400C0400AC0400BC0400C | N/A – new item | **C0400. Recall**Ask patient: *“Let's go back to an earlier question. What were those three words that I asked you to repeat*?” If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.**A. Able to recall “sock”**2. **Yes, no cue required**1. **Yes, after cueing** ("something to wear")0. **No** - could not recall**B. Able to recall “blue”**2. **Yes, no cue required**1. **Yes, after cueing** ("a color")0. **No** - could not recall**C. Able to recall “bed”**2. **Yes, no cue required**1. **Yes, after cueing** ("a piece of  furniture") 0. **No** - could not recall | 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. |
| 1.
 | Discharge | C0500 | N/A – new item | **C0500. BIMS Summary Score****Add scores** for questions C0200-C0400 and fill in total score (00-15)**Enter 99 if the patient was unable to complete the interview** | 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. |
| 1.
 | Admission | C1310C1310AC1310BC1310CC1310D | N/A – new item | **C1310. Signs and Symptoms of Delirium (from CAM**©**)** Code **after completing** Brief Interview for Mental Status or Staff Assessment and reviewing medical record.**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****Enter Codes in Boxes****B. Inattention -** Did the patient have  difficulty focusing attention, for  example being easily distractible or having difficulty keeping track of what  was being said?**C. Disorganized thinking -** Was the  patient 's thinking disorganized or  incoherent (rambling or irrelevant  conversation, unclear or illogical flow | TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.  |
|   |   |   |   |  of ideas, or unpredictable switching  from subject to subject)?**D. Altered level of consciousness -** Did the patient have altered level of consciousness as indicated by any of the following criteria?* **vigilant** – startled easily to any sound or touch
* **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

**Coding:** 0. **Behavior not present**1. **Behavior continuously present,**   **does not fluctuate**2. **Behavior present, fluctuates**  (comes and goes, changes in  severity) |   |
| 1.
 | Discharge | C1310C1310AC1310BC1310CC1310D | N/A – new item | **C1310. Signs and Symptoms of Delirium (from CAM**©**)** Code **after completing** Brief Interview for Mental Status and reviewing medical record.**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** | TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.  |
|   |   |   |   | **Enter Codes in Boxes****B. Inattention -** Did the patient have  difficulty focusing attention, for  example being easily distractible or having difficulty keeping track of what  was being said?**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).**D. Altered level of consciousness -** Did  the patient have altered level of  consciousness as indicated by any of  the following criteria?* **vigilant** – startled easily to any sound or touch
* **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

**Coding:** 0. **Behavior not present**1. **Behavior continuously present,**  **does not fluctuate** 2. **Behavior present, fluctuates** (comes and goes, changes in severity) |   |
| 1.
 | 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. | *Confusion Assessment Method.* ***©****1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.* | TEP supportive of CAM use. |
| 1.
 | Admission, Discharge | D0150D0150A1D0150A2D0150B1D0150B2D0150C1D0150C2D0150D1D0150D2D0150E1D0150E2D0150F1D0150F2D0150G1D0150G2D0150H1D0150H2D0150I1D0150I2 | N/A – new item | **D0150. Patient Mood Interview (PHQ-2 to 9)****Say to patient: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*** If symptom is present, enter 1 (yes) in column 1, Symptom Presence.If yes in column 1, then ask the patient: *"About* ***how******often*** *have you been bothered by this?"*Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency. **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) | 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. |
|   |   |   |   | **2. Symptom Frequency**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)**Enter scores in boxes.** ***A. Little interest or pleasure in doing things*** ***B. Feeling down, depressed, or hopeless*If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.*****C. Trouble falling or staying asleep, or sleeping too much*** ***D. Feeling tired or having little energy******E. Poor appetite or overeating******F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down******G. Trouble concentrating on things, such as reading the newspaper or watching television******H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual******I. Thoughts that you would be better* *off dead, or of hurting yourself in some way*** |   |
| 1.
 | Admission, Discharge | D0160 | N/A – new item | **D0160. Total Severity Score****Add scores for all frequency responses in column 2,** Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items). | Adding PHQ-2 to 9 to IRF-PAI.  |
| 1.
 | Admission, Discharge | D0700 | N/A – new item | **D0700. Social Isolation**How often do you feel lonely or isolated from those around you?0. **Never**1. **Rarely**2. **Sometimes**3. **Often**4. **Always**8. **Patient unable to respond** | Finalized as SPADE in the FY 2020 IRF PPS final rule. Recommended for inclusion in Medicare data by HHS and the NASEM. |
|  | Admission | GG0100  | **GG0100. Prior Functioning: Everyday Activities****Coding:**3. **Independent** – Patient completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.2. **Needed Some Help** – Patient needed partial assistance from another person to complete activities.1. **Dependent** – A helper completed the activities for the patient. 8. **Unknown**9. **Not Applicable** | **GG0100. Prior Functioning: Everyday Activities****Coding:**3. **Independent** – Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.2. **Needed Some Help** – Patient needed partial assistance from another person to complete any activities.1. **Dependent** – A helper completed all the activities for the patient. 8. **Unknown**9. **Not Applicable** | Minor edits for clarity and standardization. |
|  | Admission | GG0100A | **GG0100A. Self-Care:** Code the patient’s need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. | **GG0100A. Self-Care:** Code the patient’s need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury. | Minor edits for clarity and standardization. |
|  | Admission, Discharge | GG0170C | **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. | **C. Lying to sitting on side of bed:** The ability to move from lying on the back to sitting on the side of the bed with no back support. | Minor edits for clarity and standardization. |
|  | Admission, Discharge | GG0170M | **M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step.If admission/discharge performance is coded 07, 09, 10 or 88, 🡪 Skip to GG0170P, Mobility, Picking up object. | **M. 1 step (curb):** The ability to go up and down a curb or up and down one step.If admission/discharge performance is coded 07, 09, 10 or 88, 🡪 Skip to GG0170P, Mobility, Picking up object. | Minor edits for clarity and standardization. |
| 1.
 | Admission, Discharge | J0510 | N/A – new item | **J0510. Pain Effect on Sleep**Ask patient: “*Over the past 5 days,* ***how much of the time has pain made it hard for you to sleep at night?”***0. **Does not apply – I have not had any**  **pain or hurting in the past 5 days** Arrow pointing to the right*Skip to J1750, History of Falls*1. **Rarely or not at all**2. **Occasionally**3. **Frequently**4. **Almost constantly**8. **Unable to answer** | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
| 1.
 | Admission, Discharge | J0520 | N/A – new item | **J0520. Pain Interference with Therapy Activities**Ask patient: “*Over the past 5 days,* ***how often have you limited your participation in rehabilitation therapy sessions due to pain?”***0. **Does not apply – I have not received**  **rehabilitation therapy in the past 5**  **days**1. **Rarely or not at all**2. **Occasionally**3. **Frequently**4. **Almost constantly**8. **Unable to answer**  | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
| 1.
 | Admission, Discharge | J0530 | N/A – new item | **J0530. Pain Interference with Day-to-Day Activities**Ask patient: “*Over the past 5 days,* ***how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?”***1. **Rarely or not at all**2. **Occasionally**3. **Frequently**4. **Almost constantly**8. **Unable to answer**  | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
|  | Discharge | J1800 | **J1800. Any Falls Since Admission**Has the patient **had any falls since admission**? 0. **No** 🡪 *Skip to M0210, Unhealed Pressure Ulcers/Injuries* 1. **Yes** 🡪 *Continue to J1900, Number of Falls Since Admission*  | **J1800. Any Falls Since Admission**Has the patient **had any falls since admission**? 0. **No** 🡪 *Skip to K0520, Nutritional Approaches* 1. **Yes** 🡪 *Continue to J1900, Number of Falls Since Admission* | Updated skip pattern.  |
| 1.
 | Admission  | K0110K0110AK0110BK0110C | **K0110. Swallowing/Nutritional Status** (3-day assessment period) Indicate the patient's usual ability to swallow. Arrow pointing down**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. | N/A | Replaced with item K0520. Nutritional Approaches to align with MDS’ assessment of nutritional status. |
| 1.
 | Admission  | K0520K0520A1K0520B1K0520C1K0520D1K0520Z1 | N/A – new item | **K0520. Nutritional Approaches** Check all of the following nutritional approaches that apply on admission.**1. On Admission**Arrow pointing down**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.  |
| 1.
 | Discharge | K0520K0520A4K0520A5K0520B4K0520B5K0520C4K0520C5K0520D4K0520D5K0520Z4K0520Z5 | N/A – new item | **K0520. Nutritional Approaches** **4. Last 7 Days** Check all of the nutritional approaches  that were received in the last 7 days**5. At Discharge** Check all of the nutritional approaches  that were being received at dischargeArrow pointing down**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. |
|  | Admission | M0210 | **M0210. Unhealed Pressure Ulcers/Injuries**Does this patient have one or more unhealed pressure ulcers/injuries? 0. **No** 🡪 *Skip to N2001, Drug Regimen Review* 1. **Yes** 🡪 *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage* | **M0210. Unhealed Pressure Ulcers/Injuries**Does this patient have one or more unhealed pressure ulcers/injuries? 0. **No** 🡪 *Skip to N0415, High-Risk Drug Classes: Use and Indication*1. **Yes** 🡪 *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage* | Updated skip pattern.  |
|  | Discharge  | M0210 | **M0210. Unhealed Pressure Ulcers/Injuries**Does this patient have one or more unhealed pressure ulcers/injuries? 0. **No** 🡪 *Skip to N2005, Medication Intervention*1. **Yes** 🡪 *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage* | **M0210. Unhealed Pressure Ulcers/Injuries**Does this patient have one or more unhealed pressure ulcers/injuries? 0. **No** 🡪 *Skip to N0415, High-Risk Drug Classes: Use and Indication*1. **Yes** 🡪 *Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage* | Updated skip pattern.  |
|  | Discharge  | M0300 | **M0300G. Unstageable – Deep tissue injury****1. Number of unstageable pressure injuries presenting as deep tissue injury** – if 0 🡪 *Skip to N2005, Medication Intervention* **2. Number of these unstageable pressure injuries that were present upon admission** – enter how many were noted at the time of admission  | **M0300G. Unstageable – Deep tissue injury****1. Number of unstageable pressure injuries presenting as deep tissue injury** – if 0 🡪 *Skip to N0415, High-Risk Drug Classes: Use and Indication* **2. Number of these unstageable pressure injuries that were present upon admission** – enter how many were noted at the time of admission | Updated skip pattern.  |
|  | Admission | N2001 | **N2001. Drug Regimen Review****Did a complete drug regimen review identify potential clinically significant medication issues?**0. **No - No issues found during review** 🡪 *Skip to O0100, Special Treatments, Procedures, and Programs*1. **Yes - Issues found during review** 🡪 *Continue to N2003, Medication Follow-up*9. **NA - Patient is not taking any medications** 🡪 *Skip to O0100, Special Treatments, Procedures, and Programs* | **N2001. Drug Regimen Review****Did a complete drug regimen review identify potential clinically significant medication issues?**0. **No - No issues found during review** 🡪 *Skip to O0110, Special Treatments, Procedures, and Programs*1. **Yes - Issues found during review** 🡪 *Continue to N2003, Medication Follow-up*9. **Not applicable - Patient is not taking any medications** 🡪 *Skip to O0110, Special Treatments, Procedures, and Programs* | Spelled out NA to Not applicable for clarity. |
|  | Discharge | N2005 | **N2005. Medication Intervention****Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?**0. **No**1. **Yes**9. **NA** **- There were no potential clinically significant medication issues identified since admission or patient is not taking any medications** | **N2005. Medication Intervention****Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?**0. **No**1. **Yes**9. **Not applicable - There were no potential clinically significant medication issues identified since admission or patient is not taking any medications** | Spelled out NA to Not applicable for clarity. |
| 1.
 | Admission, Discharge | N0415N0415A1N0415A2N0415E1N0415E2N0415F1N0415F2N0415H1N0415H2N0415I1N0415I2N0415J1N0415J2N0415Z1 | N/A – new item | **N0415. High-Risk Drug Classes: Use and Indication**1. **Is taking**

Check if the patient is taking any medications by pharmacological classification, not how it is used, in the following classes1. **Indication noted**

If column 1 is checked, check if there is an indication noted for all medications in the drug classArrow pointing down**Check all that apply****A. Antipsychotic****E. Anticoagulant****F. Antibiotic** **H. Opioid****I. Antiplatelet****J. Hypoglycemic (including insulin)****Z. None of the above** | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
| 1.
 | Admission  | O0100NO0110a | **O0100. Special Treatments, Procedures, and Programs**Check if treatment applies at admission**O0100N. Total Parenteral Nutrition** | **O0110. Special Treatments, Procedures, and Programs**Check all of the following treatments, procedures, and programs that apply on admission. **a. On Admission**Arrow pointing down**Check all that apply** | Item O0100N is deleted and replaced with item O0110a. TEP comments and National Beta Test data supports cross-setting reliability and feasibility.  |
| 1.
 | Discharge  | O0110c | N/A – new item | **O0110. Special Treatments, Procedures, and Programs** Check all of the following treatments, procedures, and programs that apply at discharge. **c. At Discharge**Arrow pointing down**Check all that apply** | TEP comments and National Beta Test data supports cross-setting reliability and feasibility. |
| 1.
 | Admission, Discharge; note: “a” is used for item numbering for admission while “c” is used for item numbering for discharge | O0110A1aO0110A2aO0110A3aO0110A10aO0110B1aO0110A1cO0110A2cO0110A3cO0110A10cO0110B1c | 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. |
| 1.
 | Admission, Discharge; note: “a” is used for item numbering for admission while “c” is used for item numbering for discharge | O0110C1aO0110C2aO0110C3aO0110C4aO0110D1aO0110D2aO0110D3aO0110E1aO0110F1aO0110G1aO0110G2aO0110G3aO0110C1cO0110C2cO0110C3cO0110C4cO0110D1cO0110D2cO0110D3cO0110E1cO0110F1cO0110G1cO0110G2cO0110G3c | 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). |
| 1.
 | Admission, Discharge; note: “a” is used for item numbering for admission while “c” is used for item numbering for discharge | O0110H1aO0110H2aO0110H3aO0110H4aO0110H10aO0110I1aO0110J1aO0110J2aO0110J3aO0110O1aO0110O2aO0110O3aO0110O4aO0110Z1aO0110H1cO0110H2cO0110H3cO0110H4cO0110H10cO0110I1cO0110J1cO0110J2cO0110J3cO0110O1cO0110O2cO0110O3cO0110O4cO0110Z1c | 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, O0110H2, 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. |
|  | Discharge | Section header | N/A  | **Section Z. Assessment Administration**  | Section header added to align with Minimum Data Set and LTCH CARE Data Set. |