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 for Change / Comments
1.	All	N/A	Version 3.0	Version 4.0	Updated version number.
2.	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
3.	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
4.	Admission	18	18. DELETED	N/A	All items previously labeled as DELETED have been removed.
5.	Admission	19	19. DELETED	N/A	All items previously labeled as DELETED have been removed.
6.	Admission	25	25. DELETED	N/A	All items previously labeled as DELETED have been removed.
7.	Admission	26	26. DELETED	N/A	All items previously labeled as DELETED have been removed.
8.	Admission	28	28. DELETED	N/A	All items previously labeled as DELETED have been removed.
9.	Admission	9	**9. Race/Ethnicity** ↓ **(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.

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10.	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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11.	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., 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.
12.	Admission	Section	N/A – new section	**Section A. Administrative Information**	Adding new section to accommodate new items.

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13.	Admission	A1005	N/A – new item	**A1005. Ethnicity** Are you of Hispanic, Latino/a, or Spanish origin? ↓ **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.
14.	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. 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.

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15.	Admission	A1110 A1110A A1110B	N/A – new item	**A1110. Language** **A. What is your preferred language?** ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ **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.
16.	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? ↓ **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** **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.

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17.	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.
18.	Discharge	A2122 A2122A A2122B A2122C A2122D A2122E	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. ↓ **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.

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19.	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.
20.	Discharge	A2124 A2124A A2124B A2124C A2124D A2124E	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. ↓**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.

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21.	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 TV 1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. **Moderate difficulty** - speaker has to increase volume and speak distinctly 3. **Highly impaired** - absence of useful hearing	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.
22.	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/books 1. **Impaired** - sees large print, but not regular print in newspapers/books 2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects 3. **Highly impaired** - object identification in question, but eyes appear to follow objects 4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects	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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23.	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).
24.	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) →*Skip to C0900, Memory/Recall Ability* 1. **Yes** →*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.

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25.	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.

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26.	Discharge	C0300 C0300A C0300B C0300C	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 answer
				
				Ask 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 answer
				
				Ask 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.

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27.	Discharge	C0400 C0400A C0400B C0400C	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.

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28.	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.

29.	Admission	C1310
		C1310A
		C1310B
		C1310C
		C1310D
			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.

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				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)	
30.	Discharge	C1310 C1310A C1310B C1310C C1310D	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.

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				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)	

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31.	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.
32.	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	**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.

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				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*	

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33.	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.
34.	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.
35.	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.

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36.	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.
37.	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.
38.	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.
39.	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** → *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.

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40.	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.
41.	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 (<u>excluding</u> 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.

#	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
42.	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* <mark>K0520, Nutritional Approaches</mark> 1. **Yes** → *Continue to J1900, Number of Falls Since Admission*	Updated skip pattern.
43.	Admission	K0110 K0110A K0110B K0110C	**K0110. Swallowing/Nutritional Status** (3-day assessment period) Indicate the patient's usual ability to swallow. ↓**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.

#	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
44.	Admission	K0520 K0520A1 K0520B1 K0520C1 K0520D1 K0520Z1	N/A – new item	**K0520. Nutritional Approaches** Check all of the following nutritional approaches that apply on admission. **1. On Admission** ↓ **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/ 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
45.	Discharge	K0520 K0520A4 K0520A5 K0520B4 K0520B5 K0520C4 K0520C5 K0520D4 K0520D5 K0520Z4 K0520Z5	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 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.
46.	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.

#	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
47.	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.
48.	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.
49.	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.

#	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
50.	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.
51.	Admission, Discharge	N0415 N0415A1 N0415A2 N0415E1 N0415E2 N0415F1 N0415F2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2 N0415Z1	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 classes 2. **Indication noted** If column 1 is checked, check if there is an indication noted for all medications in the drug class ↓ **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.

#	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
52.	Admission	O0100N O0110a	**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** ↓ **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.
53.	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** ↓ Check all that apply	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
54.	Admission, Discharge; note: "a" is used for item numbering for admission while "c" is used for item numbering for discharge	O0110A1a O0110A2a O0110A3a O0110A10a O0110B1a O0110A1c O0110A2c O0110A3c O0110A10c O0110B1c	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.

#	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

55.	Admission, Discharge; note: "a" is used for item numbering for admission while "c" is used for item numbering for discharge	O0110C1a
		O0110C2a
		O0110C3a
		O0110C4a
		O0110D1a
		O0110D2a
		O0110D3a
		O0110E1a
		O0110F1a
		O0110G1a
		O0110G2a
		O0110G3a
		
		O0110C1c
		O0110C2c
		O0110C3c
		O0110C4c
		O0110D1c
		O0110D2c
		O0110D3c
		O0110E1c
		O0110F1c
		O0110G1c
		O0110G2c
		O0110G3c
			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).

#	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

56.	Admission, Discharge; note: "a" is used for item numbering for admission while "c" is used for item numbering for discharge	O0110H1a
		O0110H2a
		O0110H3a
		O0110H4a
		O0110H10a
		O0110I1a
		O0110J1a
		O0110J2a
		O0110J3a
		O0110O1a
		O0110O2a
		O0110O3a
		O0110O4a
		O0110Z1a
		
		O0110H1c
		O0110H2c
		O0110H3c
		O0110H4c
		O0110H10c
		O0110I1c
		O0110J1c
		O0110J2c
		O0110J3c
		O0110O1c
		O0110O2c
		O0110O3c
		O0110O4c
		O0110Z1c
			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.

57.	Discharge	Section header	N/A	**Section Z. Assessment Administration**	Section header added to align with Minimum Data Set and LTCH CARE Data Set.