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

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
1.	All	N/A	Version 4.00	Version 5.00	Updated version number.
2.	All	Footer	Final LTCH CARE Data Set Version 4.00, Admission/Planned Discharge/ Unplanned Discharge/Expired - Effective July 1, 2018	Proposed LTCH CARE Data Set Version 5.00, Admission/Planned Discharge/Unplanned Discharge/Expired - Effective October 1, 2020	Updated footer.
3.	Admission, Planned Discharge, Unplanned Discharge, Expired	A1000	**A1000. 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 – delete item	A1000 is deleted and replaced with A1005 and A1010.
4.	Admission	A1005	N/A – new item	**A1005. Ethnicity** Are you 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	A1000 is deleted and replaced with A1005. Proposed as SPADE in the FY 2020 IPPS/LTCH 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.

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

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5.	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	A1000 is deleted and replaced with A1010. Proposed as SPADE in the FY 2020 IPPS/LTCH 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.
6.	Admission, Planned Discharge	A1100 A1100A A1100B A1110 A1110A A1110B	**A1100. Language** **A. Does the patient need or want an interpreter to communicate with a doctor or health care staff?** 0. **No** → *Skip to A1200, Marital Status* 1. **Yes** → *Specify in A1100B, Preferred language* 9. **Unable to determine** → *Skip to A1200, Marital Status* **B. Preferred language:**	**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**	A1100 is replaced with A1110. Proposed as SPADE in the FY 2020 IPPS/LTCH PPS proposed rule.

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7.	Admission, Planned 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** **D. Patient unable to respond**	Proposed as SPADE in the FY 2020 IPPS/LTCH PPS proposed rule. Consistent with Healthy People 2020 priority to address patient social determinants of health.

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8.	Admission	A1802 A1805	**A1802. Admitted From** Immediately preceding this admission, where was the patient? 01. **Community residential setting** (e.g., private home/apt., board/care, assisted living, group home, adult foster care) 02. **Long-term care facility** 03. **Skilled nursing facility** (SNF) 04. **Hospital emergency department** 05. **Short-stay acute hospital** (IPPS) 06. **Long-term care hospital** (LTCH) 07. **Inpatient rehabilitation facility or unit** (IRF) 08. **Psychiatric hospital or unit** 09. **Intellectually Disabled/Developmentally Disabled (ID/DD) facility** 10. **Hospice** 99. **None of the above**	**A1805. Admitted From** 01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. **Nursing home** (long-term care facility) 03. **Skilled Nursing Facility** (SNF, swing beds) 04. **Short-term General Hospital** (acute hospital, IPPS) 05. **Long-Term Care Hospital** (LTCH) 06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit) 07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit) 08. **Intermediate Care Facility** (ID/DD facility) 09. **Hospice** (home/non-institutional) 10. **Hospice** (institutional facility) 11. **Critical Access Hospital** (CAH) 12. **Home under care of organized home health service organization** 99. **Not Listed**	Revised for PAC alignment.

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

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9.	Planned Discharge, Unplanned Discharge	A2110 A2105	**A2110. Discharge Location** 01. **Community residential setting** (e.g., private home/apt., board/care, assisted living, group home, adult foster care) 02. **Long-term care facility** 03. **Skilled nursing facility** (SNF) 04. **Hospital emergency department** 05. **Short-stay acute hospital** (IPPS) 06. **Long-term care hospital** (LTCH) 07. **Inpatient rehabilitation facility or unit** (IRF) 08. **Psychiatric hospital or unit** 09. **Intellectually Disabled/ Developmentally Disabled (ID/DD) facility** 10. **Hospice** 12. **Discharged Against Medical Advice** 98. **Other**	**A2105. Discharge Location** 01. **Home/Community** (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. **Nursing home** (long-term care facility) 03. **Skilled Nursing Facility** (SNF, swing beds) 04. **Short-term General Hospital** (acute hospital, IPPS) 05. **Long-Term Care Hospital** (LTCH) 06. **Inpatient Rehabilitation Facility** (IRF, free standing facility or unit) 07. **Inpatient Psychiatric Facility** (psychiatric hospital or unit) 08. **Intermediate Care Facility** (ID/DD facility) 09. **Hospice** (home/non-institutional) 10. **Hospice** (institutional facility) 11. **Critical Access Hospital** (CAH) 12. **Home under care of organized home health service organization** 99. **Not Listed**	Revised for Transfer of Health Information measure calculation and PAC alignment.
10.	Unplanned Discharge	A1990	N/A – new item	**A1990. Patient discharged against medical advice?** 0. **No** 1. **Yes**	Removed as a response option from A2105 (formerly A2110) and created as its own data element.

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11.	Planned Discharge, Unplanned 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.
12.	Planned Discharge, Unplanned Discharge	A2122	N/A – new item	**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? 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.

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13.	Planned Discharge, Unplanned Discharge	A2123A1 A2123A2 A2123B1 A2123B2 A2123C1 A2123C2 A2123D1 A2123D2 A2123E1 A2123E2	N/A – new item	**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. **1. To subsequent provider** **2. To patient/family/caregiver** **↓ 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.
14.	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 the LTCH CARE Data Set. National Beta Test data supports cross-setting reliability and feasibility.

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15.	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 the LTCH CARE Data Set. National Beta Test data supports cross-setting reliability and feasibility.
16.	Admission, Planned 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** 9. **Patient unable to respond**	Proposed as SPADE in the FY 2020 IPPS/LTCH PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the National Academies of Sciences, Engineering and Medicine (NASEM).

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17.	Admission, Planned Discharge	C0100	N/A – new item	**C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?** Attempt to conduct interview with all patients. **0. No** (patient is rarely/never understood) → *Skip to XXXX* **1. Yes** → *Continue to C0200. Repetition of Three Words*	Added BIMS to Cognitive Patterns section of the LTCH CARE Data Set 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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18.	Admission, Planned 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 by patient after first attempt** 0. **None** 1. **One** 2. **Two** 3. **Three** 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 of the LTCH CARE Data Set 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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19.	Admission, Planned 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** 0. **Missed by > 5 years** or no answer 1. **Missed by 2-5 years** 2. **Missed by 1 year** 3. **Correct**. **Ask patient:** *"What month are we in right now?"* **B. Able to report correct month**. 0. **Missed by > 1 month** or no answer 1. **Missed by 6 days to 1 month** 2. **Accurate within 5 days** **Ask patient:** *"What day of the week is today?"* **C. Able to report correct day of the week**. 0. **Incorrect** or no answer 1. **Correct**	Added BIMS to Cognitive Patterns section of the LTCH CARE Data Set 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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20.	Admission, Planned 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"** 0. **No -** could not recall 1. **Yes, after cueing** ("something to wear") 2. **Yes, no cue required** **B. Able to recall "blue"** 0. **No -** could not recall 1. **Yes, after cueing** ("a color") 2. **Yes, no cue required** **C. Able to recall "bed"** 0. **No -** could not recall 1. **Yes, after cueing** ("a piece of furniture") 2. **Yes, no cue required**	Added BIMS to Cognitive Patterns section of the LTCH CARE Data Set 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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21.	Admission, Planned 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 of the LTCH CARE Data Set 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.
22.	Admission	C1610A C1610B C1610C C1610D C1610E C1610E1 C1610E2 C1310A C1310B C1310C C1310D	**C1610. Signs and Symptoms of Delirium (from CAM©)** Confusion Assessment Method (CAM©) Shortened Version Worksheet (3-day assessment period) **Acute Onset and Fluctuating Course** **A.** Is there evidence of an acute change in mental status from the patient's baseline? **B.** Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity?	**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**	C1610 will be replaced by C1310 in order to standardize across PAC settings. TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM.

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			Inattention **C.** Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? **Disorganized Thinking** **D.** Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject? **Altered Level of Consciousness** **E.** Overall, how would you rate the patient's level of consciousness? **E1**. Alert (Normal) **E2.** Vigilant (hyperalert) or Lethargic (drowsy, easily aroused) or Stupor (difficult to arouse) or Coma (unarousable)	**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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23.	Planned Discharge, Unplanned Discharge	C1610A C1610B C1610C C1610D C1610E C1610E1 C1610E2 C1310A C1310B C1310C C1310D	**C1610. Signs and Symptoms of Delirium (from CAM©)** Confusion Assessment Method (CAM©) Shortened Version Worksheet (3-day assessment period) **Acute Onset and Fluctuating Course** **A.** Is there evidence of an acute change in mental status from the patient's baseline? **B.** Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity? **Inattention** **C.** Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? **Disorganized Thinking** **D.** Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject? **Altered Level of Consciousness** **E.** Overall, how would you rate the patient's level of consciousness? **E1**. Alert (Normal) **E2.** Vigilant (hyperalert) or Lethargic (drowsy, easily aroused) or Stupor (difficult to arouse) or Coma (unarousable)	**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** **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	C1610 will be replaced by C1310 in order to standardize across PAC settings. TEP supportive of CAM use across settings. National Beta Test data supports cross-setting reliability and feasibility of CAM. Coding instructions for Unplanned Discharge will be: Code **after** reviewing medical record.

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				Coding: 0. **Behavior not present** 1. **Behavior continuously present, does not fluctuate** 2. **Behavior present, fluctuates** (comes and goes, changes in severity)	
24.	Admission, Planned Discharge, Unplanned 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. Adopted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.*	The footnote associated with C1610 will be replaced by the footnote associated with C1310. TEP supportive of CAM use.
25.	Admission, Planned Discharge	D0150 D0150A1 D0150A2 D0150B1 D0150B2 D0150C1 D0150C2 D0150D1 D0150D2 D0150E1 D0150E2 D0150F1 D0150F2 D0150G1 D0150G2	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.	Adding PHQ-2 to 9 to the LTCH CARE Data Set. 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

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		D0150H1 D0150H2 D0150I1 D0150I2		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) 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 and SKIP to next section.** ***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***	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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26.	Admission, Planned 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 00 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 the LTCH CARE Data Set.
27.	Admission, Planned 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** 9. **Patient unable to respond**	Proposed as SPADE in the FY 2020 IPPS/LTCH PPS proposed rule. Recommended for inclusion in Medicare data by HHS and the NASEM.
28.	Admission, Planned Discharge	GG0170F	**F. Toilet transfer:** The ability to get on and off a toilet or commode.	**F. Toilet transfer:** The ability to get on and off a toilet or commode. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170I, Walk 10 feet*	Added skip pattern.
29.	Admission, Planned Discharge	GG0170I	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170Q1, Does the patient use a wheelchair and/or scooter?*	**I. Walk 10 feet:** Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)*	Updated skip pattern.

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30.	Admission, Planned Discharge	GG0170G GG0170L GG0170M GG0170N GG0170O GG0170P	N/A – new items	**G. Car transfer:** The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. **L. Walking 10 feet on uneven surfaces:** The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. **M. 1 step (curb):** The ability to go up and down a curb and/or up and down one step. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object* **N. 4 steps:** The ability to go up and down four steps with or without a rail. *If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object* **O. 12 steps:** The ability to go up and down 12 steps with or without a rail. **P. Picking up object:** The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.	Proposed as SPADE in FY 2020 IPPS/LTCH PPS proposed rule.

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

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
31.	Admission, Planned 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 XXXX* 1. **Rarely or not at all** 2. **Occasionally** 3. **Frequently** 4. **Almost Constantly** 9. **Unable to answer**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
32.	Admission, Planned 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** 9. **Unable to answer**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
33.	Admission, Planned 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** 9. **Unable to answer**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
34.	Admission	K0520 K0520A K0520B K0520C K0520D K0520Z	N/A – new item	**K0520. Nutritional Approaches** Check all of the following nutritional approaches that apply 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. Total parenteral nutrition appears in Section O of LTCH CARE Data Set V 4.00, but other nutritional approaches are not assessed, so for completeness and cross-setting standardization, item K0520 will mirror the MDS.

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
35.	Planned Discharge, Unplanned 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. Total parenteral nutrition appears in Section O of LTCH CARE Data Set V 4.00, but other nutritional approaches are not assessed, so for completeness and cross-setting standardization, item K0520 will mirror the MDS.

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36.	Admission	N0415A1 N0415A2 N0415E1 N0415E2 N0415F1 N0415F2 N0415H1 N0415H2 N0415I1 N0415I2 N0415J1 N0415J2	N/A – new item	**N0415. High-Risk Drug Classes: Use and Indication** **1. Is taking** Check if the patient is taking any medications in the following drug 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)**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.

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

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
37.	Planned Discharge, Unplanned Discharge	N0420A1 N0420A2 N0420E1 N0420E2 N0420F1 N0420F2 N0420H1 N0420H2 N0420I1 N0420I2 N0420J1 N0420J2	N/A – new item	**N0420. High-Risk Drug Classes: Use and Indication** **1. Is taking** Check if the patient is taking any medications in the following drug 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)**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
38.	Admission	O0100 O0110	**O0100. Special Treatments, Procedures, and Programs** Check all the treatments at admission. For dialysis, check if it is part of the patient's treatment plan. **↓ Check all that apply**	**O0110. Special Treatments, Procedures, and Programs** Check all of the following treatments, procedures, and programs that apply on admission. **↓ Check all that apply**	TEP comments and National Beta Test data supports cross-setting reliability and feasibility.
39.	Planned Discharge, Unplanned Discharge	O0110	N/A – new item	**O0110. Special Treatments, Procedures, and Programs** Check all of the following treatments, procedures, and programs that apply at discharge. **↓ Check all that apply**	Included to align with the MDS.

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

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
40.	Admission, Planned Discharge, Unplanned 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 items	**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.
41.	Admission, Planned Discharge, Unplanned Discharge; note: "a" is used for item numbering for admission while "b" is used for item numbering for discharge	O0100G O0110C1a O0110C2a O0110C3a O0110C4a O0110D1a O0110D2a O0110D3a O0110E1a O0110G1a O0110G2a O0110G3a O0110C1b O0110C2b O0110C3b O0110C4b O0110D1b	**Respiratory Treatments** **G. Non-invasive Ventilator (BiPAP, CPAP)**	**Respiratory Therapies** **C1. Oxygen Therapy** **C2. Continuous** **C3. Intermittent** **C4. High-concentration** **D1. Suctioning** **D2. Scheduled** **D3. As needed** **E1. Tracheostomy Care** **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

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		O0110D2b O0110D3b O0110E1b O0110G1b O0110G2b O0110G3b			of care. In public comment, there was support for breaking the parent item into 2 response options (BiPAP and CPAP).
42.	Planned Discharge, Unplanned Discharge; note: "b" is used for item numbering for discharge	O0110F1b	N/A – new item	**F1. Invasive Mechanical Ventilator** (ventilator or respirator)	Data elements that capture invasive mechanical ventilation are currently in use in the MDS 3.0 and LTCH CARE Data Set.
43.	Admission, Planned Discharge, Unplanned Discharge; note: "a" is used for item numbering for admission while "b" is used for item numbering for discharge	O0100H O0100H2a O0100J O0100N O0100Z O0110H1a O0110H2a O0110H3a O0110H4a O0110H10a O0110I1a O0110J1a O0110J2a	**Other Treatments** **H. IV Medications (if checked, please specify below)** **H2a. Vasoactive medications (i.e., continuous infusions of vasopressors or inotropes)** **J. Dialysis** **N. Total Parenteral Nutrition** **None of the Above** **Z. None of the above**	**Other** **H1. IV Medications** **H2. Vasoactive medications** **H3. Antibiotics** **H4. Anticoagulation** **H10. Other** **I1. Transfusions** **J1. Dialysis** **J2. Hemodialysis** **J3. Peritoneal dialysis**	In public comment, there was support for: further delineating types of IV medications (and the new vasoactive medication item, O0110H2, is included in the ventilator liberation quality measures); breaking out the dialysis parent item into type of dialysis;

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		O0110J3a O0110O1a O0110O2a O0110O3a O0110O4a O0110Z1a O0110H1b O0110H2b O0110H3b O0110H4b O0110H10b O0110I1b O0110J1b O0110J2b O0110J3b O0110O1b O0110O2b O0110O3b O0110O4b O0110Z1b		**O1. IV Access** **O2. Peripheral** **O3. Midline** **O4. Central** (e.g., PICC, tunneled, port) **None of the Above** **Z1. None of the above**	breaking out the IV access parent item (which appears on the MDS) into types of IV access.
44.	Admission	O0150 O0150A O0150A2 O0150B	**O0150. Spontaneous Breathing Trial (SBT)** (including Tracheostomy Collar or Continuous Positive Airway Pressure (CPAP) Breathing Trial) **by Day 2 of the LTCH Stay**	**O0150. Spontaneous Breathing Trial (SBT)** (including Tracheostomy Collar Trial (TCT) or Continuous Positive Airway Pressure (CPAP) Breathing Trial) **by Day 2 of the LTCH Stay**	Language deleted from O0150B. Skip patterns updated. Additional edits

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

#	Item Set(s) Affected	Item / Text Affected	LTCH CARE Data Set V 4.00	LTCH CARE Data Set V 5.00 (Note: Modifications to existing items highlighted in yellow)	Rationale for Change / Comments
		O0150C O0150D O0150E	**A. Invasive Mechanical Ventilation Support upon Admission to the LTCH** 0. **No, not on invasive mechanical ventilation support** → *Skip to O0250, Influenza Vaccine* 1. **Yes, weaning** → *Continue to O0150B, Assessed for readiness for SBT by day 2 of the LTCH stay* 2. **Yes, non-weaning** → *Skip to O0250, Influenza Vaccine* **B. Assessed for readiness for SBT by day 2 of the LTCH stay** (Note: Day 2 = Date of Admission to the LTCH (Day 1) + 1 calendar day) 0. **No** → *Skip to O0250, Influenza Vaccine* 1. **Yes** → *Continue to O0150C, Deemed medically ready for SBT by day 2 of the LTCH stay* **C. Deemed medically ready for SBT by day 2 of the LTCH stay** 0. **No** → *Continue to O0150D, Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?* 1. **Yes** → *Continue to O0150E, SBT performed by day 2 of the LTCH stay*	(Note: Day 2 = Date of Admission to the LTCH (Day 1) + 1 calendar day) **A. Invasive Mechanical Ventilation Support upon Admission to the LTCH** 0. **No, not on invasive mechanical ventilation support upon admission** → *Skip to Z0400, Signature of Persons Completing the Assessment* 1. **Yes, on invasive mechanical ventilation support upon admission** → *Continue to O0150A2, Ventilator Weaning Status* **A2. Ventilator Weaning Status** 0. **No, determined to be non-weaning upon admission** → *Skip to Z0400, Signature of Persons Completing the Assessment* 1.**Yes, determined to be weaning upon admission** → *Continue to O0150B, Assessed for readiness for SBT by day 2 of LTCH stay* **B. Assessed for readiness for SBT by day 2 of the LTCH stay** 0. **No** → *Skip to Z0400, Signature of Persons Completing the Assessment* 1. **Yes** → Continue to O0150C, Deemed medically ready for SBT by day 2 of the LTCH stay	made for clarification. Addition of O0150A2 for resolve conflict regarding the SNOMED codes.

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			D. Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay? 0. **No** → *Skip to O0250, Influenza Vaccine* 1. **Yes** → *Skip to O0250, Influenza Vaccine* **E. SBT performed by day 2 of the LTCH stay** 0. **No** 1. **Yes**	**C. Deemed medically ready for SBT by day 2 of the LTCH stay** 0. **No** → *Continue to O0150D, Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?* 1. **Yes** → *Continue to O0150E, If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH stay?* **D. Is there documentation of reason(s) in the patient's medical record that the patient was deemed medically unready for SBT by day 2 of the LTCH stay?** 0. **No** → *Skip to Z0400, Signature of Persons Completing the Assessment* 1. **Yes** → *Skip to Z0400, Signature of Persons Completing the Assessment* **E. If the patient was deemed medically ready for SBT, was SBT performed by day 2 of the LTCH stay?** 0. **No** 1. **Yes**	

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45.	Planned Discharge, Unplanned Discharge	O0200 O0200A	**O0200. Ventilator Liberation Rate** **A. Invasive Mechanical Ventilator: Liberation Status at Discharge** 0. **Not fully liberated at discharge** (i.e., patient required partial or full invasive mechanical ventilation support within 2 calendar days prior to discharge) 1. **Fully liberated at discharge** (i.e., patient did not require any invasive mechanical ventilation support for at least 2 consecutive calendar days immediately prior to discharge) 9. **NA** (code only if the patient was non-weaning or not ventilated on admission [O0150A=2 or 0 on Admission Assessment])	**O0200. Ventilator Liberation Rate** (Note: 2 calendar days prior to discharge = 2 calendar days + day of discharge) **A. Invasive Mechanical Ventilator: Liberation Status at Discharge** 0. **Not fully liberated at discharge** (i.e., patient required partial or full invasive mechanical ventilation support within 2 calendar days prior to discharge) 1. **Fully liberated at discharge** (i.e., patient did not require any invasive mechanical ventilation support for at least 2 consecutive calendar days immediately prior to discharge) 9**. Not applicable** (code only if the patient was not on invasive mechanical ventilator support upon admission [O0150A = 0] or the patient was determined to be non-weaning upon admission [O0150A2 = 0])	Added clarification on the definition of 2 calendar days prior to discharge. Additionally, clarified wording for code 9 that the item is referencing the invasive mechanical ventilator support on admission as opposed to the new similar item on discharge.