Medicaid State Plan - ICFs-MR

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4 5101:3-3-02.3	Eligible providers and provider types	05-029	4.13C
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Rules used soley for state plan purposes



State plan sections contained in "non-institutional" state plan attechments processed through the Regional CMS Office in Chicago.

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5101:3-3-01 **Definitions.**

Except as otherwise provided in Chapter 5101:3-3 of the Administrative Code:

- (A) "Allowable costs" are those costs incurred for certified beds in a facility as determined by the Ohio department of job and family services (ODJFS) to be reasonable, as set forth under paragraph (AA) of this rule, and do not include fines paid under sections 5111.35 to 5111.62, 5111.683, and 5111.99 of the Revised Code. Unless otherwise enumerated in Chapter 5101:3-3 of the Administrative Code, allowable costs are also determined in accordance with the following reference material, as currently issued and updated, in the following priority:
 - (1) Title 42 Code of Federal Regulations (C.F.R.) Chapter IV (10/1/2005);
 - (2) The provider reimbursement manual (CMS Publication 15-1, www.cms.hhs.gov/manuals); or
 - (3) Generally accepted accounting principles in accordance with standards prescribed by the "American Institute of Certified Public Accountants" (AICPA) as in effect on the effective date of this rule. These standards can be obtained at www.aicpa.org.
- (B) "Ancillary and support costs" means costs for NFs other than the costs listed under the direct care, tax, or capital components in the NF chart of accounts. Ancillary and support costs include, but are not limited to, the following: dietary payroll taxes, fringe benefits, staff development; medical/habilitation, pharmaceutical and incontinence supplies; activity and habilitation/rehabilitation; medical minor equipment; utility expenses; administrative and general services; home office costs; maintenance and minor equipment; equipment acquired by operating lease; ancillary/support payroll taxes, fringe benefits, and staff development; and non-reimbursable expenses.
- (C) "Annual facility average case-mix score" is the score used to calculate the facility's cost per case-mix unit.
- (D) "Capital costs" means costs of ownership and nonextensive renovation.
 - (1) "Cost of ownership" means the actual expense incurred for all of the following:
 - (a) Depreciation and interest on any items capitalized including the following:
 - (i) Buildings;
 - (ii) Building improvements;

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- (iii) Equipment;
- (iv) Extensive renovation;
- (v) Transportation equipment;
- (vi) Replacement beds;
- (b) Amortization and interest on land improvements and leasehold improvements;
- (c) Amortization of financing costs;
- (d) Except as provided under paragraph (M) of this rule, lease and rent of land, building, and equipment.
- (2) "Costs of nonextensive renovation" means the actual expense incurred for depreciation or amortization and interest on renovations that are not extensive renovations.
- (E) "Capital lease" and "operating lease" shall be construed in accordance with generally accepted accounting principles.
- (F) "Case mix score" means the measure of the relative direct-care resources needed to provide care and rehabilitation to a resident of a nursing facility (NFs) or intermediate care facility for the mentally retarded (ICFs-MR).
- (G) "Cost of construction" means the costs incurred for the construction of beds originally contained in the NF or ICF-MR and the costs incurred for the construction of beds added to the NF or ICF-MR after the construction of the original beds. In the case of NFs or ICFs-MR which extensively renovate, "cost of construction" includes the costs incurred for the extensive renovation.
- (H) "Cost per case mix unit" Cost per case mix unit for ICFs-MR is determined annually. The "cost per case mix unit" is calculated by dividing the facility's desk-reviewed, actual, allowable, per diem direct care costs for the applicable calendar year preceding the fiscal year in which the rate will be paid by the facility's annual average case mix score for the applicable calendar year.
- (I) "Date of licensure," for a facility originally licensed as a nursing home under Chapter 3721. of the Revised Code, means the date specific beds were originally licensed as nursing home beds under that chapter, regardless of whether they were subsequently licensed as residential facility beds. For a facility originally licensed as a residential facility, "date of licensure" means the date specific beds were originally licensed as residential facility beds under that section.

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- (1) If nursing home beds licensed under Chapter 3721. of the Revised Code or residential facility beds licensed under section 5123.19 of the Revised Code were not required by law to be licensed when they were originally used to provide nursing home or residential facility services, "date of licensure" means the date the beds first were used to provide nursing home or residential facility services, regardless of the date the present provider obtained licensure.
- (2) If a facility adds nursing home or residential facility beds or in the case of an ICF-MR with more than eight beds or a NF, it extensively renovates the facility after its original date of licensure, it will have a different date of licensure for the additional beds or for the extensively renovated facility, unless, in the case of the addition of beds, the beds are added in a space that was constructed at the same time as the previously licensed beds but was not licensed under Chapter 3721. or section 5123.19 of the Revised Code at that time. The licensure date for additional beds or facilities which extensively renovate shall be the date the beds are placed into service.
- (J) "Desk reviewed" means that costs as reported on a cost report have been subjected to a desk review and preliminarily determined to be allowable costs.
- (K) "Direct care costs" means costs as defined under rules 5101:3-3-42 and 5101:3-3-71 of the Administrative Code.
- (L) "Fiscal year" means the fiscal year of this state, as specified in section 9.34 of the Revised Code.
- (M) "Indirect care costs" means costs as defined under rule 5101:3-3-71 of the Administrative Code.
- (N) "Inpatient days" means all days during which a resident, regardless of payment source, occupies a bed in a NF or ICF-MR that is included in the facility's certified capacity under Title XIX of the "Social Security Act," 49 stat. 620 (1935), 42 U.S.C.A. 301, as amended. Therapeutic or hospital leave days for which payment is made under section 5111.33 of the Revised Code are considered inpatient days proportionate to the percentage of the facility's per resident per day rate paid for those days.
- (O) "Intermediate care facility for the mentally retarded" (ICF-MR) means an intermediate care facility for the mentally retarded certified as in compliance with applicable standards for the medical assistance program by the director of health in accordance with Title XIX of the "Social Security Act."
- (P) "Maintenance and repair expenses" means expenditures, except as provided in paragraph (EE) of this rule, that are necessary and proper to maintain an asset in a

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- normally efficient working condition and that do not extend the useful life of the asset two years or more. Maintenance and repairs expense may include, but are not limited to, the cost of ordinary repairs such as painting and wallpapering.
- (Q) "Minimum data set" (MDS) is the resident assessment instrument approved by the centers for medicare and medicaid services (CMS). The MDS provides the resident assessment data which is used to classify the resident into a resource utilization group in the RUG case-mix classification system, is the foundation for planning and delivering care to nursing facility residents, and is used in the calculation of nursing facility reimbursement rates.
- (R) "Nursing facility" (NF) means a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the "Social Security Act," and is not an intermediate care facility for the mentally retarded (ICF-MR). "Nursing facility" includes a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the "Social Security Act," and is certified as a skilled nursing facility by the director in accordance with Title XIX of the "Social Security Act."
- (S) "Other protected costs" means costs as defined under rule 5101:3-3-71 of the Administrative Code.
- (T) "Outlier" means residents who have special care needs as defined under rule 5101:3-3-17 of the Administrative Code.
- (U) "Owner" means any person or government entity that has at least five per cent ownership or interest, either directly, indirectly, or in any combination, in a NF or ICF-MR.
- (V) "Patient" includes resident or individual.
- (W) "Provider" means a person or government entity that operates a NF or ICF-MR under a provider agreement.
- (X) "Provider agreement" means a contract between ODJFS and an operator of a NF or ICF-MR for the provision of NF or ICF-MR services under the medical assistance program. The signature of the operator or the operator's authorized agent binds the operator to the terms of the agreement.
- (Y) "Purchased nursing services" means services that are provided by registered nurses, licensed practical nurses, or nurse aides who are temporary personnel furnished by a nursing pool on behalf of the facility. These personnel are not considered to be employees of the facility.

- (Z) "Quarterly facility average case-mix score" is the facility average case-mix score based on data submitted for one reporting quarter.
- (AA) "Reasonable" means that a cost is an actual cost that is appropriate and helpful to develop and maintain the operation of patient care facilities and activities, including normal standby costs, and that does not exceed what a prudent buyer pays for a given item or services. Reasonable costs may vary from provider to provider and from time to time for the same provider.
- (BB) "Related party" means an individual or organization that, to a significant extent, has common ownership with, is associated or affiliated with, has control of, or is controlled by, the provider, as detailed below:
 - (1) An individual who is a relative of an owner is a related party.
 - (2) Common ownership exists when an individual or individuals possess significant ownership or equity in both provider and the other organization. Significant ownership or equity exists when an individual or individuals possess five per cent ownership or equity in both the provider and a supplier. Significant ownership or equity is presumed to exist when an individual or individuals possess ten per cent ownership or equity in both the provider and another organization from which the provider purchases or leases real property.
 - (3) Control exists when an individual or organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization.
 - (4) An individual or organization that supplies goods or services to a provider shall not be considered a related party if all the following conditions are met:
 - (a) A supplier is a separate bona fide organization;
 - (b) A substantial part of the supplier's business activity of the type carried on with the provider is transacted with others than the provider and there is an open, competitive market for the types of goods or services the supplier furnishes;
 - (c) The types of goods or services are commonly obtained by other NFs or ICFs-MR from outside organizations and are not a basic element of patient care ordinarily furnished directly to patients by the facilities;
 - (d) The charge to the provider is in line with the charge for the goods or services in the open market and no more than the charge made under comparable circumstances to others by the supplier.

- (5) The amount of indirect ownership is determined by multiplying the percentage of ownership interest at each level (e.g., forty per cent interest in corporation "A" which owns fifty per cent of corporation "B" results in a twenty per cent indirect interest in corporation "B").
- (6) If a provider transfers an interest or leases an interest in a facility to another provider who is a related party, the capital cost basis shall be adjusted for a sale of a facility to or a lease to a provider that is not a related party if all of the following conditions are met:
 - (a) For a NF transfer:
 - (i) The related party is a relative of owner.
 - (ii) The provider making the transfer retains no interest in the facility except through the exercise of the creditor's rights in the event of default.
 - (iii) ODJFS determines that the transfer is an arm's length transaction if all the following apply:
 - (a) Once the transfer goes into effect, the provider that made the transfer has no direct or indirect interest in the provider that acquires the facility or the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a creditor. If the provider making the transfer maintains an interest as a creditor, the interest rate of the creditor shall not exceed the lesser of:
 - (i) The prime rate, as published by the "Wall Street Journal" on the first business day of the calendar year, plus four per cent; or
 - (ii) Fifteen per cent.
 - (b) The provider that made the transfer does not reacquire an interest in the facility except through the exercise of a creditor's rights in the event of a default. If the provider reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the transfer never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) The provider transferring their facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the

actual change of provider agreement(s) for each facility transferred to a related party.

(iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a provider making the transfer who is at least sixty-five years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

(b) For a NF lease:

- (i) The related party is a relative of owner.
- (ii) The lessor retains an ownership interest in only real property and any improvements on the real property except when a lessor retains ownership interest through the exercise of a lessor's rights in the event of default.
- (iii) ODJFS determines that the lease is an arm's length transaction if all the following apply:
 - (a) Once the lease goes into effect, the lessor has no direct or indirect interest in the lessee or, except as provided in this rule, the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a lessor.
 - (b) The lessor does not reacquire an interest in the facility except through the exercise of a lessor's rights in the event of a default. If the lessor reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the lease never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) A lessor that proposes to lease a facility to a relative of owner shall obtain a certified appraisal(s) for each facility leased. The lessor of the facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility leased to a related party.
- (iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a lessor who is at least sixty-five years of age, not less than twenty years have elapsed since, for the

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same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

(v) The provisions set forth in this paragraph do not apply to leases of specific items of equipment.

(c) For an ICF-MR transfer:

- (i) The related party is a relative of owner.
- (ii) The provider making the transfer retains no interest in the facility except through the exercise of the creditor's rights in the event of default.
- (iii) ODJFS determines that the transfer is an arm's length transaction if all the following apply:
 - (a) Once the transfer goes into effect, the provider that made the transfer has no direct or indirect interest in the provider that acquires the facility or the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a creditor. If the provider making the transfer maintains an interest as a creditor, the interest rate of the creditor shall not exceed the lesser of:
 - (i) The prime rate, as published by the "Wall Street Journal" on the first business day of the calendar year plus four per cent; or
 - (ii) Fisteen per cent.
 - (b) The provider that made the transfer does not reacquire an interest in the facility except through the exercise of a creditor's rights in the event of a default. If the provider reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the transfer never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) The provider transferring their facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility transferred to a related party.

(iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a provider making the transfer who is at least sixty-five years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

(d) For an ICF-MR lease:

- (i) The related party is a relative of owner.
- (ii) The lessor retains an ownership interest in only real property and any improvements on the real property except when a lessor retains ownership interest through the exercise of a lessor's rights in the event of default.
- (iii) ODJFS determines that the lease is an arm's length transaction if all the following apply:
 - (a) Once the lease goes into effect, the lessor has no direct or indirect interest in the lessee or, except as provided in this rule, the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a lessor.
 - (b) The lessor does not reacquire an interest in the facility except through the exercise of a lessor's rights in the event of a default. If the lessor reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the lease never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) A lessor that proposes to lease a facility to a relative of owner shall obtain a certified appraisal(s) for each facility leased. The lessor of the facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility leased to a related party.
- (iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a lessor who is at least sixtyfive years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

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- (v) The provisions set forth in this paragraph do not apply to leases of specific items of equipment.
- (e) The provider shall notify ODJFS in writing and shall supply sufficient documentation demonstrating compliance with the provisions of this rule no less than ninety days before the anticipated date of completion of the transfer or lease. In the case of a transaction completed before December 28, 2000 and subject to CMS approval the provider shall supply sufficient documentation demonstrating compliance with the provisions of this rule within thirty days of the effective date of this rule. If the provider does not supply any of the required information, the provider shall not qualify for a rate adjustment. ODJFS shall issue a written decision determining whether the transfer meets the requirements of this rule within sixty days after receiving complete information as determined by ODJFS.
- (f) Subject to approval by CMS of a state plan amendment authorizing such, the provisions of paragraph (BB)(6) of this rule shall apply to any transfer or lease that meets the requirements specified in paragraph (BB)(6) of this rule that occurred prior to December 28, 2000. Any rate adjustments which result from the provisions contained in paragraph (BB)(6) of this rule shall take effect as specified in rule 5101:3-3-24 of the Administrative Code, following a determination by ODJFS that the requirements of paragraph (BB)(6) of this rule are met. A provider seeking a determination from ODJFS that a transaction occurring prior to December 28, 2000, meets the requirements of this rule shall submit the necessary documentation under paragraph (BB)(6)(e) of this rule no later than thirty days after the effective date of this rule.
- (CC) "Relative of owner" means an individual who is related to an owner of a NF or ICF-MR by one of the following relationships:
 - (1) Spouse;
 - (2) Natural parent, child, or sibling;
 - (3) Adopted parent, child, or sibling;
 - (4) Stepparent, stepchild, stepbrother, or stepsister:
 - (5) Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law;
 - (6) Grandparent or grandchild;

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- (7) Foster parent, foster child, foster brother, or foster sister.
- (DD) "Extensive renovation" means a renovation that costs more than sixty-five per cent and no more than eighty-five per cent of the cost of constructing a new bed and that extends the useful life of the assets for at least ten years. To calculate the per-bed cost of a renovation project for purposes of determining whether it is an extensive renovation, the allowable cost of the project shall be divided by the number of beds in the facility certified for participation in the medical assistance program, even if the project does not affect all medicaid-certified beds. Allowable extensive renovations are considered an integral part of cost of ownership as set forth under paragraph (D)of this rule.
 - (1) For purposes of paragraph (DD) of this rule, the cost of constructing a new bed shall be considered to be forty thousand dollars, adjusted for inflation from January 1, 1993 to the end of the calendar year during which the renovation is completed using the consumer price index for shelter costs for all urban consumers for the north central region, as published by the United States bureau of labor statistics.
 - (2) ODJFS may treat a renovation that costs more than eighty-five per cent of the cost of constructing new beds as an extensive renovation if ODJFS determines that the renovation is more prudent than construction of new beds.
- (EE) "Nonextensive renovation" means the betterment, improvement, or restoration of an ICF-MR beyond its current functional capacity through a structural change that costs at least five hundred dollars per bed. To calculate the per-bed cost of a renovation project for purposes of determining whether it is a nonextensive renovation, the allowable cost of the project shall be divided by the number of beds in the facility certified for participation in the medical assistance program, even if the project does not affect all medicaid-certified beds. A nonextensive renovation may include betterment, improvement, restoration, or replacement of assets that are affixed to the building and have a useful life of at least five years. A nonextensive renovation may include costs that otherwise would be considered maintenance and repair expenses if they are included as part of the nonextensive renovation project and are an integral part of the structural change that makes up the nonextensive renovation project. Nonextensive renovation does not mean construction of additional space for beds that will be added to a facility's licensed or certified capacity. Allowable nonextensive renovations are not considered cost of ownership as set forth under paragraph (D) of this rule.
- (FF) The definitions established in paragraphs (DD) and (EE) of this rule apply to "extensive renovations" and "nonextensive renovations" approved by ODJFS on or after July 1, 1993. Any betterments, improvements, or restorations of NFs or ICFs-MR for which construction is started before July 1, 1993, and that meet the definitions of extensive renovations or nonextensive renovations established by the

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rules of ODJFS in effect on December 22, 1992, shall be considered extensive renovations or nonextensive renovations. For purposes of renovations approved by ODJFS, "construction is started" means the date in which the actual construction work begins at the facility site.

- (GG) "Replacement beds" are beds which are relocated to a new building or portion of a building attached to and/or constructed outside of the original licensed structure of a NF or ICF-MR. Replacement beds may originate from within the licensed structure of a NF or ICF-MR from another NF or ICF-MR. Replacement beds are eligible for the cost of ownership efficiency incentive ceiling which corresponds to the period the beds were replaced.
- (HH) "RUGs" is the resource utilization groups system of classifying NF residents into case-mix groups.

Medicaid State Plan - Nursing Facilities

	State Plan Section	CAC	Description	TN#	State Plan Attachment	
1	309.30.20.000	and a second second	Fiscal Year 2008 Medicald Reimbursement System for Nursing Facilities	97-010A	4.19D	t Vol 25
2	309.30.20.001	5101:3-3-68	FY2008 NF Rate Change Limitation (stop gain)	07-010A	4.19D	25
3	309.30.30.000		Fiscal Year 2009 and Forward Medicaid Reimbursement System for Nursing Facilities	08-016	4.19D	25
4	5111.02.000		Rule making authority	06-010	4.19D	24
5	5111.02.001	5101:3-3-19	Relationship of Other Covered Medicaid Services	08-019	4.19D	26
6	5111.02.002	5101:3-3-22	Rate Recalculations, Interest on Overpayments, Penalties, etc.	06-010	4.19D	24
7	NAME OF TAXABLE PARTY.	\$5101:3-3-16.3		08-007	3.1A	25
8	5111.20.000	•	Definitions	06-010	4.19D	24
3	5111.20.001	5101:3-3-01	Definitions	10-002	4.19D	28
10	5111.21.000		Requirements for Medicaid Payments under Provider Agreement with ODJFS	06-010	4.19D	24
11	5111.21.081	5101:3-3-17.3	Outlers: Out of State TBI	06-010	4.19D	24
12	5111.22.000		Provider Agreement with ODJFS	06-010	4.19D	24
13	***** *******************************		Provider Agreements: NFs and ICFs-MR	03-013	4.13B	22
14	5111.22.001	5101:3-3-02.2		06-010	4.19D	24
15		§ 5101:3-3-02.3	Eligible providers and provider types	05-029	4.13B	23
16		5101:3-3-04	Pmt.during ODJFS Adm.appeals for denial/temination of provider agreement	06-005	4.28A	25
17 18	5111,221.000	\$5101:3-3-04.1	Pmt.during survey agency adm. appeals for denial/ternination of provider agreement	08-005	4.28A	25
19	5111,222,000		Timely Vendor Payments	06-010	4,19D	24
20	5111.222.001	5101:3-3-41	Total Facility Rate	08-016	4.190	24
21	5111.231.000	5101.3-3-41	Nursing Facilities (NFs) Placement into Peer Groups NF Direct Care	G6-G10	4.19D	24
22	5111.231.001	5101-13 43 3	Calc. of Otrly., Semi-Annual, and Annual NF Avg. Case Mix Scores	06-010	4.19D	24
23	5111.232.000	0101.3-3-43.3	Medicaid Only Case-Mix	10-002	4.190	28
24	5111.232.001	5101-3_3_43.1	NF Case-Mix Instrument: MDS Version 2.0	09-024	4.19D	26
25	5111.232.002		RUGs III: NF Case-Mix Payment System	10-002	4.19D	28
26	5111.24.000	0101.0-0-40.2	NF Ancillary and Support	10-002 06-010	4.19D 4.19D	28
27	5111.242.000		NF Property Taxes	06-010	4.19D 4.19D	24
28	5111,242,001	5101:3-3-57	Tax Cost Add-On for NFs	06-010	4.19D 4.19D	24 24
29	5111.243.000	3.01.0-0-01	NF Franchise Fee Payment	06-010	4.19D	24 24
36	5111.244.000		Quality Add-On	06-010	4.19D	24
31	5111.244.001	5101:3-3-58	Quality Incentive Payment for NFs	06-010	4.190	24
32	5111.25.000		NF Capital	06-010	4.19D	24
33	5111.25.001	5101:3-3-42.3	Capital Asset and Depreciation Guidelines - NFs	06-010	4.19D	24
34	5111.254.000		NF New Facility	06-010	4.19D	24
35	5111.254.001	5101.3-3-65	Rates for Providers with an Initial Date of Certification on or after 07/01/06	06-010	4.19D	24
36	5111,257,800		NF Bed Additions	06-010	4.19D	24
37	5111.258.000		Outliers - Special Populations	06-010	4.19D	24
38	5111.258.001	5101:3-3-17	Payment Methodology for the Provision of Outlier Services in NFs	06-010	4.19D	24
39	5111.258.002	5101:3-3-54.1	Outlier Care in Nursing Facilities for Individuals with TBI (NF - TBI Services)	06-010	4.19D	24
40	5111.258.003	5101:3-3-54.5	Pediatric Outlier Care in Nursing Facilities (NF - PED Services)	06-010	4,19D	24
41	5111.26.000		Annual Cost Report	06-010	4.19D	24
42	5111.26.001	5101:3-3-20	Medicaid Cost Report Filing, Record Retention, and Disclosure Requirement	08-019	4.19D	26
43	5111.26.002	5101:3-3-42	NFs Chart of Accounts	06-010	4.19D	24
44	5111.26.003	5101:3-3-42.1	NFs Annual Cost Report	06-010	4.19D	24
45	5111.26.004		NFs Leased Employees	06-010	4.19D	24
46	5111.26.005	5101:3-3-42.4	NFs: Non-Reimbursable Costs	06-010	4.19D	24
47	5111.263.000		NF Therapies	06-010	4.19D	24
48	**5111.263.001	5101:3-3-46.1	Skilled therapy and related services for nursing facilities (NFs); coverage and limitations	07-010A	4.19D	25
49		≩ 5101:3-3-46	Physical Therapy and Related Services (fee-frr-service NF therapies)	07-010B	4.19B	25
50	5111.264.000		Related Party	06-010	4.19D	24
51	5111.265.000		CHOPs/Operating Rights	06-010	4.19D	24
52	5111.266.000		NF Franchise Fee Reporting	06-010	4.190	24
53	5111.27.000		Desk Reviews	06-010	4.19D	24
54	5111.27.001	5101:3-3-21	Audits of NFs	06-010	4.190	24
55 56	5111.27.002	5101:3-3-43.4		10-002	4.190	28
56	5111.28.000		Amended Cost Reports	06-010	4.19D	24
57 50	5111.29.000	£404.5.0.0±	Rate Reconsiderations	06-010	4.19D	24
58	5111.29.601	5101:3-3-24	Prospective Rate Reconsideration for NFs for Prospective Rate Calc. Errors	06-010	4.19D	24
59 60		£21013-3-16.4	Coverage of bed-hold days for medically necessary absences	07-01 0 A	4 19C	25
ซน 61	5111.676.000 5111.676.001	5404.3 3 65 4	Adjustments to Medicaid Reimbursement for NFs and ICFs-MR that Change Operator	06-010	4.190	24
٠,	#1:1.470.9V1	Ø1⊈113-3-05.1	Rates for Providers that Change Provider Agreements	06-015	4 190	25

Rules used solely for state plan purposes

State plan sections contained in "non-institutional state plan attachments processed through the Regional CMS Office in Chicago.

^{*} As referenced on the CMS-179 form. CMS approved the move of 5111 33,001 (5101.3-3-16.4) to Attachment 4.19C on 04/10/08

^{**} Consider both locations when updating state plan

Medicaid State Plan - Nursing Facilities Attachment 4.19D - NF Supplement 1

	State Plen Sectio OAC	Description		State Plan	G ARAGANAN S
1	309.30.20.000	ELLE VICE BALL	TNA	Attachme	
2	309.30.20.001 5101:3-3-6	Fiscal Year 2006 Medicaid Reimbursement System for Nursing Facilities	07-010A	4.19D	
3	309.30.30.000			4.19D	25
4	5111.02.000	Fiscal Year 2009 and Forward Medicaid Reimbursement System for Nursing I	acilitie OR_016	4.19D 4.19D	25
5	5111.02.001 5101:3-3-1		06-010		25
6	5111.02.002 5101:3-3-2:		08-019	4.19D	24
7	5111.20,000	therest on Overpayments, Penamer air	06-010	4.19D	26
8	5111.20.001 5101:3-3-01	Demandris	06-010	4.19D	24
9	5111.21.000		10-002	4.19D	24
10	5111.21.001 5101:3-3-17	Requirements for Medicaid Payments under Provider Agreement with ODJFS 7.3 Obliger: Out of State To.		4.19D	28
11	5111.22.000	Sources, Out of State 181	06-010	4.19D	24
12	5111.22.001 5101:3-3-02	Provider Agreement with ODJFS	06-010	4.19D	24
13	5111.221.000	TOTAL AND	06-010	4.19D	24
14	5111.222.000	Timely Vendor Payments	06-010	4.19D	24
15		Total Facility Rate	06-010	4.19D	24
16	5111.222.001 5101:3-3-41	Nursing Facilities (NFs) Placement into Peer Groups	08-016	4.19D	25
17	5111.231.000	NF Ulrect Care	06-010	4.19D	24
18	5111.231.001 5101:3-3-43	.3 Calc. of Otrly. Semi-Annual, and Annual NF Avg. Case Mix Scores	96-0 10	4.19D	24
-	5111.232.000		10-002	4.19D	28
19	5111.232.001 5101:3-3-43.	.1 NF Cose the least many trace.	09-024	4.19D	26
20	5111.232.002 5101:3-3-43.	2 RUGs III: NF Case-Mix Payment System	10-002	4.19D	28
21	5111.24.000	NF Ancillary and Support	10-002	4.19D	28
22	5111.242,000	NF Property Taxes	96-010	4.19D	24
23	5111.242.001 5101:3-3-57	Tax Cost Add-On for NFs	06-010	4.19D	24
24	5111.243.000	NE Franchise See Develope	06-010	4.19D	24
25	5111.244.000	NF Franchise Fee Payment Guality Add-On	96-010	4.19D	24
26	5111.244.001 5101:3-3-58		06-010	4.19D	24
27	5111.25.000	Quality Incentive Payment for NFs	06-010	4.19D	
28	5111.25.001 5101-3-3-42 5	NF Capital	06-010	4.19D	24
29	5111.254.000	Capital Capita	06-010		24
30	5111.254.001 5101:3-3-65	Nr New Facinty	06-010	4.19D	24
31	5111,257,000	Rates for Providers with an Initial Date of Certification on or after 97/01/06	06-010	4.19D	24
32	5111.258.000	The Ded Additions	06-010	4.190	24
33	5111.258.001 5101:3-3-17	Outliers - Special Populations		4.19D	24
34	5111 259 000 5404 0 0 0	Payment Methodology for the Provision of Outlier Services in NFs	06-010	4.19D	24
35	5111.258.002 5101:3-3-54.1	Odiner Care in Norsing Facilities for individuals with To care To a	06-010	4.19D	24
36	5111.258.003 5101:3-3-54.5	Pediatric Outlier Care in Nursing Facilities (NF - PED Services)	06-010	4.19D	24
37	5111.26.000	Alinda: Cost Report	06-010	4.19D	24
38	5111.26.001 5101:3-3-20	Medicaid Cost Report Filing, Record Retention, and Disclosure Requirement	06-010	4.19D	24
39	5111.26.002 5101:3-3-42	NFs Chart of Accounts	08-019	4.19D	26
40	5111.26.003 5101:3-3-42.1	NFs Annual Cost Report	06-010	4.19D	24
40 41	5111.26.004 5101:3-3-42.2	NEs i sound Employe	06-010	4.19D	24
41 42	5111.26.005 5101:3-3-42.4	NEs: Non-Reimbursable Costs	06-010	4.19D	24
42 43	5111.263.000	NF Therapies	06-010	4.19D	24
43 44	5111.263.001 5101:3-3-46.1	Skilled therapy and related services for a service for	06-010	4.19D	24
	5111.264.000	Skilled therapy and related services for nursing facilities (NFs); coverage and limits Related Party	t-07-010A	4.19D	25
45	5111.265.000	CHOPs/Operating Rights	06-010	4.19D	24
46	5111.266.000	NF Franchise Fee Reporting	06-010	4.19D	24
47	5111,27,000	Desk Reviews	06-010	4.19D	24
\$8	5111.27.001 5101:3-3-21	Audits of NFs	06-010	4.19D	24
19	E444 AT AAA		06-010	4.19D	
50	E444 00 000	Exception Review Process for NFs	10-002	4.19D	24
51	E444 85 555	Amended Cost Reports	06-010	4.190	28
32	E444.00.004.00	Rate Reconsiderations	06-010		24
3	Eddd 676 ana	Prospective Rate Reconsideration for NFs for Prospective Rate Calc. Errors	-	4.19D	24
4	E444 ADD AA4	The state of the country of the state of the	06-010	4.19D	24
		Rates for Providers that Change Provider Agreements	~~~~	4.19D	24

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5101:3-3-01 **Definitions.**

Except as otherwise provided in Chapter 5101:3-3 of the Administrative Code:

- (A) "Allowable costs" are those costs incurred for certified beds in a facility as determined by the Ohio department of job and family services (ODJFS) to be reasonable, as set forth under paragraph (AA) of this rule, and do not include fines paid under sections 5111.35 to 5111.62, 5111.683, and 5111.99 of the Revised Code. Unless otherwise enumerated in Chapter 5101:3-3 of the Administrative Code, allowable costs are also determined in accordance with the following reference material, as currently issued and updated, in the following priority:
 - (1) Title 42 Code of Federal Regulations (C.F.R.) Chapter IV (10/1/2005);
 - (2) The provider reimbursement manual (CMS Publication 15-1, www.cms.hhs.gov/manuals); or
 - (3) Generally accepted accounting principles in accordance with standards prescribed by the "American Institute of Certified Public Accountants" (AICPA) as in effect on the effective date of this rule. These standards can be obtained at www.aicpa.org.
- (B) "Ancillary and support costs" means costs for NFs other than the costs listed under the direct care, tax, or capital components in the NF chart of accounts. Ancillary and support costs include, but are not limited to, the following: dietary payroll taxes, fringe benefits, staff development; medical/habilitation, pharmaceutical and incontinence supplies; activity and habilitation/rehabilitation; medical minor equipment; utility expenses; administrative and general services; home office costs; maintenance and minor equipment; equipment acquired by operating lease; ancillary/support payroll taxes, fringe benefits, and staff development; and non-reimbursable expenses.
- (C) "Annual facility average case-mix score" is the score used to calculate the facility's cost per case-mix unit.
- (D) "Capital costs" means costs of ownership and nonextensive renovation.
 - (1) "Cost of ownership" means the actual expense incurred for all of the following:
 - (a) Depreciation and interest on any items capitalized including the following:
 - (i) Buildings;
 - (ii) Building improvements;

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- (iii) Equipment;
- (iv) Extensive renovation;
- (v) Transportation equipment;
- (vi) Replacement beds;
- (b) Amortization and interest on land improvements and leasehold improvements;
- (c) Amortization of financing costs;
- (d) Except as provided under paragraph (M) of this rule, lease and rent of land, building, and equipment.
- (2) "Costs of nonextensive renovation" means the actual expense incurred for depreciation or amortization and interest on renovations that are not extensive renovations.
- (E) "Capital lease" and "operating lease" shall be construed in accordance with generally accepted accounting principles.
- (F) "Case mix score" means the measure of the relative direct-care resources needed to provide care and rehabilitation to a resident of a nursing facility (NFs) or intermediate care facility for the mentally retarded (ICFs-MR).
- (G) "Cost of construction" means the costs incurred for the construction of beds originally contained in the NF or ICF-MR and the costs incurred for the construction of beds added to the NF or ICF-MR after the construction of the original beds. In the case of NFs or ICFs-MR which extensively renovate, "cost of construction" includes the costs incurred for the extensive renovation.
- (H) "Cost per case mix unit" for NFs is determined at least once every ten years for a peer group and shall be used for subsequent years until the department redetermines it. The "cost per case mix unit" is calculated by dividing the facility's desk-reviewed, actual, allowable, per diem direct care costs for the applicable calendar year preceding the fiscal year in which the rate will be paid by the facility's annual average case mix score for the applicable calendar year.
- (I) "Date of licensure," for a facility originally licensed as a nursing home under Chapter 3721. of the Revised Code, means the date specific beds were originally licensed as nursing home beds under that chapter, regardless of whether they were subsequently licensed as residential facility beds. For a facility originally licensed as a residential

TN <u>10-002</u> Approval Date AUG 1 8 2011 Supersedes TN <u>06-010</u> Effective Date <u>10/01/10</u> facility, "date of licensure" means the date specific beds were originally licensed as residential facility beds under that section.

- (1) If nursing home beds licensed under Chapter 3721. of the Revised Code or residential facility beds licensed under section 5123.19 of the Revised Code were not required by law to be licensed when they were originally used to provide nursing home or residential facility services, "date of licensure" means the date the beds first were used to provide nursing home or residential facility services, regardless of the date the present provider obtained licensure.
- (2) If a facility adds nursing home or residential facility beds or in the case of an ICF-MR with more than eight beds or a NF, it extensively renovates the facility after its original date of licensure, it will have a different date of licensure for the additional beds or for the extensively renovated facility, unless, in the case of the addition of beds, the beds are added in a space that was constructed at the same time as the previously licensed beds but was not licensed under Chapter 3721. or section 5123.19 of the Revised Code at that time. The licensure date for additional beds or facilities which extensively renovate shall be the date the beds are placed into service.
- (J) "Desk reviewed" means that costs as reported on a cost report have been subjected to a desk review and preliminarily determined to be allowable costs.
- (K) "Direct care costs" means costs as defined under rules 5101:3-3-42 and 5101:3-3-71 of the Administrative Code.
- (L) "Fiscal year" means the fiscal year of this state, as specified in section 9.34 of the Revised Code.
- (M) "Indirect care costs" means costs as defined under rule 5101:3-3-71 of the Administrative Code.
- (N) "Inpatient days" means all days during which a resident, regardless of payment source, occupies a bed in a NF or ICF-MR that is included in the facility's certified capacity under Title XIX of the "Social Security Act," 49 stat. 620 (1935), 42 U.S.C.A. 301, as amended. Therapeutic or hospital leave days for which payment is made under section 5111.33 of the Revised Code are considered inpatient days proportionate to the percentage of the facility's per resident per day rate paid for those days.
- (O) "Intermediate care facility for the mentally retarded" (ICF-MR) means an intermediate care facility for the mentally retarded certified as in compliance with applicable standards for the medical assistance program by the director of health in accordance with Title XIX of the "Social Security Act."

- (P) "Maintenance and repair expenses" means expenditures, except as provided in paragraph (EE) of this rule, that are necessary and proper to maintain an asset in a normally efficient working condition and that do not extend the useful life of the asset two years or more. Maintenance and repairs expense may include, but are not limited to, the cost of ordinary repairs such as painting and wallpapering.
- (Q) "Minimum data set" (MDS) is the resident assessment instrument approved by the centers for medicare and medicaid services (CMS). The MDS provides the resident assessment data which is used to classify the resident into a resource utilization group in the RUG case-mix classification system, is the foundation for planning and delivering care to nursing facility residents, and is used in the calculation of nursing facility reimbursement rates.
- (R) "Nursing facility" (NF) means a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the "Social Security Act," and is not an intermediate care facility for the mentally retarded (ICF-MR). "Nursing facility" includes a facility, or a distinct part of a facility, that is certified as a nursing facility by the director of health in accordance with Title XIX of the "Social Security Act," and is certified as a skilled nursing facility by the director in accordance with Title XIX of the "Social Security Act."
- (S) "Other protected costs" means costs as defined under rule 5101:3-3-71 of the Administrative Code.
- (T) "Outlier" means residents who have special care needs as defined under rule 5101:3-3-17 of the Administrative Code.
- (U) "Owner" means any person or government entity that has at least five per cent ownership or interest, either directly, indirectly, or in any combination, in a NF or ICF-MR.
- (V) "Patient" includes resident or individual.
- (W) "Provider" means a person or government entity that operates a NF or ICF-MR under a provider agreement.
- (X) "Provider agreement" means a contract between ODJFS and an operator of a NF or ICF-MR for the provision of NF or ICF-MR services under the medical assistance program. The signature of the operator or the operator's authorized agent binds the operator to the terms of the agreement.
- (Y) "Purchased nursing services" means services that are provided by registered nurses, licensed practical nurses, or nurse aides who are temporary personnel furnished by a nursing pool on behalf of the facility. These personnel are not considered to be employees of the facility.

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- (Z) "Quarterly facility average case-mix score" is the facility average case-mix score based on data submitted for one reporting quarter.
- (AA) "Reasonable" means that a cost is an actual cost that is appropriate and helpful to develop and maintain the operation of patient care facilities and activities, including normal standby costs, and that does not exceed what a prudent buyer pays for a given item or services. Reasonable costs may vary from provider to provider and from time to time for the same provider.
- (BB) "Related party" means an individual or organization that, to a significant extent, has common ownership with, is associated or affiliated with, has control of, or is controlled by, the provider, as detailed below:
 - (1) An individual who is a relative of an owner is a related party.
 - (2) Common ownership exists when an individual or individuals possess significant ownership or equity in both provider and the other organization. Significant ownership or equity exists when an individual or individuals possess five per cent ownership or equity in both the provider and a supplier. Significant ownership or equity is presumed to exist when an individual or individuals possess ten per cent ownership or equity in both the provider and another organization from which the provider purchases or leases real property.
 - (3) Control exists when an individual or organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization.
 - (4) An individual or organization that supplies goods or services to a provider shall not be considered a related party if all the following conditions are met:
 - (a) A supplier is a separate bona fide organization;
 - (b) A substantial part of the supplier's business activity of the type carried on with the provider is transacted with others than the provider and there is an open, competitive market for the types of goods or services the supplier furnishes;
 - (c) The types of goods or services are commonly obtained by other NFs or ICFs-MR from outside organizations and are not a basic element of patient care ordinarily furnished directly to patients by the facilities;
 - (d) The charge to the provider is in line with the charge for the goods or services in the open market and no more than the charge made under comparable circumstances to others by the supplier.

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- (5) The amount of indirect ownership is determined by multiplying the percentage of ownership interest at each level (e.g., forty per cent interest in corporation "A" which owns fifty per cent of corporation "B" results in a twenty per cent indirect interest in corporation "B").
- (6) If a provider transfers an interest or leases an interest in a facility to another provider who is a related party, the capital cost basis shall be adjusted for a sale of a facility to or a lease to a provider that is not a related party if all of the following conditions are met:
 - (a) For a NF transfer:
 - (i) The related party is a relative of owner.
 - (ii) The provider making the transfer retains no interest in the facility except through the exercise of the creditor's rights in the event of default.
 - (iii) ODJFS determines that the transfer is an arm's length transaction if all the following apply:
 - (a) Once the transfer goes into effect, the provider that made the transfer has no direct or indirect interest in the provider that acquires the facility or the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a creditor. If the provider making the transfer maintains an interest as a creditor, the interest rate of the creditor shall not exceed the lesser of:
 - (i) The prime rate, as published by the "Wall Street Journal" on the first business day of the calendar year, plus four per cent; or
 - (ii) Fifteen per cent.
 - (b) The provider that made the transfer does not reacquire an interest in the facility except through the exercise of a creditor's rights in the event of a default. If the provider reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the transfer never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) The provider transferring their facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the

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actual change of provider agreement(s) for each facility transferred to a related party.

(iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a provider making the transfer who is at least sixty-five years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

(b) For a NF lease:

- (i) The related party is a relative of owner.
- (ii) The lessor retains an ownership interest in only real property and any improvements on the real property except when a lessor retains ownership interest through the exercise of a lessor's rights in the event of default.
- (iii) ODJFS determines that the lease is an arm's length transaction if all the following apply:
 - (a) Once the lease goes into effect, the lessor has no direct or indirect interest in the lessee or, except as provided in this rule, the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a lessor.
 - (b) The lessor does not reacquire an interest in the facility except through the exercise of a lessor's rights in the event of a default. If the lessor reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the lease never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) A lessor that proposes to lease a facility to a relative of owner shall obtain a certified appraisal(s) for each facility leased. The lessor of the facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility leased to a related party.
- (iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a lessor who is at least sixty-five years of age, not less than twenty years have elapsed since, for the

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(v) The provisions set forth in this paragraph do not apply to leases of specific items of equipment.

(c) For an ICF-MR transfer:

- (i) The related party is a relative of owner.
- (ii) The provider making the transfer retains no interest in the facility except through the exercise of the creditor's rights in the event of default.
- (iii) ODJFS determines that the transfer is an arm's length transaction if all the following apply:
 - (a) Once the transfer goes into effect, the provider that made the transfer has no direct or indirect interest in the provider that acquires the facility or the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a creditor. If the provider making the transfer maintains an interest as a creditor, the interest rate of the creditor shall not exceed the lesser of:
 - (i) The prime rate, as published by the "Wall Street Journal" on the first business day of the calendar year plus four per cent; or
 - (ii) Fifteen per cent.
 - (b) The provider that made the transfer does not reacquire an interest in the facility except through the exercise of a creditor's rights in the event of a default. If the provider reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the transfer never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) The provider transferring their facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility transferred to a related party.

(iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a provider making the transfer who is at least sixty-five years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

(d) For an ICF-MR lease:

- (i) The related party is a relative of owner.
- (ii) The lessor retains an ownership interest in only real property and any improvements on the real property except when a lessor retains ownership interest through the exercise of a lessor's rights in the event of default.
- (iii) ODJFS determines that the lease is an arm's length transaction if all the following apply:
 - (a) Once the lease goes into effect, the lessor has no direct or indirect interest in the lessee or, except as provided in this rule, the facility itself, including interest as an owner, officer, director, employee, independent contractor, or consultant, but excluding interest as a lessor.
 - (b) The lessor does not reacquire an interest in the facility except through the exercise of a lessor's rights in the event of a default. If the lessor reacquires an interest in the facility in this manner, ODJFS shall treat the facility as if the lease never occurred when ODJFS calculates its reimbursement rates for capital costs.
 - (c) A lessor that proposes to lease a facility to a relative of owner shall obtain a certified appraisal(s) for each facility leased. The lessor of the facility shall provide ODJFS with certified appraisal(s) at least ninety days prior to the actual change of provider agreement(s). The certified appraisal(s) shall be conducted no earlier than one hundred eighty days prior to the actual change of provider agreement(s) for each facility leased to a related party.
- (iv) Except in the case of hardship caused by a catastrophic event, as determined by ODJFS, or in the case of a lessor who is at least sixty-five years of age, not less than twenty years have elapsed since, for the same facility, the capital cost basis was determined or adjusted most recently; or actual, allowable cost of ownership was determined most recently.

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- (v) The provisions set forth in this paragraph do not apply to leases of specific items of equipment.
- (e) The provider shall notify ODJFS in writing and shall supply sufficient documentation demonstrating compliance with the provisions of this rule no less than ninety days before the anticipated date of completion of the transfer or lease. In the case of a transaction completed before December 28, 2000 and subject to CMS approval the provider shall supply sufficient documentation demonstrating compliance with the provisions of this rule within thirty days of the effective date of this rule. If the provider does not supply any of the required information, the provider shall not qualify for a rate adjustment. ODJFS shall issue a written decision determining whether the transfer meets the requirements of this rule within sixty days after receiving complete information as determined by ODJFS.
- (f) Subject to approval by CMS of a state plan amendment authorizing such, the provisions of paragraph (BB)(6) of this rule shall apply to any transfer or lease that meets the requirements specified in paragraph (BB)(6) of this rule that occurred prior to December 28, 2000. Any rate adjustments which result from the provisions contained in paragraph (BB)(6) of this rule shall take effect as specified in rule 5101:3-3-24 of the Administrative Code, following a determination by ODJFS that the requirements of paragraph (BB)(6) of this rule are met. A provider seeking a determination from ODJFS that a transaction occurring prior to December 28, 2000, meets the requirements of this rule shall submit the necessary documentation under paragraph (BB)(6)(e) of this rule no later than thirty days after the effective date of this rule.
- (CC) "Relative of owner" means an individual who is related to an owner of a NF or ICF-MR by one of the following relationships:
 - (1) Spouse;
 - (2) Natural parent, child, or sibling;
 - (3) Adopted parent, child, or sibling:
 - (4) Stepparent, stepchild, stepbrother, or stepsister:
 - (5) Father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law:
 - (6) Grandparent or grandchild;

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- (7) Foster parent, foster child, foster brother, or foster sister.
- (DD) "Extensive renovation" means a renovation that costs more than sixty-five per cent and no more than eighty-five per cent of the cost of constructing a new bed and that extends the useful life of the assets for at least ten years. To calculate the per-bed cost of a renovation project for purposes of determining whether it is an extensive renovation, the allowable cost of the project shall be divided by the number of beds in the facility certified for participation in the medical assistance program, even if the project does not affect all medicaid-certified beds. Allowable extensive renovations are considered an integral part of cost of ownership as set forth under paragraph (D)of this rule.
 - (1) For purposes of paragraph (DD) of this rule, the cost of constructing a new bed shall be considered to be forty thousand dollars, adjusted for inflation from January 1, 1993 to the end of the calendar year during which the renovation is completed using the consumer price index for shelter costs for all urban consumers for the north central region, as published by the United States bureau of labor statistics.
 - (2) ODJFS may treat a renovation that costs more than eighty-five per cent of the cost of constructing new beds as an extensive renovation if ODJFS determines that the renovation is more prudent than construction of new beds.
- (EE) "Nonextensive renovation" means the betterment, improvement, or restoration of an ICF-MR beyond its current functional capacity through a structural change that costs at least five hundred dollars per bed. To calculate the per-bed cost of a renovation project for purposes of determining whether it is a nonextensive renovation, the allowable cost of the project shall be divided by the number of beds in the facility certified for participation in the medical assistance program, even if the project does not affect all medicaid-certified beds. A nonextensive renovation may include betterment, improvement, restoration, or replacement of assets that are affixed to the building and have a useful life of at least five years. A nonextensive renovation may include costs that otherwise would be considered maintenance and repair expenses if they are included as part of the nonextensive renovation project and are an integral part of the structural change that makes up the nonextensive renovation project. Nonextensive renovation does not mean construction of additional space for beds that will be added to a facility's licensed or certified capacity. Allowable nonextensive renovations are not considered cost of ownership as set forth under paragraph (D) of this rule.
- (FF) The definitions established in paragraphs (DD) and (EE) of this rule apply to "extensive renovations" and "nonextensive renovations" approved by ODJFS on or after July 1, 1993. Any betterments, improvements, or restorations of NFs or ICFs-MR for which construction is started before July 1, 1993, and that meet the definitions of extensive renovations or nonextensive renovations established by the

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rules of ODJFS in effect on December 22, 1992, shall be considered extensive renovations or nonextensive renovations. For purposes of renovations approved by ODJFS, "construction is started" means the date in which the actual construction work begins at the facility site.

- (GG) "Replacement beds" are beds which are relocated to a new building or portion of a building attached to and/or constructed outside of the original licensed structure of a NF or ICF-MR. Replacement beds may originate from within the licensed structure of a NF or ICF-MR from another NF or ICF-MR. Replacement beds are eligible for the cost of ownership efficiency incentive ceiling which corresponds to the period the beds were replaced.
- (HH) "RUGs" is the resource utilization groups system of classifying NF residents into case-mix groups.

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5101:3-3-43.4 Exception review process for nursing facilities (NFs).

- (A) The definitions of all terms not defined in this rule are the same as set forth in rules 5101:3-3-01 and 5101:3-3-43.1 of the Administrative Code.
 - (1) "Combination review" is a type of exception review where the Ohio department of job and family services (ODJFS) reviews records selected in one of the following ways:
 - (a) A combination of records selected pursuant to random and targeted criteria; or
 - (b) Records initially selected for a targeted review, but insufficient records were available to meet the targeted review sample size requirements, are combined with randomly selected records to complete the sample size.
 - (c) Records initially selected for a random review combined with records selected for a targeted review as a result of findings of the random review.
 - (2) "Exception review" is a review of minimum data set (MDS) assessment data. It is conducted at a selected nursing facility (NF) by registered nurses and other appropriate licensed or certified health professionals employed by or under contract with ODJFS for purposes of identifying any patterns or trends related to resident assessments submitted in accordance with rule 5101:3-3-43.1 of the Administrative Code, which could result in inaccurate case mix scores used to calculate the direct care rate.
 - (3) "Effective date of the rate" is either the first day of July or January for a given fiscal year.
 - (4) "Exception review tolerance level" is the level of variance between the facility and ODJFS in MDS assessment item responses affecting the resource utilization groups, version III (RUG III) classification of a facility's residents. Two kinds of tolerance levels have been established for exception reviews: initial sample tolerance level, and expanded review tolerance level.
 - (a) "Initial sample tolerance level" is the percentage of unverifiable records found during the initial sample of an exception review, below which no further review will be pursued for the same six month period. The initial sample tolerance level shall be less than fifteen per cent of the entire sample.

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- (b) "Expanded review tolerance level" is an acceptable level of variance in the calculation of a provider's quarterly facility average medicaid case mix score or an acceptable per cent of the records sampled at exception review that were unverifiable.
- (5) "Random review" is a type of exception review that examines randomly selected records from any of the RUG III major categories identified in rule 5101:3-3-43.2 of the Administrative Code.
- (6) "Record" is an MDS assessment identified as a medicaid record as set forth in paragraph (D)(2) of rule 5101:3-3-43.3 of the Administrative Code.
- (7) "Targeted review" is a type of exception review that targets records in restorative nursing programs, current toileting program or trial, and/or bowel toileting program, clinically complex with symptoms of depression, or one or more of the seven mutually exclusive RUG III major categories identified in rule 5101:3-3-43.2 of the Administrative Code. Nursing rehabilitation/restorative care includes records grouped in the following RUG III classifications: RLB, RLA, IB2, IA2, BB2, BA2, PE2, PD2, PC2, PB2, and PA2 as identified in rule 5101:3-3-43.2 of the Administrative Code. Clinically complex with depression includes records grouped in the following RUG III classification: CC2, CB2, and CA2 as identified in rule 5101:3-3-43.2 of the Administrative Code.
- (8) The "variance" is the percentage difference between the quarterly facility average medicaid case mix score based on exception review findings and the quarterly facility average medicaid case mix score from the provider's submitted MDS records.
 - (a) The exception review tolerance level shall be either less than a two per cent variance between the quarterly facility average medicaid case mix score based on exception review findings and the quarterly facility average medicaid case mix score from the provider's submitted MDS records or less than twenty per cent of the medicaid records sampled at exception review were unverifiable.
 - (b) The variance calculation will not recognize modifications to MDS assessments and new assessments following an inactivation, submitted by the facility after notification of the exception review.
- (9) A "verifiable MDS record" is a provider's completed MDS assessment form, based on facility supplied MDS assessment data, submitted to the state for a resident for a specific reporting quarter, which upon examination by ODJFS during an exception review, has been determined to accurately represent the

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aspects of the resident's condition, during the specified assessment time frame, that affect the correct RUG III classification of that record.

- (10) An "unverifiable MDS record" is a provider's completed MDS assessment form, based on facility supplied MDS assessment data, submitted to the state for a resident for a specific reporting quarter which, upon examination by ODJFS, has been determined to inaccurately represent the aspects of the resident's condition, during the specified assessment time frame, that affect the RUG III classification of that record. MDS coding may be deemed unsupported if inconsistencies are found in the sources of information through verification activities.
- (B) All exception reviews will comply with the applicable provisions of the medicare and medicaid programs.
- (C) Providers may be selected for an exception review by ODJFS based on any of the following:
 - (1) The findings of a certification survey conducted by the Ohio department of health that may indicate that the facility is not accurately assessing residents, which may result in the resident's inaccurate classification into the RUG III system;
 - (2) A risk analysis profile that may include, but is not limited to, one or more of the following:
 - (a) A change in the frequency distribution of their residents in the major RUG III categories, nursing rehabilitation/restorative care, or clinically complex with depression; or
 - (b) The frequency distribution of residents in the major RUG III categories, nursing rehabilitation/restorative care, or clinically complex with depression that exceeds statewide averages; or
 - (c) A sudden or drastic change in the facility average case mix score; or
 - (d) A change in the frequency distribution of coded responses to a MDS item.
 - (3) Prior resident assessment performance of the provider, may include but is not limited to, ongoing problems with assessment submission deadlines, error rates, incorrect assessment dates, and apparent unchanged assessment practice(s) following a previous exception review.
- (D) Exception reviews shall be conducted at the facility by registered nurses and other licensed or certified health professionals under contract with or employed by ODJFS. When a team of ODJFS reviewers conducts an on-site exception review, the team

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shall be led by a registered nurse. Persons conducting exception reviews on behalf of ODJFS shall meet the following conditions:

- (1) During the period of their professional employment with ODJFS, reviewers must neither have nor be committed to acquire any direct or indirect financial interest in the ownership, financing, or operation of a NF which they review in Ohio.
- (2) Reviewers shall not review any provider where a member of their family is a current resident.
- (3) Reviewers shall not review any provider that has been a client of the reviewer within the past twenty-four months.
- (4) Employment of a member of a health professional's family by a provider that the professional does not review does not constitute a direct or indirect financial interest in the ownership, financing, or operation of a NF.
- (5) Reviewers shall not review any provider that has been an employer of the reviewer within the past twenty-four months.
- (E) Prior notice: ODJFS shall notify the provider by telephone at least two working days prior to the review.
- (F) Providers selected for exception reviews must provide ODJFS reviewers with reasonable access to residents, professional and nonlicensed direct care staff, the facility assessors, and completed resident assessment instruments and supporting documentation regarding the residents' care needs and treatments. Providers must also provide ODJFS with sufficient information to be able to contact the resident's attending or consulting physicians, other professionals from all disciplines who have observed, evaluated or treated the resident, such as contracted therapists, and the resident's family/significant others. These sources of information may help to validate information provided on the resident assessment instrument submitted to the state. Verification activities may include reviewing resident assessment forms and supporting documentation, conducting interviews with staff knowledgeable about the resident during the observation period for the MDS, and observing residents.
- (G) An exception review shall be conducted of a random, targeted, or a combination of random and targeted samples of completed resident assessment instruments. The initial sample size shall be greater than or equal to the minimum sample size presented in appendix A to this rule. The expanded sample is based on the initial sample findings. The expanded sample size is presented in appendix B to this rule.
- (H) Results from review of the initial sample shall be used to decide if further action by ODJFS is warranted. If the initial sample is to be expanded for further review,

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- (1) May subsequently expand the exception review process to review MDS assessments as follows:
 - (a) If the initial sample was a targeted review, the expanded sample size shall be the lesser of the remaining records in the targeted category or the applicable minimum expanded sample size presented in appendix B to this rule.
 - (b) If the initial sample was a random review that became a targeted review, the expanded sample shall be the lesser of the remaining records in the targeted category or the applicable minimum expanded sample size presented in appendix B to this rule.
 - (c) If the initial sample was a random review, the expanded sample size shall be at least the applicable minimum sample size as presented in appendix B to this rule.
 - (d) If the initial sample was a combination review, the expanded sample size shall be at least the applicable minimum sample size as presented in appendix B to this rule. The expanded sample may consist of the remaining records in the targeted and random categories.
 - (e) If the expanded review tolerance level is exceeded, ODJFS may subsequently expand the sample size for the same reporting quarter up to and including one hundred per cent of the records and continue the review process.
- (I) At the conclusion of the on-site portion of the exception review process, ODJFS reviewers shall hold an exit conference with facility representatives. Reviewers will share preliminary findings and/or concerns about verification or failure to verify RUG III classification for reviewed records. Reviewers will give provider representatives one written preliminary copy of the exception review findings indicating whether the facility was under or over the established tolerance levels.
- (J) All exception reviews shall include a final written summary of the exception review findings including the final facility tolerance level calculations and revised quarterly facility average total case mix score and revised quarterly facility average medicaid case mix score. ODJFS shall mail a copy of the final written summary to the provider.

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- (K) All exception review reports shall be retained by ODJFS for at least six years.
- (L) If the expanded review tolerance level is exceeded, ODJFS shall use the exception review findings to calculate or recalculate resident case mix scores, quarterly, semiannual, and annual facility average case mix scores. Calculations or recalculations shall apply only to records actually reviewed by ODJFS and shall not be based on extrapolations to unreviewed records of findings from reviewed records. For example, ODJFS shall recalculate quarterly facility average case mix scores by replacing resident case mix scores of reviewed records and not changing the resident case mix scores of unreviewed records.
- (M) ODJFS shall use the quarterly, semiannual, and annual facility average case mix scores based on exception review findings which exceed the exception review tolerance level to calculate or recalculate the facility's rate for direct care costs for the appropriate six month period(s). However, scores recalculated based on exception review findings shall not be used to override any assignment of a quarterly facility average case mix score or a peer group cost per case mix unit made in accordance with rule 5101:3-3-43.3 of the Administrative Code as a result of the facility's failure to submit, or submission of incomplete or inaccurate resident assessment information, unless the recalculation results in a lower quarterly or semiannual facility average case mix score or peer group cost per case mix unit than the one to be assigned.
 - (1) If the exception review of a specific reporting quarter is conducted before the effective date of the rate for the corresponding six month period, and the review results in findings that exceed the tolerance level, ODJFS shall use the recalculated quarterly facility average case mix scores to calculate the facility's semiannual average case mix score for the facility's direct care rate for that six month period. Calculated rates based on exception review findings may result in a rate increase or rate decrease compared to the rate based on the facility's submission of assessment information.
 - (2) If the exception review of a specific reporting quarter is conducted after the effective date of the rate for a corresponding six month period, and the review results in findings that exceed the exception review tolerance level and indicate the facility received a lower rate than it was entitled to receive, ODJFS shall increase the direct care rate prospectively for the remainder of the six month period, beginning one month after the first day of the month after the exception review is completed.
 - (3) If the exception review of a specific reporting quarter is conducted after the effective date of the rate for a corresponding six month period, and the review results in findings that exceed the exception review tolerance level and indicate the facility received a higher rate than it was entitled to receive, ODJFS shall

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reduce the direct care rate and apply it to the six month periods when the provider received the incorrect rate to determine the amount of the overpayment. Overpayments are payable in accordance with rule 5101:3-3-22 of the Administrative Code.

- (N) Except for additional information submitted to ODJFS as part of the processes set forth in paragraphs (O) and (P) of this rule, the ODJFS exception review determination for any resident case mix score shall be considered final. A provider may submit corrections for individual records in accordance with rule 5101:3-3-43.1 of the Administrative Code; however, the exception review determination for any resident assessment case mix score will be used to establish the facility average case mix score.
- (O) The provider may seek reconsideration of any prospective direct care rate which was established by recalculating the direct care rate as a result of an exception review of resident assessment information conducted before the effective date of the rate. Requests for rate reconsideration related to exception review findings must be submitted in accordance with the following procedures:
 - (1) A reconsideration of a prospective direct care rate on the basis of a dispute with ODJFS exception review findings shall be submitted to ODJFS no more than thirty days after receipt of exception review findings.
 - (2) The request for a reconsideration of a prospective rate on the basis of a dispute with exception review findings shall be filed in accordance with the following procedures:
 - (a) The request shall be in writing; and
 - (b) The request shall be addressed to "Ohio Department of Job and Family Services, Ohio Health Plans, Bureau of Long Term Care Services and Supports, Disability and Aging Policy Section"; and
 - (c) The request shall indicate that it is a request for rate reconsideration due to a dispute with exception review findings; and
 - (d) The request shall include a detailed explanation of the items on the resident assessment records under dispute as well as copies of relevant, supporting documentation from specific individual records. The request shall also include the provider's proposed resolution.
 - (3) ODJFS shall respond in writing within sixty days of receiving each written request for a rate reconsideration related to disputed exception review findings. If ODJFS requests additional information to determine if the rate adjustment is

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warranted, the provider shall respond in writing and shall provide additional supporting documentation no more than thirty days after the receipt of the request for additional information. ODJFS shall respond in writing within sixty days of receiving the additional information to the request for a rate reconsideration due to disputed exception review findings.

- (4) If the rate is increased pursuant to a rate reconsideration due to disputed exception review findings, the rate adjustment shall be implemented retroactively to the initial service date for which the rate is effective.
- (5) When calculating the annual and semiannual facility average case mix scores in accordance with rule 5101:3-3-43.3 of the Administrative Code, ODJFS shall use any resident case mix scores adjusted as a result of a rate reconsideration determination in lieu of the resident case mix scores from the exception review findings.
- (P) The findings of an exception review conducted after the effective date of the rate may be appealed under provisions of the Administrative Procedure Act, Chapter 119. of the Revised Code. ODJFS shall not withhold from the facility's current payments any amounts ODJFS claims to be due from the facility as a result of the exception review findings while the provider is pursuing administrative or judicial remedies in good faith.

5101:3-3-43.3 Calculation of quarterly, semiannual and annual nursing facility (NF) average case mix scores.

- (A) The definitions of all terms used in this rule are the same as set forth in rules 5101:3-3-01, 5101:3-3-43.1 and 5101:3-3-43.4 of the Administrative Code.
- (B) The Ohio department of job and family services (ODJFS) shall process resident assessment data submitted by NFs in accordance with rule 5101:3-3-43.1 of the Administrative Code and shall classify residents using the resource utilization groups, version III (RUG III) classification system to determine resident case mix scores in accordance with rule 5101:3-3-43.2 of the Administrative Code. These resident case mix scores, based on relative resource weights as set forth in appendix E of rule 5101:3-3-43.2 of the Administrative Code, are used to establish two quarterly facility average case mix scores each quarter.
 - (1) The first quarterly facility average case mix score shall be calculated using all records selected for the quarter and shall be the quarterly facility average total case mix score.
 - (2) The second quarterly facility average case mix score shall be calculated using only the records selected for the quarter that ODJFS identifies as medicaid records and shall be the quarterly facility average medicaid case mix score.
- (C) ODJFS shall calculate a quarterly facility average total case mix score for all providers meeting the following requirements:
 - (1) In accordance with rule 5101:3-3-43.1 of the Administrative Code, the provider submitted resident assessment information by the filing date, and the data included resident assessments for all residents in medicaid certified beds as of the reporting period end date, and
 - (a) The provider's resident assessment data submitted timely for that reporting quarter provided sufficient information for accurately classifying at least ninety per cent of all residents in medicaid certified beds into RUG III groups one through forty-four, or
 - (b) The provider's resident assessment data submitted timely and corrected timely, in accordance with the procedures outlined in rule 5101:3-3-43.1 of the Administrative Code for correcting incomplete or inaccurate information, for that reporting quarter, provided sufficient information for accurately classifying at least ninety per cent of all residents in medicaid certified beds into RUG III groups one through forty-four; and

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- (c) There were no errors as described in paragraph (D) of rule 5101:3-3-43.1 of the Administrative Code that prevented ODJFS from verifying the records to be used in determining the quarterly facility average total case mix score.
- (2) The quarterly facility average total case mix score for providers that submitted their minimum data set version 3.0 (MDS 3.0) data in compliance with paragraph (C)(1) of this rule shall be calculated as follows:
 - (a) All resident case mix scores for the quarter, including resident case mix scores in the forty-fifth RUG III group, are added together; then
 - (b) The sum of resident case mix scores is divided by the total number of residents.
- (3) If a provider does not comply with paragraph (C)(1) of this rule, ODJFS shall assign the NF a penalty score. The penalty score for the quarterly facility average total case mix score shall be a score that is five per cent less than the quarterly facility average total case mix score for the preceding calendar quarter.
 - (a) If the facility was subject to an exception review, in accordance with rule 5101:3-3-43.4 of the Administrative Code, for the preceding quarter, the assigned quarterly total facility average case mix score shall be the score that is five per cent less than the score determined by the exception review.
 - (b) If the facility was assigned a quarterly facility average total case mix score for the preceding calendar quarter, the assigned quarterly facility average total case mix score shall be the score that is five per cent less than the score assigned for the preceding quarter.
- (D) ODJFS shall calculate a quarterly facility average medicaid case mix score for all providers meeting the following requirements:
 - (1) The provider's resident assessment data submitted timely for that reporting quarter provide sufficient information for classifying at least ninety per cent of records identified as medicaid records into RUG III groups one through forty-four, or
 - (a) The provider's resident assessment data submitted timely and corrected timely, in accordance with the procedure outlined in rule 5101:3-3-43.1 of the Administrative Code for correcting incomplete or inaccurate information, for that reporting quarter, provided sufficient information for

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- accurately classifying at least ninety per cent of all residents into RUG III groups one through forty-four; and
- (b) There were no errors as described in paragraph (D) of rule 5101:3-3-43.1 of the Administrative Code that prevented ODJFS from verifying the records to be used in determining the quarterly facility average medicaid case mix score.
- (2) ODJFS shall identify a MDS 3.0 as a medicaid record if the MDS 3.0 meets the following requirements:
 - (a) The MDS 3.0 is not completed to meet the requirements for a medicare part A stay.
 - (b) The social security number (SSN) on the MDS 3.0 matches a SSN on the medicaid recipient master file (RMF) and
 - (c) The assessment reference date (ARD) on the MDS 3.0 falls within the recipient's medicaid eligibility span.
- (3) The quarterly facility average medicaid case mix score for providers that submitted their MDS 3.0 data in compliance with paragraph (C)(1) of this rule shall be calculated as follows:
 - (a) Medicaid resident case mix scores for the quarter, including resident case mix scores in the forty-fifth RUG III group, are added together; then
 - (b) The sum of medicaid resident case mix scores is divided by the total number of medicaid residents.
- (4) If a provider does not comply with paragraph (D)(1) of this rule, ODJFS shall assign the NF a penalty score. The penalty score for the quarterly facility average medicaid case mix score shall be a score that is five per cent less than the quarterly facility average medicaid case mix score for the preceding calendar quarter.
 - (a) If the facility was subject to an exception review, in accordance with rule 5101:3-3-43.4 of the Administrative Code, for the preceding quarter, the assigned quarterly facility average medicaid case mix score shall be the score that is five per cent less than the score determined by the exception review.

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- (b) If the facility was assigned a quarterly facility average medicaid case mix score for the preceding calendar quarter, the assigned quarterly facility average medicaid case mix score shall be the score that is five per cent less than the score assigned for the preceding quarter.
- (5) ODJFS shall use a facility's assigned penalty score to calculate the semiannual facility average medicaid case mix score.
- (E) This paragraph describes the method for calculating the semiannual facility average medicaid case mix score.
 - (1) The semiannual facility average medicaid case mix score for the payment period beginning the first day of July for a given fiscal year shall be the average of the quarterly facility average medicaid case mix score from the preceding December and March reporting quarters. If a facility does not have a quarterly facility average medicaid case mix score for both the December and March reporting quarters, the median annual average case mix score for the NF's peer group shall be assigned as the semiannual facility average medicaid case mix score to determine the direct care rate.
 - (2) The semiannual facility average medicaid case mix score for the payment period beginning the first day of January for a given fiscal year shall be the average of the quarterly facility average medicaid case mix score from the preceding June and September reporting quarters. If a facility does not have a quarterly facility average medicaid case mix score for both the June and September reporting quarters, the median annual average case mix score for the NF's peer group shall be assigned as the semiannual facility average medicaid case mix score to determine the direct care rate.
- (F) ODJFS shall calculate the annual facility average case mix score as follows. The PPS other medicare required assessments (OMRAs) may not be selected for calculating case mix scores due to the inability to assign the record to a RUG III classification.
 - (1) The annual facility average case mix score shall be calculated only for facilities with at least two quarterly facility average total case mix scores meeting the requirements of paragraphs (C)(1) and (C)(2) of this rule. In addition for any score meeting the requirements of paragraphs (C)(1) and (C)(2) that was adjusted, the adjusted score will be substituted according to the following hierarchy:
 - (a) Adjusted quarterly facility average total case mix scores established by a rate reconsideration decision resulting from an exception review of resident assessment information conducted before the effective date of the rate; or

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- (b) Adjusted quarterly facility average total case mix scores as a result of exception review findings.
- (2) If ODJFS assigned a facility a quarterly facility average total case mix score in accordance with paragraph (C)(3) of this rule, said assigned score will not be used to calculate the provider's annual facility average case mix score.
- (3) The qualifying case mix scores shall be summed and divided by the total number of quarters of qualifying scores to arrive at the annual facility average case mix score.
- (G) For each provider that submits MDS 3.0 data in a given week, ODJFS shall send the "Case Mix Report" containing the following four components:
 - (1) The "Provider Detail Listing of Successfully Grouped Records," identifies records that were successfully grouped by ODJFS. The report will include all records received, even if the records will not be used in the quarterly score calculation;
 - (2) The "Critical Error Summary," that identifies the provider's records that will be assigned into the default group forty-five unless they are corrected before the end of the reporting quarter in accordance with rule 5101:3-3-43.1 of the Administrative Code.
 - (3) The "Provider Detail Listing of Records with Critical Errors," provides detail for each record listed on the "Critical Error Summary" identifying the failed edits.
 - (4) The "Discharge and Reentry Tracking Form Summary," that identifies all discharge and reentry tracking forms that were received by ODJFS.
- (H) ODJFS shall provide two preliminary "Calculation of Facility Case Mix Scores" reports. The first report will reflect records submitted up to the quarterly filing date. The second report will reflect records submitted up to approximately two weeks prior to the quarterly corrections deadline. Both reports will include a calculation of the quarterly facility average total case mix score and the quarterly facility average medicaid case mix score. Providers may file corrections to the extent permitted by rule 5101:3-3-43.1 of the Administrative Code.
- (I) After the quarterly corrections deadline specified in rule 5101:3-3-43.1 of the Administrative Code, ODJFS shall provide a final "Calculation of Facility Case Mix Scores" report. The report will include a calculation of the quarterly facility average total case mix score and the quarterly facility average medicaid case mix score.

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- (J) Following the determination of the two quarterly facility average medicaid case mix scores used to calculate the semiannual medicaid case mix scores effective July first and January first of the fiscal year, ODJFS shall provide a "Semiannual Medicaid Case Mix Score Calculation Report" to each provider.
- (K) Following the calculation of the annual facility average case mix score, ODJFS shall provide an "Annual Facility Average Case Mix Score Calculation Report" to each provider.

APPENDIX A MDS 3.0 DATA ELEMENTS USED IN THE RUG III CLASSIFICATION SYSTEM

Attachment 4.19D Supplement 1

Biblion Commistorie Circlesty Complex	ITEM#	DESCRIPTION	Suppleme
Cincally Complex memory Cincally Complex memory Cincally Complex Com			IMACT ON RUG III CATEGORY
Emparied Cognition			Clinically Complex, Impaired Cognition
Biol Discount Di		Cognitive Skills for Daily Decision Making	Impaired Cognition
Exercised Section Complex Complex Complex Complex	B0700	Makes self understood	Impaired Cognition
DOZDOOZ Feeling down, depressed, or hopeless		Little interest or pleasure in doing things	Impaired Cognition
D020002 Trouble failing or staying asleep, or sleeping too much Clinically Complex		Feeling down, depressed, or hopeless	
Controlly Complex		Trouble falling or staying asleep, or sleeping too much	
Controlly Complex		Feeling tired or having little energy	
Company Comp		Poor appetite or overeating	CE-1P C
December		rearmy down	Clinically Complex
Opposes - being so fidgety or restless that you have been moving around a lot more than usual common than the		relevision	Clinically Complex
Total Severity Score Clinically Complex Clinically Complex		opposite - being so fidgety or restless that you have been moving around a lot more than usual	Clinically Complex
DOSCODA Little interest or pleasure in doing things Clinically Complex		<u></u>	Clinically Complex
Console Control Complex Control Control Complex Control Control Complex Control Control Control Complex Control Cont		Total Severity Score	Clinically Complex
DUBSION		Engline or second and things	
DOSIONE Foor appetite or or vereating Clinically Complex		Trouble falling or attains and an artists and a state of the state of	Clinically Complex
DOSODE Poor appetite or overeating Clinically Complex		Feeling tired or having little analysis	
DoSpoof		Poor appetite or overeating	
D0500G I Trouble concentrating on things, such as reading the newspaper or watching television D0500H Moving or speaking so slowly that other people have noticed. Or the opposite being so fidgeby or restless that s/he have been moving around a lot more than usual D0500I States that life isn't worth living, wishes for death, or attempts to harm self Clinically Complex D0500J Being short - tempered, easily annoyed Clinically Complex D0500D Total Seventy Score Clinically Complex C0200 Repetition of three words Impaired Cognition Impaired Cognition C0300A Able to report correct provide impaired Cognition C0300A Able to report correct day of the week Impaired Cognition C0400B Able to recall "sock" Impaired Cognition C0400B Able to recall sock Impaired Cognition C0400B Able to recall "sock" Impaired Cognition C04		Indicating that s/he feels had about self in a fall was a bout of	
D0500H Moving or speaking so slowly that other people have noticed. Or the opposite-being so fidgety or restless that s/he have been moving around a lot more than busing or speaking so slowly that other people have noticed. Or the opposite-being so fidgety or restless that s/he have been moving around a lot more than usual D05001. States that life isn't worth living, wishes for death, or attempts to harm self. Clinically Complex. Impaired Cognition Imp	D0500G	Joons	Clinically Complex
Deling 30 nogety of restless that s/he have been moving around a lot more than		relevision	Clinically Complex
DOSDOJ Being short - tempered, easily annoyed		usual	Clinically Complex
Design short - tempered, easily annoyed		States that life isn't worth living, wishes for death, or attempts to harm self	Clinically Compley
C0200 Repetition of three words Impaired Cognition C0300A Able to report correct year Impaired Cognition C0300C Able to report correct month Impaired Cognition C0300C Able to report correct day of the week Impaired Cognition C0300C Able to recall "sock" Impaired Cognition C0400A Able to recall "sock" Impaired Cognition C0400B Able to recall "bue" Impaired Cognition C0400C Able to recall "bue" Impaired Cognition C0400C Able to recall "bue" Impaired Cognition C0400C Able to recall "bed" Impaired Cognition C0400C Able to recall "bed" Impaired Cognition C0500 Summary Score Impaired Cognition C0500 Wandering Behavioral symptoms directed toward others C0200A Physical behavioral symptoms directed toward others C0200A Physical behavioral symptoms directed toward others C0200A Physical behavioral symptoms directed toward others C0200A Rejection of care C0200A Rejection of care C0110AL Bed Mobility - Self Performance C0110AL Bed Mobility - Self Performance C0110AL Bed Mobility - Support C0110BL Bed Mobility - Support C0110BL Transfer - Suppor		Being short - tempered, easily annoyed	
C03900A Able to report correct year Impaired Cognition C0390B Able to report correct day of the week Impaired Cognition C0390C Able to report correct day of the week Impaired Cognition C0400A Able to recall "sock" Impaired Cognition C0400B Able to recall "sock" Impaired Cognition C0400B Able to recall "bue" Impaired Cognition C0400C Able to recall "bue" Impaired Cognition C0500 Summary Score Impaired Cognition C0500 Summary Score Impaired Cognition C0500 Summary Score Impaired Cognition C0500 Physical behavioral symptoms directed toward others C0500 Behavior Problems C05000 Physical behavioral symptoms directed toward others C05000 Physical behavioral symptoms not directed toward others C05000 Physical behavioral symptoms not directed toward others C05000 Physical behavioral symptoms not directed toward others C05000 Rejection of care C05000 Rejection of Courted Rejection of Rejection Rej		Total Severity Score	
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C0400B Able to recall "blue" C0400C Able to recall "blue" C0400C Able to recall "bed" C0500 Summary Score E0900 Wandering E0200B Verbal behavioral symptoms directed toward others E0200A Physical behavioral symptoms directed toward others E0200A Physical behavioral symptoms directed toward others E0200C Other behavioral symptoms of directed toward others E0200C Other behavioral symptoms not directed toward others E0200C Rejection of care E0110A1 Bed Mobility - Self Performance E0110A2 Bed Mobility - Support E0110A2 Bed Mobility - Support E0110B1 Transfer - Self Performance E0110B1 Transfer - Support E0110B1 Toilet Use - Self Performance E0110B1 Transfer - Self Performance E0110B		Able to report correct day of the week	
C0400C Able to recall "bed" Impaired Cognition C0500 Summary Score Impaired Cognition E0900 Wandering Behavior Problems E02008 Verbal behavioral symptoms directed toward others Behavior Problems E02000 A Physical behavioral symptoms directed toward others Behavior Problems E02000 C Other behavioral symptoms not directed toward others Behavior Problems E02000 Rejection of care Behavior Problems E02010A1 Bed Mobility - Self Performance ADL Index G0110B1 Transfer - Self Performance ADL Index G0110B2 Transfer - Support ADL Index G0110B2 Transfer - Support ADL Index G0110B1 Toilet Use - Support ADL Index H0200C Current toileting program rial Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Impaired Cognition, Behavior Problems, Reduce Physical Care Clinically Complex Special Care Clinically Complex Dehydrated Special Care Clinically Complex Dehydrated Special Care Clinically Complex Dehydrated Special Care De			Impaired Cognition
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G0110A1 Bed Mobility - Self Performance ADL Index G0110B2 Bed Mobility - Support ADL Index G0110B2 Transfer - Self Performance ADL Index G0110B1 Transfer - Support ADL Index G0110B1 Transfer - Support ADL Index G0110B1 Toilet Use - Self Performance ADL Index G0110B1 Toilet Use - Support ADL Index G0110B2 Toilet Use - Support ADL Index H0200C Current toileting program or trial Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Physical Function, Rehabilitation Clinically Complex G010B2 Aphasia Special Care G010B2 Aphasia Special Care G010B2 Cerebral palsy Special Care G010B2 Cerebral palsy Special Care G010B2 Cerebral Care Special Care G010B3 Cerebral Care Clinically Complex G010B3 Cerebral Care Clinically Complex G010B3 Delusions Special Care Clinically Complex G010B3 Delusions Special Care G010B4 Lateral Elections G010	E0800	Rejection of care	
G0110A2 Bed Mobility - Support ADL Index G0110B1 Transfer - Self Performance ADL Index G0110B2 Transfer - Support ADL Index G0110B1 Transfer - Support ADL Index G0110B1 Toilet Use - Self Performance ADL Index G0110B1 Toilet Use - Self Performance ADL Index G0110B1 Toilet Use - Self Performance ADL Index G0110B2 Toilet Use - Support ADL Index G0110B2 Toilet Use - Self Performance ADL Index G0110B3 Toilet Use - Self Performance ADL Index G0110B2 Toilet Use - Self Performance G0		Ded Mobility - Self Performance	
Transfer - Self Performance ADL Index		Bed Mobility - Support	
Tailsier - Sulport		Transfer - Self Performance	
Colling Coll		Transfer - Support	
Toilet Use - Support ADL Index		Eating - Self Performance	
H0200C Current toileting program or trial Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Physical Function, R		Tollet Use - Self Performance	
Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation Impaired Cognition, Behavior Problems, Reduce Physical Function, Behavior Problems, Reduce Physical Function, Rehabilitation Clinically Complex Clinically Complex Special Care		Tollet Use - Support	
Impaired Cognition, Behavior Problems, Reduce Physical Function, Rehabilitation		Current tolleting program or trial	mpaired Cognition, Behavior Problems, Reduced
4300 Aphasia Clinically Complex			mpaired Cognition, Behavior Problems, Reduced
April April April		Diabetes Weilitos	
Special Care		Apriasia	
Templegia or remiparesis Clinically Complex		Cerebral paisy	
5100 Quadriplegia Special Care 2000 Pneumonia Special Care 2100 Septicemia Special Care, Clinically Complex 21550C Dehydrated Clinically Complex 20100B Delusions Behavior Problems 11550A Fever Special Care 20100A Hallucinations Special Care 11550D Internal bleeding Behavior Problems		Herripregia or Hemiparesis	
2000 Pneumonia Special Care 2100 Septicemia Special Care, Clinically Complex 21550C Dehydrated Clinically Complex 20100B Delusions Special Care, Clinically Complex 11550A Fever Behavior Problems 20100A Hallucinations Special Care 11550D Internal bleeding Behavior Problems		Ouadriplegia	
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E0100B Delusions Special Care, Clinically Complex 11550A Fever Behavior Problems E0100A Hallucinations Special Care Interpal bleeding Behavior Problems		Dehydrated	
11550A Fever Behavior Problems 10100A Hallucinations Special Care 11550D Interval bleeding Behavior Problems	0100B	Delusions	
0100A Hallucinations Special Care 1550D Internal bleeding Behavior Problems		Fever	
1550D Internal bleeding Behavior Problems		Hallucinations	
	1550D	nternal bleeding	
11550B Vomiting Clinically Complex Special Care		Vomiting	

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APPENDIX A MDS 3.0 DATA ELEMENTS USED IN THE RUG III CLASSIFICATION SYSTEM

Attachment 4.19D Supplement 1

K0300	Weight Loss		Supplemen
K0500A	Parenteral/IV feeding	Special Care	
K0500B	Feeding tube	Extensive Care	
K0700A	Proportion of total calories	Special Care, Clinically Complex	
K0700B	Average fluid intake	Special Care, Clinically Complex	
M0300A	Stage 1 pressure ulcers	Special Care, Clinically Complex Special Care	
M0300B1 M0300C1	Stage 2 pressure ulcers	Special Care	
M0300D1	Stage 3 pressure ulcers	Special Care	
M0300F1	Stage 4 pressure ulcers	Special Care	
M1040F	Unstageable pressure ulcers - slough and/or eschar Burn(s) (second or third degree)	Special Care	
M1040D	Open lesion(s) other than ulcers, rashes, cuts	Clinically Complex	
M1040E	Surgical wound(s)	Special Care	
M1200A	Pressure reducing device for chair	Special Care	
M1200B	Pressure reducing device for bed	Special Care	
M1200C	Turning/repositioning program	Special Care Special Care	
M1030 M1200D	Number of venous and arterial ulcers	Special Care	
M1200E	Nutrition or hydration intervention to manage skin problems Ulcer care	Special Care	
M1200F	Surgical wound care	Special Care	
M1200G	Application of nonsurgical dressings other than to feet	Special Care	
M1200H	Application of ointments/medications other than to feet	Special Care	
M1040A	Infection of the foot	Special Care	
M1040C	Other open lesion(s) on the foot	Clinically Complex	
M1200I	Application of dressings to feet	Clinically Complex	
M1040B	Diabetic foot ulcer(s)	Clinically Complex	
N0300	Injections	Clinically Complex Clinically Complex	
O0100A(1,2)	Chemotherapy	Clinically Complex	
O0100J(1,2)	IV medications	Clinically Complex	
00100G(1.2)	Oxygen therapy	Extensive	
O0100B(1,2)	Radiation	Clinically Complex	
O0100D(1,2)	Suctioning	Special Care	
O0100E(1,2)	Tracheostomy care	Extensive	
[O0100I(1,2)	Transfusions	Extensive	
O0100F(1,2)	Ventilator or respirator	Clinically Complex	
O0400A4	Speech-language nathology & audicines consistent	Extensive	
O0400A1,2,3	Speech-language pathology & audiclogy services days	Rehabilitation Rehabilitation	
O0400B4	<u>L</u>	(CertaDiatation)	
	Occupational therapy days Occupational therapy minutes	Rehabilitation	
0040001,2,3	occupational therapy minutes	Rehabilitation	
O0400C4	Physical therapy days		
O0400C1,2,3	Physical therapy minutes	Rehabilitation	
	,	Rehabilitation	
O0400D2	Respiratory therapy days		
O0500A	Range of motion (passive)	Special Care	
		Rehabilitation, Impaired Cognition, B	ehavior
O0500B	Range of motion (active)	Problems, Reduced Physical Function	n
00500C	Callan	Rehabilitation, Impaired Cognition, B Problems, Reduced Physical Function	ehavior
203000	Splint or brace assistance	Rehabilitation, Impaired Cognition, B	n
00500D	Bed mobility	Problems, Reduced Physical Function	enavior
	Dod Hobility	Rehabilitation, Impaired Cognition, Bo	abayior .
00500E	Transfer	Problems, Reduced Physical Function	n 1
		Rehabilitation, Impaired Cognition, Be	havior
00500F	Walking	[Problems, Reduced Physical Function	n 1
		Rehabilitation, Impaired Cognition Re	havior
00500G	Dressing and/or grooming	Problems, Reduced Physical Function	, ,
	-	Rehabilitation, Impaired Cognition, Be	havior
00500Н	Eating and/or swallowing	Problems, Reduced Physical Function	1
05001	A consideration of the state of	Rehabilitation, Impaired Cognition, Be Problems, Reduced Physical Function	havior
~3001	Amputation/prostheses care	Rehabilitation, Impaired Cognition, Be	
0500J	Communication	Problems, Reduced Physical Function	navior
	O STATISTICATION	Rehabilitation, Impaired Cognition, Be	havior
0600 F	Physician Examinations	Problems, Reduced Physical Function	LIBAIOI
	Physician Orders	Clinically Complex	
		Clinically Complex	

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APPENDIX B RUG III ADL SCORE INDEXING WEIGHTS

Attachment 4.19D Supplement 1

MDS 3.0 REFERENCE	ACTIVITY OF DAILY LIVING	SCORE
Items G0110A, G0110I,and G0110B: Self perf = "-", 0, 1, 7	Bed mobility, Toileting, and Transfer: Unknown, Independent, Supervision, or Activity occurred only once or twice	1
Self perf = 2	Limited Assistance	3
Self perf. = 3, 4, 8 Sta support = "-", 0 ,1 ,2	ff Extensive Assistance or Total Dependence: With 1 person physical assistance	4
Self perf. = 3, 4, 8 Staff support = 3, 8	Extensive Assistance or Total Dependence or Activity did not occur With 2+ person physical assistance or Activity did not occur	5
perf. = "-", 0, 1, 7	Eating: Unknown, Independent, Supervision, or Activity occurred only once or twice	1
Self perf. = 2	Limited Assistance	2
Self perf. = 3, 4, 8 Parenteral/IV feeding: Item K0500A Feeding tube: Item K0500B with Percentintake by artificial route: Item K0700A and K0700B	Extensive Assistance or Total Dependence or Activity did not occur	3

Self perf. means " ADL self performance" as used in MDS 3.0, item G01101. Staff support means " ADL support provided" as used in MDS 3.0, item G01102.

To determine the RUG III ADL Index: Add the scores for the four ADL variables The index ranges from 4-18 point

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APPENDIX C

Attachment 4.19D Supplement 1

DESCRIPTION OF RUG-III CLASSIFICATION BRANCHES

HIERARCHY CATEGORY (First Level)	ACTIVITIES OF DAILY LIVING (Second Level)	PROBLEM/ SERVICE SPLIT (Third Level)
EXTENSIVE CARE	Not Used	COUNT OF TWO SETS OF QUALIFIERS
REHABILITATION: ULTRA HIGH VERY HIGH HIGH MEDIUM LOW	3 LEVELS 3 LEVELS 3 LEVELS 3 LEVELS 2 LEVELS	Not Used
SPECIAL CARE	3 LEVELS	Not Used
CLINICALLY COMPLEX	3 LEVELS	SYMPTOMS OF DEPRESSION
IMPAIRED COGNITION	2 LEVELS	RESTORATIVE NURSING/ URINARY/BOWEL PROGRAMS Actual Count
BEHAVIOR PROBLEMS	2 LEVELS	RESTORATIVE NURSING/ URINARY/BOWEL PROGRAMS Actual Count
REDUCED PHYSICAL FUNCTIONING	5 LEVELS	RESTORATIVE NURSING/ URINARY/BOWEL PROGRAMS Actual Count

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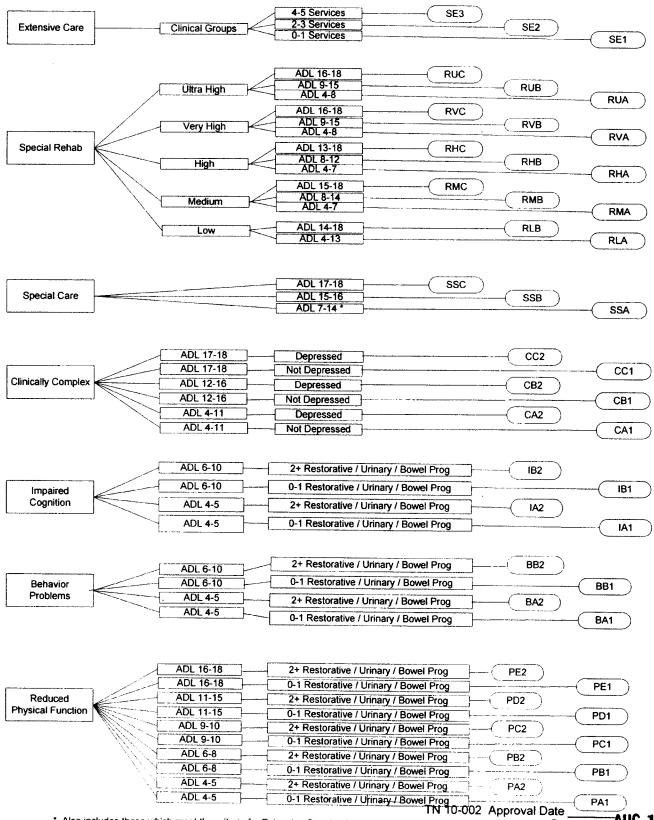
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Appendix D Rug III Classification System

Attachment 4.19D Supplement 1



* Also includes those which meet the criteria for Extensive Care but have an ADL Index score of 4, 5, or 6. SupersedesAUG 18 2011 TN 06-010 Effective Date 10-01-10

APPENDIX E

5111.232.002

RUGIII CLASSIFICATION SYSTEM RESOURCE UTILIZATION GROUPS

Attachment 4.19D Supplement 1

1	RUGIII GROUP Extensive Special Care 3	ADL	RUGS CLASS	RELATIVE WEIGHT
2	Extensive Special Care 2	>6	SE3	3.6037
3	Extensive Special Care 1	>6	SE2	2.9532
4	Rehabilitation Ultra High	>6	SE1	2.5253
5	Rehabilitation Ultra High	16-18	RUC	2.7812
6	Rehabilitation Ultra High	9-15	RUB	2.0327
7	Rehabilitation Very High	4-8	RUA	1.6546
8	Rehabilitation Very High	16-18	RVC	2.4192
9	Rehabilitation Very High	9-15	RVB	2.2206
10	Rehabilitation High	4-8	RVA	1.7320
11	Rehabilitation High	13-18	RHC	2.6820
	Rehabilitation High	8-12 4-7	RHB	2.2565
13	Rehabilitation Medium	15-18	RHA	1.8480
14	Rehabilitation Medium	8-14	RMC	2.8835
15	Rehabilitation Medium	4-7	RMB	2.3328
16	Rehabilitation Low	14-18	RMA RLB	2.0480
17	Rehabilitation Low	4-13	RLA	2.4124
	Special Care	17-18	SSC	1.7119
	Special Care	15-16	SSB	2.4449
	Special Care	7-14*	SSA	2.2715
21	Clinically Complex with Symptoms of Depression	17-18	CC2	2.1546
22	Clinically Complex	17-18	CC1	2.4231
23 24	Clinically Complex with Symptoms of Depression	12-16	CB2	2.1474
5	Clinically Complex	12-16	CB1	1.9681
6	Clinically Complex with Symptoms of Depression	4-11	CA2	1.8232 1.7925
7	Clinically Complex	4-11	CA1	1.6009
	Cognitive Impairment with Restorative Nursing/Current Toileting Program or Trial/Bowel Toileting Program	6-10	IB2	1.5112
9	Cognitive Impairment	6-10	IB1	1.4600
٦	Cognitive Impairment with Restorative Nursing/Current	4-5	IA2	1.2366
ō	Toileting Program or Trial/Bowel Toileting Program		, , ,	1.2300
1	Cognitive Impairment	4-5	IA1	1.1481
	Behavior Problem with Restorative Nursing/Current Toileting Program or Trial/Bowel Toileting Program	6-10	BB2	1.4861
۲	Behavior Problem	6-10	881	
3 [Behavior Problem with Restorative Nursing/Current	4-5	BA2	1.4116
_	Toileting Program or Trial/Bowel Toileting Program	, •	DAZ	1.2090
3	Behavior Problem	4-5	BA1	
۱ ۱	Physical Function with Restorative Nursing/Current	16-18	PE2	1.0259
-	Toileting Program or Trial/Bowel Toileting Program	_	,	1.7400
: !!	Physical Function	16-18	PE1	
<u> </u>	Physical Function with Restorative Nursing/Current	11-15	PD2	1.6983
٠٠,	Toileting Program or Trial/Bowel Toileting Program		102	1.5821
<u>. [</u>	Physical Function	11-15	PD1	
)	Physical Function with Restorative Nursing/Current	9-10	PC2	1.5509
-	Toileting Program or Trial/Bowel Toileting Program	· · -	102	1.4489
	-nysical Function	9-10	PC1	
F	Physical Function with Restorative Nursing/Current	6-8	PB2	1.3925
ין	olleting Program or Trial/Bowel Toileting Program	- "	FD2	1.1054
- IF	Physical Function	6-8	DD4	
ĮF	Physical Function with Restorative Nursing/Current	4-5	PB1 PA2	1.0892
	olleting Program or Trial/Bowel Toileting Program	1	PAZ	1.0503
1	hysical Function	4-5	PA1	
	Default		PAT I	1.0000

^{*} Also includes those which meet the criteria for Extensive Care but have an ADL Index Score of 4, 5, or 6.

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Nursing facility (NF) case mix assessment instrument: minimum data set version 3.0 (MDS 3.0).

(A) As used in this rule:

- (1) "Annual facility average case mix score" is the score used to calculate the facility's cost per case-mix unit.
- (2) "Assessment reference date (ARD)" is the last day of the observation (or "look back") period that the MDS 3.0 assessment covers for the resident.
- (3) "Care area assessment (CAA) process" is the mechanism to facilitate care planning decisions and includes care area triggers (CATs), assessment of a triggered care area to facilitate care planning decision making and completion of the CAA summary (on the MDS 3.0, section V, item V0200) titled CAAs and care planning.
- (4) "Case mix report" is a report generated by the Ohio department of job and family services (ODJFS) and distributed to the provider on the status of all MDS 3.0 assessment data that pertains to the calculation of a quarterly, semiannual or annual facility average case mix score.
- (5) "Comprehensive assessment" means an assessment that includes completion of not only the appropriate MDS 3.0 assessment type listed in paragraph (B)(2) of this rule and designated for use in Ohio but also completion of the care area assessment (CAA) process.
- (6) "Critical elements" are data items from a resident's MDS 3.0 that ODJFS verifies prior to determining a resident's resource utilization group, version III (RUG III) class.
- (7) "Critical errors" are errors in the MDS 3.0 critical elements that prevent ODJFS from determining the resident's RUG III classification.
- (8) "Default group" is RUG III group forty-five, the case mix group assigned to residents with MDS 3.0 records with inconsistent date fields, missing, incomplete, out of range or inaccurate data, including inaccurate resident identifiers any of which precludes grouping the record into RUG III groups one through forty-four.
- (9) "Encoded," when used with reference to a record, means that the record has been recorded in electronic format. The record must be encoded in accordance with

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- the United States centers for medicare and medicaid services (CMS) uniform data submission document and state specifications.
- (10) "Filing date" is the deadline for submission of the NF's MDS 3.0 assessment data that will be used to calculate the preliminary facility quarterly average case mix score. The filing date is the fifteenth calendar day following the reporting period end date (RPED).
- (11) "Medicare required assessment" means the MDS 3.0 specified for use in Ohio that is required only for facilities participating in the medicare prospective payment system but does not include the CAA process.
- (12) "Omnibus Budget Reconciliation Act of 1987 (OBRA 1987)" is the statutory authority for the RAI which specifies the a minimum data set (MDS) of core elements for use in conducting assessments of nursing home residents. Assessments are federally mandated and must be performed for all residents of medicare and/or medicaid certified nursing homes.
- (13) "Other medicare required assessment (OMRA)" is an unscheduled MDS 3.0 PPS assessment required to be completed during a resident's medicare Part A SNF covered stay based on the start or cessation of rehabilitation services.
- (14) "PPS assessment" is the tool that skilled nursing facilities (SNFs) use to assess the clinical condition for each medicare resident receiving Part A SNF level care for reimbursement under the SNF PPS.
- (15) "Quarterly facility average total case mix score" is the facility average case mix score based on both medicaid and non-medicaid resident data submitted for one reporting quarter and calculated pursuant to paragraph (B)(1) of rule 5101:3-3-43.3 of the Administrative Code.
- (16) "Quarterly facility average medicaid case mix score" is the facility average case mix score based on only medicaid resident data submitted for one reporting quarter and calculated pursuant to paragraph (B)(2) of rule 5101:3-3-43.3 of the Administrative Code.
- (17) "Quarterly review assessment" means an assessment that is normally conducted no less than once every three months using the MDS 3.0 designated for use in Ohio that does not include the CAA process.
- (18) "Record" means a resident's encoded MDS 3.0 assessment as described in paragraphs (B)(1) to (B)(4) of this rule.

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- (19) "Relative resource weight" is the measure of the relative costliness of caring for residents in one case mix group versus another, indicating the relative amount and cost of staff time required on average for defined worker classifications to care for residents in a single case mix group. The methodology for calculating relative resource weights is described in paragraph (H) of rule 5101:3-3-43.2 of the Administrative Code.
- (20) "Reporting period end date" (RPED) is the last day of each calendar quarter.
- (21) "Reporting quarter" is the calendar quarter in which the MDS 3.0 is completed, as indicated by the assessment reference date in MDS 3.0 section A, item A2300, except as specified in paragraphs (C)(7) and (C)(8) of this rule.
- (22) "Resident Assessment Instrument (RAI)" is the instrument used by NFs in Ohio to comply with 42 code of federal regulations (CFR) section 483.20 (effective 8/11/09 http://ecfr.gpoaccess.gov/cgi/t/text/text-idx? sid=2e0cc442b567f836691e8d460522a8a3 & c=ecfr&tpl=/ecfrbrowse/Title42/42tab_02.tpl) and provides a comprehensive, accurate, standardized, reproducible assessment of each long term care facility resident's functional capabilities and identifies medical problems. The Ohio specified and federally approved instrument is composed of the MDS 3.0, and CAA process.
- (23) "Resident case mix score" is the relative resource weight for the RUG III group to which the resident is assigned based on data elements from the resident's MDS 3.0 assessment.
- (24) "Resident identifier code" is an alternative resident identifier if the resident does not have a social security number. The resident identifier code shall be reported in MDS 3.0 item S0150. The following method must be used to construct the identifier code. In the first three boxes, enter the first three letters of the resident's last name. In the next six boxes, enter the six digits of the resident's date of birth. Omit the century in the birth date.
- (25) "RUG III" is the resource utilization groups, version III system of classifying NF residents into case mix groups described in paragraph (B) of rule 5101:3-3-43.2 of the Administrative Code. Resource utilization groups are clusters of NF residents, defined by resident characteristics, that correlate with resource use.
- (26) "Semiannual facility average medicaid case mix score" is the average of a facility's two quarterly facility average medicaid case mix scores. It is used to establish the direct care rate and is calculated pursuant to paragraph (E) of rule 5101:3-3-43.3 of the Administrative Code.

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- (B) For the purpose of assigning a RUG III classification determining medicaid payment rates for NFs, ODJFS shall utilize the data from the MDS 3.0 as specified by the state and approved by CMS. Each NF shall assess all residents of medicaid-certified beds using the appropriate MDS 3.0 for assessment reference dates (ARDs) on or after October 1, 2010 as set forth in appendix A to this rule for a comprehensive assessment, or appendix D to this rule for a quarterly assessment, or appendix E to this rule for a PPS assessment. When the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) assessment (admission assessment, annual assessment, quarterly assessment, or significant change in status or a significant correction to a prior assessment) and medicare assessment time frames coincide, one assessment shall be used to satisfy both assessments. Admission assessments must be combined with either the medicare five day or medicare fourteen day assessment. For a resident who is not a new admission to the facility, the quarterly, the annual, and significant change in status assessments must be combined with any medicare assessment if the assessment reference date (ARD) is within the assigned medicare observation period. When combining the OBRA and medicare assessments, the most stringent requirement for MDS completion must be met. ODJFS shall not utilize the data in the other medicare required assessments (OMRAs) for calculating case mix scores or determining medicaid payment rates.
 - (1) Comprehensive assessments, medicare-required assessments, quarterly review assessments and significant corrections of quarterly assessments must be conducted in accordance with the requirements and frequency schedule found at
 - (2) For a comprehensive assessment, NFs must use the Ohio specified MDS 3.0, including section S. The comprehensive assessment, as set forth in appendix A to this rule is completed upon admission, annually, and when a significant change in the resident's status has occurred or a significant correction to a prior comprehensive assessment is required. NFs must use either the Ohio specified nursing home quarterly MDS 3.0 as set forth in appendix D to this rule including section S or the nursing home PPS assessment set forth in appendix E to this rule for the quarterly review assessment or a significant correction to a prior quarterly assessment. The nursing home PPS assessment must be used for all medicare required assessments.
- (3) NFs must use the MDS 3.0 discharge assessment as set forth in appendix B to this rule for any residents who transfer, or are discharged and the MDS 3.0 tracking record as set forth in appendix C to this rule for any residents entering or reentering or who died in the facility in accordance with 42 CFR section

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- (4) NFs must use the MDS correction request in section X of the MDS 3.0 for modification or inactivation of MDS records that have been accepted into the national MDS database.
- (C) All NFs must submit to the national database encoded, accurate, and complete MDS 3.0 data for all residents of medicaid certified NF beds, regardless of pay source or anticipated length of stay.
 - (1) MDS 3.0 data completed in accordance with paragraphs (B)(1) to (B)(4) of this rule must be encoded in accordance with 42 CFR section 483.20, CMS' uniform data submission document, and state record layout specifications.
 - (2) MDS 3.0 data must be submitted in an electronic format and in accordance with the frequency schedule found in 42 CFR section 483.20. The data may be submitted at any time during the reporting quarter that is permitted by instructions issued by the state. Except as provided in paragraph (D) of this rule, all records used in determining the quarterly facility average total case mix score and quarterly facility average medicaid case mix score must be submitted by the filing date.
 - (3) If a NF submits MDS 3.0 data needed for determining the quarterly facility average total case mix score and quarterly facility average medicaid case mix score after the forty-fifth day after the RPED, ODJFS may assign a quarterly facility average total case mix score as set forth in paragraph (C)(3) of rule 5101:3-3-43.3 of the Administrative Code and a quarterly facility average of the Administrative Code.
 - (4) MDS 3.0 data submitted by a provider that can not be timely extracted by ODJFS from the CMS data server may result in assignment of a quarterly facility average total case mix score as set forth in paragraph (C)(3) of rule 5101:3-3-mix score as set forth in paragraph (D)(4) of rule 5101:3-3-43.3 of the Administrative Code.
- (5) The annual, semiannual, and quarterly facility average total case mix score and quarterly facility average medicaid case mix score will be calculated using the MDS 3.0 record in effect on the RPED for:
 - (a) Residents who were admitted to the medicaid certified NF prior to the RPED and continue to be physically present in the NF on the RPED; and
 - (b) Residents who were admitted to the medicaid certified NF on the RPED; and

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- (c) Residents who were temporarily absent on the RPED but are considered residents and for whom a return is anticipated from hospital stays, visits with friends or relatives, or participation in therapeutic programs outside the facility.
- (6) Records for residents who were permanently discharged from the NF, transferred to another NF, or expired prior to or on the RPED will not be used for determining the quarterly facility average total case mix score and quarterly facility average medicaid case mix score.
- (7) For a resident admitted within fourteen days prior to the RPED, and whose initial assessment is not due until after the RPED, both of the following shall apply:
 - (a) The NF shall submit the appropriate initial assessment as specified in the "Long-Term Care Facility Resident Assessment Instrument User's Manual version 3.0" issued by CMS (November 2009 http://www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp) and in 42 CFR 483.20.
 - (b) The initial assessment, if completed and submitted timely in accordance with paragraphs (C)(1) and (C)(2) of this rule, shall be used for determining the quarterly facility average total case mix score and may be used for determining the quarterly facility average medicaid case mix score in the quarter the resident entered the facility even if the assessment reference date is after the RPED provided the record is identified as a medicaid record pursuant to the calculation methodology in rule 5101:3-3-43.3 of the Administrative Code.
- (8) For a resident who had at least one MDS 3.0 assessment completed before being transferred to a hospital, who then reenters the NF within fourteen days prior to the RPED, and has experienced a significant change in status that requires a comprehensive assessment upon reentry, the following shall apply:
 - (a) The NF shall submit a significant change assessment within fourteen days of reentry, as indicated by the MDS 3.0 assessment reference date (MDS 3.0, item A2300).
 - (b) The significant change assessment shall be used for determining the quarterly facility average total case mix score and may be used for determining the quarterly facility average medicaid case mix score for the quarter in which the resident reentered the facility even if the assessment

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reference date is after the RPED provided the record is identified as a medicaid record pursuant to the calculation methodology in rule 5101:3-3-43.3 of the Administrative Code.

- (D) Corrections to MDS 2.0 data with an ARD on or before September 30, 2010 must be made in accordance with the requirements in the "CMS Revised Long Term Care Resident Assessment Instrument User's Manual version 2.0", and the "State Operations Manual" issued by CMS (http://www.cms.gov/Manuals/IOM/). Corrections to MDS 3.0 data with an ARD on or after October 1, 2010 must be made in accordance with the requirements in the "Long-Term Care Facility Resident Assessment Instrument User's Manual version 3.0", and the "State Operations Manual" issued by CMS (Rev.1, May 21, 2004 http://www.cms.gov/Manuals/IOM/)
 - (1) For use in determining the quarterly facility average total case mix score and quarterly facility average medicaid case mix score, the facility must transmit the corrections to the state no later than forty-five days after the RPED.
 - (2) For use in determining the quarterly facility average total case mix score and quarterly facility average medicaid case mix score, all significant correction assessments must contain an assessment reference date within the reporting quarter.
 - (3) The provider shall submit an accurate, encoded MDS 3.0 record for each resident in a medicaid certified bed on the RPED.
 - (a) The provider shall transmit MDS 3.0 assessments that were completed timely but omitted from the previous transmissions and ODJFS shall use the resident case mix scores from the assessments for determining the quarterly facility average total case mix score and may be used for determining the quarterly facility average medicaid case mix score, if the assessments are transmitted no later than forty-five days after the RPED provided the record is identified as a medicaid record pursuant to the calculation methodology in rule 5101:3-3-43.3 of the Administrative Code. If the assessments are not transmitted within forty-five days after the RPED, ODJFS may assign a default group for those records.
 - (b) The provider shall notify ODJFS within forty-five days of the RPED of any records for residents in medicaid certified beds on the RPED that were not completed timely and were not transmitted to the state. ODJFS may assign default scores to those records as described in paragraph (F) of rule 5101:3-3-43.2 of the Administrative Code.

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- (c) The provider has forty-five days after the RPED to transmit the appropriate discharge assessment to the national database, if more residents are determined as being in the facility on the RPED than the number of its medicaid certified beds. If the facility does not correct the error within forty-five days after the RPED, ODJFS may assign a quarterly facility average total case mix score as specified in paragraph (C)(3) of rule 5101:3-3-43.3 of the Administrative Code and a quarterly facility average medicaid case mix score as specified in paragraph (D)(4) of rule 5101:3-3-43.3 of the Administrative Code.
- (d) The provider shall notify ODJFS within forty-five days of the RPED of any residents who were reported to be residents of the facility on the RPED, but who had actually been discharged prior to the RPED. If the provider fails to correct the error within forty-five days after the RPED, ODJFS may assign a quarterly facility average total case mix score as specified in paragraph (C)(3) of rule 5101:3-3-43.3 of the Administrative Code and a quarterly facility average medicaid case mix score as specified in paragraph (D)(4) of rule 5101:3-3-43.3 of the Administrative Code.
- (e) The provider has forty-five days after the RPED to submit appropriate modifications or discharge assessments to rectify any discrepancy between the records selected for determining the quarterly facility average total case mix score and the facility census on the RPED. If the facility does not correct the error(s) within forty-five days after the RPED, ODJFS may assign a quarterly facility average total case mix score as specified in paragraph (C)(3) of rule 5101:3-3-43.3 of the Administrative Code and a quarterly facility average medicaid case mix score as specified in paragraph (D)(4) of rule 5101:3-3-43.3 of the Administrative Code.
- (4) If the provider's number of records assigned to the default group in accordance with paragraphs (D)(3)(a) and (D)(3)(b) of this rule is greater than ten per cent, ODJFS may assign a quarterly facility average total case mix score as specified in paragraph (C)(3) of rule 5101:3-3-43.3 of the Administrative Code and a quarterly facility average medicaid case mix score as specified in paragraph (D)(4) of rule 5101:3-3-43.3 of the Administrative Code.

Resource utilization groups, version III (RUG III): the nursing facility case mix payment system.

The Ohio department of job and family services (ODJFS) shall pay each eligible nursing facility (NF) provider a per resident per day rate for direct care costs established prospectively for each facility. The department shall establish each provider's rate for direct care costs semiannually. Each provider's rate for direct care costs shall be based on a case mix payment system.

- (A) The Ohio medicaid case mix payment system for direct care contains the following core components:
 - (1) As set forth in rule 5101:3-3-43.1 of the Administrative Code, a uniform resident assessment instrument (the minimum data set version 3.0, (MDS 3.0) including section S) and as set forth in appendix A to this rule, a database which provides the core data elements that are used to group residents into case mix categories;
 - (2) A methodology for grouping residents into case mix groups in a way that is clinically meaningful and uses criteria that sufficiently differentiates one group from another, as outlined in paragraphs (B) to (F) of this rule;
 - (3) The identification of those specific costs within the direct care cost category which will be affected by changes in case mix, as described in paragraph (G) of this rule.
 - (4) A means of measuring the relative costliness of caring for residents in one group versus another, known as "relative resource weights", as described in paragraph (H) of this rule.
- (B) The medicaid provider case mix payment system shall use the methodology for grouping residents known as RUG III developed through the United States centers for medicare and medicaid services (CMS) multistate nursing home case-mix and quality demonstration project and described in this rule. Residents in each RUG III group utilize similar quantities and patterns of resources. The RUG III classification system includes the following seven mutually exclusive major categories of resident types from which forty-four RUG III groups are classified:
 - (1) Extensive care, which includes three groups;
 - (2) Special rehabilitation, which includes five resident subtypes and fourteen groups;
 - (3) Special care, which includes three groups;

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- (4) Clinically complex, which includes six groups;
- (5) Impaired cognition, which includes four groups;
- (6) Behavior problems, which includes four groups; and
- (7) Reduced physical functioning, which includes ten groups. The RUG III categories are listed in descending order of hierarchy. Based on the items in the MDS 3.0, if a resident meets the criteria for placement in more than one group, the resident will be placed in a group within the highest major category of resident types according to the hierarchy unless the activities of daily living (ADL) index score is not met for placement within the highest major category of resident types. Residents without any of the characteristics which result in assignment to the higher categories comprise the last resident type. Rehabilitation is the highest category in the national RUG III version; however, it is ranked second to extensive services in Ohio.
- (C) The RUG III classification system defines the criteria that are used to assign residents into one of the seven major categories of resident types. These criteria are summarized in paragraph (D) of this rule. Assignment of a resident to one of the RUG III groups within the major category is then based upon either or both of the following additional dimensions described below: resident functionality as measured by an ADL index score outlined in paragraph (C)(1) of this rule and additional problems or services required, outlined in paragraphs (C)(2) and (C)(3) of this rule.
 - (1) With the exception of the extensive care category, each group within a major category of resident types is identified by an ADL index score, which is computed using a special scoring technique. The ADL index score is based on four ADL variables (bed mobility, toileting, transfer and eating) and is calculated by assigning a score for the resident on each ADL variable and summing the scores. A resident's ADL index score may range from four to eighteen.
 - (a) The ADL scores for bed mobility, toileting, and transfer are as follows:
 - (i) On the MDS 3.0 at section G: functional status, ADL self performance, items (G0110A1), (G0110B1), and (G0110I1), residents coded with a "-" for unknown, "0" for independent, "1" for supervision, or "7" for activity occurred only once or twice are assigned an ADL score of one for each ADL activity.

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- (ii) On the MDS 3.0 at section G: functional status, ADL self performance, items (G0110A1), (G0110B1), and (G0110I1), residents coded with "2" for limited assistance are assigned an ADL score of three in each ADL activity.
- (iii) On the MDS 3.0 at section G: functional status, ADL self performance, items (G0110A1), (G0110B1), and (G0110I1), residents coded with "3" for extensive assistance, "4" for total dependence or "8" for "activity did not occur during entire 7 days" are assigned an ADL score of four in each ADL activity if they are coded on MDS 3.0 item (G0110A2), (G0110B2), or (G0110I2), respectively, as "-" for unknown, "0" for no set up or physical help from staff, "1" for setup help only, or "2" for "one person physical assist".
- (iv) On the MDS 3.0 at section G: functional status, ADL self performance, items (G0110A1), (G0110B1), and (G0110I1), residents coded with "3" for "extensive assistance," "4" for "total dependence," or "8" for "activity did not occur during entire 7 days" are assigned an ADL score of five in each ADL activity if they are coded on ADL support provided item (G0110A2), (G0110B2), or (G0110I2), respectively, as "3" for "two+ persons physical assist" or "8" for "ADL activity itself did not occur during entire period".
- (b) The ADL score for eating is as follows:
 - (i) On the MDS 3.0 at section G: functional status, ADL self performance, item (G0110H1), residents coded with a "-" for unknown, "0" for independent, "1" for supervision, or "7" for activity occurred only once or twice are assigned an ADL score of one.
 - (ii) On the MDS 3.0 at section G: functional status, ADL self performance, item (G0110H1), residents coded with "2" for limited assistance are assigned an ADL score of two.
 - (iii) On the MDS 3.0 at section G: functional status, ADL self performance, item (G0110H1), residents coded with "3" for "extensive assistance", "4" for "total dependence" or "8" for "activity did not occur during entire 7 days" are assigned an ADL score of three. This score is also assigned if section K: swallowing/nutritional status, item (K0500A) for "parenteral/IV feeding" is checked or item (K0500B) for "feeding tube" is checked and if fifty-one per cent or more of total calories are received through parenteral or tube feeding, item (K0700A) is coded "3", or twenty-six per cent to fifty per cent of total calories received

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through parenteral or tube feeding item (K0700A) is coded "2", and fluid intake is five hundred one or more cubic centimeters (CCs) per day, item (K0700B) is coded "2".

- (2) Symptoms of depression are used to determine groupings for those who qualify for the clinically complex category using the criteria outlined in paragraph (D)(6) of this rule.
 - (a) On the MDS 3.0 at section D: mood, Should Resident Mood Interview be Conducted, item (D0100), for residents coding yes "1", the assessor will attempt to complete the interview. If the assessor is unable to complete the interview or if item D0100 is coded "0" no, the assessor will complete the Staff Assessment of Resident Mood (PHQ-9-OV), item (D0500).
 - (b) The resident is assessed with symptoms of depression if a total severity score is greater than or equal to 10 coded on the MDS 3.0 at section D: mood, total severity score, item (D0300).
 - (c) The total severity score is the sum of the frequency of the following symptoms on the MDS 3.0 section D: mood, resident mood interview (PHQ-9), item (D0200):
 - (i) Little interest or pleasure in doing things (on MDS 3.0 at section D: mood, item (D0200A2)).
 - (ii) Feeling down, depressed, or hopeless (on MDS 3.0 at section D: mood, item (D0200B2)).
 - (iii) Trouble falling or staying asleep, or sleeping too much (on MDS 3.0 at section D: mood, item (D0200C2)).
 - (iv) Feeling tired or having little energy (on MDS 3.0 at section D: mood, item (D0200D2)).
 - (v) Poor appetite or overeating (on MDS 3.0 at section D: mood, item (D0200E2)).
 - (vi) Feeling bad about yourself-or that you are a failure or have let yourself or your family down (on MDS 3.0 at section D: mood, item (D0200F2)).

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- (vii) Trouble concentrating on things, such as reading the newspaper or watching television (on MDS 3.0 at section D: mood, item (D0200G2)).
- (viii) 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 (on MDS 3.0 at section D: mood, item (D0200H2)).
- (ix) Thoughts that you would be better off dead, or of hurting yourself in some way (on MDS 3.0 at section D: mood, item (D0200I2)).
- (d) If the Resident Mood Interview (PHQ-9) is not successfully completed, the staff assessment of resident mood (PHQ-9-OV) on the MDS 3.0 section D: mood, item (D0500) is used to determine grouping for those who qualify for the clinically complex resource utilization group using the criteria outlined in paragraph (D)(6) of this rule.
- (e) The resident is assessed with symptoms of depression if a total severity score is greater than or equal to 10 coded (on the MDS 3.0 at section D: mood, item (D0600)). The total severity score is the sum of the frequency of the following symptoms:
 - (i) Little interest or pleasure in doing things (on the MDS 3.0 section D: mood, item (D0500A2)).
 - (ii) Feeling or appearing down, depressed, or hopeless (on the MDS 3.0 section D: mood, item (D0500B2)).
 - (iii) Trouble falling or staying asleep, or sleeping too much (on the MDS 3.0 section D: mood, item (D0500C2)).
 - (iv) Feeling tired or having little energy (on the MDS 3.0 section D: mood, item (D0500D2)).
 - (v) Poor appetite or overeating (on the MDS 3.0 section D: mood, item (D0500E2)).
 - (vi) Indicating that s/he feels bad about self, is a failure, or has let self or family down (on the MDS 3.0 section D: mood, item (D0500F2)).

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- (vii) Trouble concentrating on things, such as reading the newspaper or watching television (on the MDS 3.0 section D: mood, item (D0500G2)).
- (viii) Moving or speaking so slowly that other people have noticed. Or the opposite-being so fidgety or restless that s/he has been moving around a lot more than usual (on the MDS 3.0 section D: mood, item (D0500H2)).
- (ix) States that life isn't worth living, wishes for death, or attempts to harm self (on the MDS 3.0 section D: mood, item (D0500I2)).
- (x) Being short-tempered, easily annoyed (on the MDS 3.0 section D: mood, item (D0500J2)).
- (3) Restorative nursing programs, current toileting program or trial, and/or bowel toileting program are used to determine grouping within three categories of resident types and in classifying residents into the low intensity resident subtype of the rehabilitation category.
 - (a) Two or more of the following activities, each occurring within the timeframes described in paragraph (C)(3)(b) of this rule places an individual in a higher resource use group within the impaired cognition, behavior problems, or reduced physical functioning categories:
 - (i) Passive range of motion and/or active range of motion (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500A) or (O0500B));
 - (ii) Splint or brace assistance (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500C));
 - (iii) Training and skill practice in any of the following:
 - (a) Walking and/or bed mobility (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500F) or (O0500D)),
 - (b) Transfer (on the MDS 3.0, at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500E)),

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- (c) Dressing and/or grooming (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500G)),
- (d) Eating and/or swallowing (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500H)),
- (e) Amputation/prostheses care (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500I)),
- (f) Communication (on the MDS 3.0 at section O: special treatments, procedures, and programs, restorative nursing programs, item (O0500J)),
- (iv) Current toileting program or trial, and/or bowel toileting program (on the MDS 3.0 at section H: bladder and bowel, item (H0200C) or (H0500)). The current toileting program or trial at item (H0200C) must be managed 4 or more days of the 7 day look back period.
- (b) Restorative nursing programs that are used to determine grouping within the rehabilitation category, low intensity subtype, are listed in paragraphs (C)(3)(a)(i) to (C)(3)(a)(iv) of this rule. Each restorative nursing program must be performed at least six days a week for at least fifteen minutes a day to be counted. The current toileting program or trial at item (H0200C) must be managed 4 or more days of the 7 day look back period.
- (D) The RUG III criteria for classification into the seven major categories and the forty-four groups is listed below:
 - (1) The extensive care category includes residents who have a RUG III ADL index score of seven through eighteen and is determined by the two sets of qualifiers set forth in paragraphs (D)(1)(a) and (D)(1)(b) of this rule.
 - (a) The presence of extensive treatments received are the initial qualifiers for the extensive care category. The following clinical indicators are the initial qualifiers. If the initial qualifiers are met but the ADL index score is four, five or six the record shall be placed in the special care category SSA.
 - (i) Parenteral/IV feeding (on the MDS 3.0 at section K: swallowing/nutritional status, item (K0500A)),

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- (ii) Suctioning, including nasopharyngeal or tracheal aspiration (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100D1 "while NOT a resident") and/or (O0100D2 "while a resident")),
- (iii) Tracheostomy care (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100E1 "while NOT a resident") and/or (O0100E2 "while a resident")),
- (iv) Ventilator or respirator (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100F1 "while NOT a resident") and/or (O0100F2 "while a resident")), and
- (v) IV medications (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100H1 "while NOT a resident") and/or (O0100H2 "while a resident")).
- (b) Once the resident has qualified for the extensive care category, a secondary set of qualifiers determines the RUG III grouping. The qualifiers are:
 - (i) Parenteral/IV feeding (on the MDS 3.0 at section K: swallowing/nutritional status, item (K0500A)),
 - (ii) IV medications (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100H1 "while NOT a resident) and/or (O0100H2 "while a resident")),
 - (iii) Eligible for special care (as described in paragraph (D)(4) of this rule,
 - (iv) Eligible for clinically complex (as described in paragraph (D)(6) of this rule) or
 - (v) Eligible for impaired cognition (as described in paragraph (D)(8) of this rule.
- (2) The extensive care category has three groups of residents who meet one or more of the secondary extensive qualifiers listed in paragraph (D)(1) of this rule:
 - (a) Class "SE3" residents are in RUG III group one and meet four or five of the secondary qualifiers.
 - (b) Class "SE2" residents are in RUG III group two and meet two or three of the secondary qualifiers.

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- (c) Class "SE1" residents are in RUG III group three and meet zero or one of the secondary qualifiers.
- (3) The special rehabilitation category is split into five resident subtypes and has fourteen groups. Therapies refers to any combination of physical therapy, occupational therapy, or speech-language pathology and audiology services. On the MDS3.0, at section O: special treatments, procedures, and programs, items (O0400A4), (O0400B4), and (O0400C4), the number of days each type of therapy is administered for fifteen minutes or more in the last seven calendar days is recorded. On the MDS 3.0, at section O: special treatments, procedures, and programs, items (O0400A1 through O0400A3), (O0400B1 through O0400B3), and (O0400C1 through O0400C3), the total number of minutes each type of therapy is provided for individual, concurrent, and group therapy in the last seven days is recorded.
 - (a) Ultra high intensity multidisciplinary rehabilitation is the first subtype for residents who receive:
 - (i) Seven hundred twenty minutes or more of any combination of rehabilitation therapy per week; and
 - (ii) At least one type of therapy for five or more days per week and at least fifteen minutes per day; and
 - (iii) At least one type of therapy three or more days per week and at least fifteen minutes per day.
 - (b) The ultra high intensity rehabilitation subtype has three groups:
 - (i) Class "RUC" residents are in RUG III group four and have an ADL index score of sixteen to eighteen.
 - (ii) Class "RUB" residents are in RUG III group five and have an ADL index score of nine through fifteen.
 - (iii) Class "RUA" residents are in RUG III group six and have an ADL index score of four through eight.
 - (c) Very high intensity rehabilitation is the second subtype for residents who receive:

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- (i) Five hundred minutes or more of any combination of rehabilitation therapy per week; and
- (ii) At least one type of therapy for five or more days per week and at least fifteen minutes per day.
- (d) The very high intensity rehabilitation subtype has three groups.
 - (i) Class "RVC" residents are in RUG III group seven and have an ADL index score of sixteen through eighteen.
 - (ii) Class "RVB" residents are in RUG III group eight and have an ADL index score of nine through fifteen.
 - (iii) Class "RVA" residents are in RUG III group nine and have an ADL index score of four through eight.
- (e) High intensity rehabilitation is the third subtype for residents who receive:
 - (i) Three hundred twenty-five minutes or more of any combination of rehabilitation therapy per week; and
 - (ii) At least one type of therapy for five or more days per week and at least fifteen minutes per day.
- (f) The high intensity rehabilitation subtype has three groups.
 - (i) Class "RHC" residents in RUG III group ten have an ADL index score of thirteen through eighteen.
 - (ii) Class "RHB" residents in RUG III group eleven have an ADL index score of eight through twelve.
 - (iii) Class "RHA" residents in RUG III group twelve have an ADL index score of four through seven.
- (g) Medium intensity rehabilitation is the fourth subtype for residents who receive:
 - (i) One hundred fifty minutes or more of any combination of rehabilitation therapy per week; and
 - (ii) At least five days per week of any combination of rehabilitation therapy.

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- (h) The medium intensity rehabilitation subtype has three groups.
 - (i) Class "RMC" residents in RUG III group thirteen have an ADL index score of fifteen through eighteen.
 - (ii) Class "RMB" residents in RUG III group fourteen have an ADL index score of eight through fourteen.
 - (iii) Class "RMA" residents in RUG III group fifteen have an ADL index score of four through seven.
- (i) Low intensity rehabilitation is the fifth subtype for residents who receive the following:
 - (i) Forty-five minutes or more of any combination of rehabilitation therapy per week; and
 - (ii) At least three days per week of any combination of rehabilitation therapy; and
 - (iii) At least two types of restorative nursing programs each provided at least six days per week, current toileting program or trial managed for 4 or more days of the 7 days, or bowel toileting program. Programs counted for the rehabilitation category are listed in paragraphs (C)(3)(a)(i) to (C)(3)(a)(iv) of this rule.
- (j) The low intensity rehabilitation subtype has two groups.
 - (i) Class "RLB" residents in RUG III group sixteen have an ADL index score of fourteen through eighteen.
 - (ii) Class "RLA" residents in RUG III group seventeen have an ADL index score of four through thirteen.
- (4) Except as set forth in paragraph (D)(4)(d) of this rule, the special care category includes residents who have a RUG III ADL index score of seven through eighteen and either:
 - (a) Have one or more of the following conditions:
 - (i) Cerebral palsy (on the MDS 3.0 at section I: active diagnoses, item (I4400)), with an ADL index score greater than or equal to ten;

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- (ii) Surgical wound(s) or open lesion(s) other than ulcers, rashes, cuts (on the MDS 3.0 at section M: skin conditions, item (M1040E) or (M1040D)) and surgical wound care (on the MDS 3.0 at section M: skin conditions, item (M1200F)) or application of nonsurgical dressings with or without topical medications other than to feet or application of ointments/medications other than to feet (on the MDS 3.0 section M: skin conditions, items (M1200G or M1200H));
- (iii) Fever with vomiting, pneumonia, weight loss, dehydrated, or feeding tube with percent intake by artificial route qualifiers (on the MDS 3.0 at section J: health conditions, item (J1550A) is checked and at least one of the following: At section J: item (J1550B) is checked, or at section I: active diagnoses item (I2000) is checked, or at section K: weight loss, item (K0300) is scored "1" or "2", or at section J: health item (J1550C) is checked) or at section conditions swallowing/nutritional status, item (K0500B) is checked and fifty-one per cent or more of total calories are received through parenteral or tube feeding intake (item (K0700A) is coded "3") or twenty-six per cent to fifty per cent of total calories received through parenteral or tube feeding intake (item (K0700A) is coded "2") and fluid intake is five hundred one or more cubic centimeters (CCs) per day (item (K0700B) is coded "2";
- (iv) Multiple sclerosis (on the MDS 3.0 at section I: active diagnoses, item (I5200)) with an ADL index score greater than or equal to ten;
- (v) Stage three or four pressure ulcer or unstageable pressure ulcer-slough and/or eschar (on the MDS 3.0 at section M: skin conditions, items (M0300C1), (M0300D1), or (M0300F1)) and two or more selected skin and ulcer treatments (on the MDS 3.0 at section M: skin conditions, items (M1200A), pressure reducing device for chair, or (M1200B) pressure reducing device for bed, (M1200C) turning/repositioning program, (M1200D) nutrition or hydration intervention to manage skin problems, (M1200E) ulcer care, (M1200G) application of nonsurgical dressings (with or without topical medications) other than to feet or (M1200H) application of ointments/medications other than to feet) or two or more ulcers of any type (on the MDS 3.0 at section M: skin conditions, item (M0300A), (M0300B1), (M0300C1), (M0300D1), (M0300F1), or (M1030) number of venous and arterial ulcers and two or more selected skin and ulcer treatments (on the MDS 3.0 at section M: skin conditions, item (M1200A), pressure reducing device for chair, or (M1200B) pressure reducing device for bed, (M1200C)

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turning/repositioning program, (M1200D) nutrition or hydration intervention to manage skin problems, (M1200E) ulcer care, (M1200G) application of nonsurgical dressings (with or without topical medications) other than to feet or (M1200H) application of ointments/medications other than to feet);

- (vi) Quadriplegia (on the MDS 3.0 at section I: active diagnoses, item (I5100)), with an ADL index score greater than or equal to ten; or
- (b) Receive one or more of the following types of special care:
 - (i) Seven days of respiratory therapy (on the MDS 3.0 at section O: special treatments, procedures, and programs, item (O0400D2)),
 - (ii) Radiation treatment (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100B1 "while NOT a resident") and/or (O0100B2 "while a resident)), or
 - (iii) Feeding tube (on the MDS 3.0 at section K: swallowing/nutritional status, item (K0500B)) with parenteral or tube feeding intake (on the MDS 3.0 at section K: parenteral or tube feeding intake item (K0700A) is coded "3" or item (K0700A) is coded "2" and item (K0700B) is coded "2" and aphasia (on the MDS 3.0 section I, active diagnoses, item (4300)).
- (c) Meet the conditions for the extensive care category but have a RUG III ADL index score of four, five, or six.
- (d) If the ADL index score is four, five or six the record shall be placed in the clinically complex category CA1.
- (5) The special care category has three groups.
 - (a) Class "SSC" residents in RUG III group eighteen have an ADL index score of seventeen through eighteen.
 - (b) Class "SSB" residents in RUG III group nineteen have an ADL index score of fifteen through sixteen.
 - (c) Class "SSA" residents in RUG III group twenty have an ADL index score of seven through fourteen.

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- (6) The clinically complex category includes residents who have at least one of the following conditions or are receiving at least one of the following treatments:
 - (a) Burns (on the MDS 3.0 at section M; skin conditions, item (M1040F)),
 - (b) Comatose (on the MDS 3.0 at section B: hearing, speech, and vision, item (B0100) is scored "1", and at section G: functional status, ADL self performance, items (G0110A1), (G0110B1), (G0110H1), and (G0110I1) are scored "4" for total dependence or "8" for activity did not occur during entire seven days).
 - (c) Diabetes mellitus (on the MDS 3.0 at section I: active diagnoses, item (I2900)) and injections on seven days (on the MDS 3.0 at section N: medications, item (N0300)) and physician order changes on two or more days (on the MDS 3.0 at section O: special treatments, procedures, and programs, item (O0700)).
 - (d) Dehydrated (on the MDS 3.0 at section J: health conditions, item (J1550C)),
 - (e) Hemiplegia or hemiparesis (on the MDS 3.0 at section I: active diagnoses, item (I4900)), with an ADL index score greater than or equal to ten,
 - (f) Internal bleeding (on the MDS 3.0 at section J: health conditions, item (J1550D)),
 - (g) Pneumonia (on the MDS 3.0 at section I: active diagnoses, item (I2000)),
 - (h) Infection of the foot, diabetic foot ulcer(s) or other open lesion(s) on the foot (on the MDS 3.0 at section M: skin conditions, items (M1040A), (M1040B) or (M1040C)) and application of dressings to feet (with or without topical medications) (on the MDS 3.0 at section M: skin conditions, item (M1200I-)),
 - (i) Septicemia (on the MDS 3.0 at section I: active diagnoses, item (I2100)),
 - (j) Feeding tube (on the MDS 3.0 at section K: swallowing/nutritional status, item (K0500B)) and fifty-one per cent or more of total calories are received through parenteral or tube feeding intake, item (K0700A) is coded "3" or twenty-six per cent to fifty per cent of total calories received through parenteral or tube feeding, item (K0700A) is coded "2" and fluid intake is five hundred one or more cubic centimeters (CCs) per day, item (K0700B) is coded "2",

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- (k) Chemotherapy (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100A1 "while NOT a resident") and/or (O0100A2 "while a resident")),
- (1) Dialysis (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100J1 "while NOT a resident") and/or (O0100J2 "while a resident")),
- (m) Physician order changes on four or more days in the last fourteen days (on the MDS 3.0 at section O: special treatments, procedures, and programs, item (O0700)) and physician examinations of one or more days (on the MDS 3.0 at section O: special treatments, procedures, and programs, item (O0600) or physician order changes on two or more days (on the MDS 3.0 at section O: special treatments, procedures, and programs, item (O0700)) and physician examinations on two or more days (on the MDS 3.0 section O: special treatments, procedures, and programs, item (O0600)),
- (n) Oxygen therapy (on the MDS at section O: special treatments, procedures, and programs, items (O0100C1 "while NOT a resident") and/or (O0100C2 "while a resident")),
- (o) Transfusions (on the MDS 3.0 at section O: special treatments, procedures, and programs, items (O0100I1 "while NOT a resident") and/or (O0100I2 "while a resident")),
- (p) Meet the conditions for the special care categories but have a RUG III ADL index score of four, five or six.
- (7) The clinically complex category has six groups.
 - (a) Class "CC2" residents in RUG III group twenty-one have an ADL index score of seventeen through eighteen and have symptoms of depression as described in paragraph (C)(2) of this rule.
 - (b) Class "CC1" residents in RUG III group twenty-two have an ADL index score of seventeen through eighteen and do not have symptoms of depression as described in paragraph (C)(2) of this rule.
 - (c) Class "CB2" residents in RUG III group twenty-three have an ADL index score of twelve through sixteen and have symptoms of depression as described in paragraph (C)(2) of this rule.

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- (d) Class "CB1" residents in RUG III group twenty-four have an ADL index score of twelve through sixteen and do not have symptoms of depression as described in paragraph (C)(2) of this rule.
- (e) Class "CA2" residents in RUG III group twenty-five have an ADL index score of four through eleven and have symptoms of depression as described in paragraph (C)(2) of this rule.
- (f) Class "CA1" residents in RUG III group twenty-six have an ADL index score of four through eleven and do not have symptoms of depression as described in paragraph (C)(2) of this rule.
- (8) The impaired cognition category includes residents with a RUG III ADL index score of four through ten, and a Brief Interview for Mental Status (BIMS) score less than or equal to 9 or a cognitive performance scale of three through six. The BIMS score ranges from 0 to 15 and is based on resident responses to 7 questions. On the MDS 3.0 at section C: cognitive patterns, Should Brief Interview for Mental Status be conducted, item (C0100), for residents coding yes "1", the assessor will attempt to complete the BIMS. If coded "0" no, the cognitive performance scale described in paragraph (D)(8)(b) of this rule is computed to determine impaired cognition.
 - (a) The BIMS is based on 3 qualifiers: repetition of three words, temporal orientation, and recall. The summation of the following qualifiers on the MDS 3.0 at section C: cognitive patterns, summary score, item (C0500) determine the BIMS score for the impaired cognition category:
 - (i) Repetition of three words (on the MDS 3.0 at section C: cognitive patterns, item (C0200)),
 - (ii) Able to report correct year (on the MDS 3.0 at section C: cognitive patterns, item (C0300A)),
 - (iii) Able to report correct month (on the MDS 3.0 at section C: cognitive patterns, item (C0300B)),
 - (iv) Able to report correct day of week (on the MDS 3.0 at section C: cognitive patterns, item (C0300C)),
 - (v) Able to recall "sock" (on the MDS 3.0 at section C: cognitive patterns, item (C0400A)),

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- (vi) Able to recall "blue" (on the MDS 3.0 at section C: cognitive patterns, item (C0400B)),
- (vii) Able to recall "bed" (on the MDS 3.0 at section C: cognitive patterns, item (C0400C)).
- (b) If the BIMS cannot be completed, the cognitive performance scale is computed to determine impaired cognition. The cognitive performance scale values range from zero to six and are based on three qualifiers: the presence or absence of coma, self-performance in eating and the summation of an impairment count and a severity count which evaluates the resident using the MDS 3.0 variables. These three qualifiers, evaluated in the following manner, determine the resident's cognitive performance scale for the impaired cognition category:
 - (i) On the MDS 3.0 at section B: hearing, speech, and vision, item (B0100) residents coded with a "one" for comatose, section G: functional status-ADL self performance, items (G0110A1), (G0110B1), (G0110H1), and (G0110I1) are scored "4" for total dependence or "8" for activity did not occur during entire seven days, and in section C: cognitive patterns, cognitive skills for daily decision making item (C1000) is not coded "-", "0", "1" or "2", the cognitive performance scale is assigned a score of six.
 - (ii) On the MDS 3.0 at section C: cognitive patterns, cognitive skills for daily decision making item (C1000), residents coded with a "3" for severely impaired and section G: functional status, ADL self-performance, eating item (G0110H1), is coded "4" for total dependence or "8" for activity did not occur during entire seven days, the cognitive performance scale is assigned a score of six. If section G, eating item (G0110H1) is coded "-" for unknown, "0" for independent, "1" for supervision, "2" for limited assistance, or "3" for extensive assistance, the cognitive performance scale is assigned a score of five.
 - (iii) The summation of the impairment count and severity count are used in assigning values of one through four on the cognitive performance scale and are calculated as follows:
 - (a) The impairment count identifies deficits in three key cognitive areas and is determined by summing the scores for the following variables:

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- (i) Short term memory, on the MDS 3.0 at section C: cognitive patterns, item (C0700) residents coded "1" for a memory problem are assigned a score of one.
- (ii) Cognitive skills for daily decision making, on the MDS 3.0 at section C: cognitive patterns, item (C1000), residents coded with a "1" for modified independence or "2" for moderately impaired are assigned a score of one.
- (iii) Makes self understood, on the MDS 3.0 at section B: hearing, speech, and vision, item (B0700), residents coded "1" for usually understood, "2" for sometimes understood or "3" for rarely/never understood are assigned a score of one.
- (b) The severity count identifies the deficit level of residents with moderate to severe impairment in cognitive skills for daily decision making (C1000) and in makes self understood (B0700). This count is determined by summing the scores for the following variables:
 - (i) On the MDS 3.0 at section C: cognitive patterns, cognitive skills for daily decision making, item (C1000), residents coded with a "2" for moderately impaired are assigned a score of one.
 - (ii) On the MDS 3.0 at section B: hearing, speech, and vision, makes self understood, item (B0700), residents coded with "2" for sometimes understood or "3" for rarely/never understood are assigned a score of one.
- (c) If the total for the impairment count is two or three and the total for the severity count is two, the cognitive performance scale is assigned a score of four.
- (d) If the total for the impairment count is two or three and the total for the severity count is one, the cognitive performance scale is assigned a score of three.
- (e) If the total for the impairment count is two or three and the total of the severity count is zero, the cognitive performance scale is assigned a score of two. Residents would not qualify for the impaired cognition category.

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- (f) If the total of the impairment count is one, the cognitive performance scale is assigned a score of one. Residents would not qualify for the impaired cognition category.
- (9) The impaired cognition category has four groups.
 - (a) Class "IB2" residents in RUG III group twenty-seven have an ADL index score of six through ten and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (b) Class "IB1" residents in RUG III group twenty-eight have an ADL index score of six through ten and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (c) Class "IA2" residents in RUG III group twenty-nine, have an ADL index score of four through five and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (d) Class "IA1" residents in RUG III group thirty have an ADL index score of four through five and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (10) The behavior problems category includes residents with a RUG III ADL index score of four through ten, and
 - (a) Have hallucinations and/or delusions (on the MDS 3.0 at section E: behavior, items (E0100A) or (E0100B)), or
 - (b) Problem displayed in any one of the following on four or more days per week:
 - (i) Wandering (on the MDS 3.0 at section E: behavior, item (E0900)), or
 - (ii) Verbal behavioral symptoms directed toward others (on the MDS 3.0 at section E: behavior, item (E0200B)), or

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- (iii) Physical behavioral symptoms directed toward others (on the MDS 3.0 at section E: behavior, item (E0200A)), or
- (iv) Other behavioral symptoms not directed toward others (on the MDS 3.0 at section E: behavior, item (E0200C)), or
- (v) Rejection of care (on the MDS 3.0 at section E: behavior, item (E0800)).
- (11) The behavior problems category has four groups.
 - (a) Class "BB2" residents in RUG III group thirty-one have an ADL index score of six through ten and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (b) Class "BB1" residents in RUG III group thirty-two have an ADL index score of six through ten and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (c) Class "BA2" residents in RUG III group thirty-three have an ADL index score of four through five and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
 - (d) Class "BA1" residents in RUG III group thirty-four have an ADL index score of four through five and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (12) The reduced physical function category has ten groups and includes residents who do not meet the conditions of any of the previous categories, including those who would meet the criteria for the impaired cognition or behavior problems categories but have a RUG III ADL index score of more than ten.
 - (a) Class "PE2" residents in RUG III group thirty-five have an ADL index score of sixteen through eighteen and receive two or more restorative nursing programs six days or more per week, current toileting program or trial

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- managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (b) Class "PE1" residents in RUG III group thirty-six have an ADL index score of sixteen through eighteen and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (c) Class "PD2" residents in RUG III group thirty-seven have an ADL index score of eleven through fifteen and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (d) Class "PD1" residents in RUG III group thirty-eight have an ADL index score of eleven through fifteen and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (e) Class "PC2" residents in RUG III group thirty-nine have an ADL index score of nine or ten and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (f) Class "PC1" residents in RUG III group forty have an ADL index score of nine or ten and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (g) Class "PB2" residents in RUG III group forty-one have an ADL index score of six through eight and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (h) Class "PB1" residents in RUG III group forty-two have an ADL index score of six through eight and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or

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more days or bowel toileting program as described in paragraph (C)(3) of this rule.

- (i) Class "PA2" residents in RUG III group forty-three have an ADL index score of four or five and receive two or more restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (j) Class "PA1" residents in RUG III group forty-four have an ADL index score of four or five and receive only one or no restorative nursing programs six days or more per week, current toileting program or trial managed 4 or more days or bowel toileting program as described in paragraph (C)(3) of this rule.
- (E) A list of the MDS 3.0 data elements used to group residents in the RUG III classification system is set forth in appendix A to this rule. The ADL index scoring system is set forth in a table in appendix B to this rule. A description of classification branches in the RUG III system is summarized in the table set forth in appendix C to this rule. A graphic description of the RUG III classification system is set forth in appendix D to this rule.
- (F) The RUG III classification system has forty-four different groups. All MDS 3.0 data elements related to the RUG III classification system must be completed before a resident can be classified. Residents whose MDS 3.0 forms contain missing or out-of-range responses to data elements used to determine the RUG III classification shall be assigned by default into a forty-fifth group. Corrections to MDS 3.0 data can be made only as described in paragraph (D) of rule 5101:3-3-43.1 of the Administrative Code.
- (G) The relationship between resident characteristics and resource utilization, as measured by staff time for the registered nurses (RNs), licensed practical nurses (LPNs), and nurse aides (NAs) worker classifications, was analyzed for the RUG III system to identify characteristics which differentiate resource use among residents. Staff time and assessment data were collected by the federal multistate nursing home case-mix and quality demonstration project for the purpose of establishing common nursing staff times associated with all resident categories that are standard across residents, nursing staff, facilities, units and states. Resident specific and resident non-specific time for each worker classification (RN, LPN, and NA) was averaged for each of the forty-four RUG III groups.
- (H) Each of the forty-four RUG III groups is assigned a relative resource weight. This weight indicates the relative amount of staff time required on average for all three

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- (1) The relative resource weight is calculated as follows using the average minutes per worker classification per RUG III group provided by the United States department of health and human services, and three-year averages, beginning with calendar year 1989, of RN, LPN, and NA wages in Ohio medicaid certified NFs as reported to ODJFS.
 - (a) By setting the NA wage weight at one, wage weights for RNs and LPNs are calculated by dividing the NA wage into the RN or LPN wage.
 - (b) To calculate the total weighted minutes for each RUG III group, the wage weight for each worker classification is multiplied by the average number of minutes that classification of workers spends caring for a resident in the RUG III group and the products are summed.
 - (c) The RUG III group with the lowest total weighted minutes receives a relative resource weight of one. Relative resource weights are calculated by dividing the lowest group's total weighted minutes into each group's total weighted minutes. Weight calculations are rounded to the fourth decimal place.
- (2) The lowest weight for the forty-four RUG III groups is used as the weight for the forty-fifth default group.
- (3) Relative resource weights for the forty-five NF case-mix RUG III groups are set forth in appendix E to this rule.
- (4) Except as provided in paragraph (H)(4)(b) of this rule, relative resource weights may be recalibrated using wage weights based on three-year statewide averages of RN, LPN, and NA wages in Ohio NFs as reported on the long term care facility medicaid cost report for NFs, and minutes per worker classification per RUG III group as follows:
 - (a) Upon receipt of revised worker classification minutes from the United States department of health and human services, ODJFS shall recalibrate the relative resource weights based on the revised minutes and the averages of RN, LPN, and NA wages from cost report data from the most recent three calendar years, to be effective at the beginning of the next state fiscal year.
 - (b) ODJFS may recalibrate the relative resource weights at least once every ten years, using the most current worker classification minutes from the United

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TN <u>06-010</u> Effective Date <u>10/01/10</u> States department of health and human services and the average worker classification wages, to be effective at the beginning of the next state fiscal year. When recalibrating the relative resource weights, as permitted by paragraph (H)(4)(b) of this rule ODJFS shall use cost report wage data from the most recent three calendar years available ninety days prior to the start of the fiscal year.

- (c) ODJFS may recalibrate relative resource weights more frequently if significant variances in wage ratios between worker classifications occur.
- (d) After recalibrating relative resource weights under paragraph (H)(4)(a), (H)(4)(b), or (H)(4)(c) of this rule, ODJFS shall use the recalibrated relative resource weights to calculate the semiannual NF case mix score effective for the start of the fiscal year and to recalculate the annual NF case mix score for the calendar year preceding the fiscal year.

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MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set

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Identifier Section **Identification Information A0410. Submission Requirement** 1. Neither federal nor state required submission 2. State but not federal required submission (FOR NURSING HOMES ONLY) 3. Federal required submission A0500. Legal Name of Resident A. First name: B. Middle initial: C. Last name: D. Suffix: A0600. Social Security and Medicare Numbers A. Social Security Number: B. Medicare number (or comparable railroad insurance number): A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient A0800. Gender Enter Code 1. Male 2. Female A0900. Birth Date Month Day Year 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 A1100. Language A. Does the resident need or want an interpreter to communicate with a doctor or health care staff? **Enter Code** 1. Yes→ Specify in A1100B, Preferred language 9. Unable to determine B. Preferred language:

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Section	Identification Information
A1800. Ent	ered From
Enter Code	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice
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Į	charge Date
Complete o	nly if A0310F = 10, 11, or 12
	Month Day Year
A2100. Dis	charge Status
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Enter Code	 O1. Community (private home/apt., board/care, assisted living, group home) O2. Another nursing home or swing bed O3. Acute hospital O4. Psychiatric hospital O5. Inpatient rehabilitation facility O6. MR/DD facility O7. Hospice O8. Deceased
A2200 Dro	99. Other vious Assessment Reference Date for Significant Correction
	nly if A0310A = 05 or 06
The state of the s	Month Day Year
A2300. Ass	sessment Reference Date
0	bservation end date:
A2400. Me	dicare Stay
	 Has the resident had a Medicare-covered stay since the most recent entry? No → Skip to B0100, Comatose Yes → Continue to A2400B, Start date of most recent Medicare stay Start date of most recent Medicare stay:
	Month Day Year
	. End date of most recent Medicare stay - Enter dashes if stay is ongoing:
	Month Day Year

Identifier

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision
B0100. Comatose
Enter Code O. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance
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
B0300. Hearing Aid
Enter Code O. No 1. Yes
B0600. Speech Clarity
Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words
B0700. Makes Self Understood
Ability to express ideas and wants, consider both verbal and non-verbal expression O. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood
B0800. Ability To Understand Others
Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands
B1000. Vision
Ability to see in adequate light (with glasses or other visual appliances) O. Adequate - sees fine detail, including 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
B1200. Corrective Lenses
Enter Code Corrective lenses (contacts, glasses, or magnifying glass) used in completing 81000, Vision 0. No 1. Yes

Section C Cognitive Patterns	
C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	
Attempt to conduct interview with all residents	
Enter Code 0. No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for	r Mental Status
1. Yes → Continue to C0200, Repetition of Three Words	
Brief Interview for Mental Status (BIMS)	o - oo oo umaaaaa aa
CO200. Repetition of Three Words	
Ask resident: "I am going to say three words for you to remember. Please repeat the words af	ter 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	
O. None	
1. One	
2. Two 3. Three	
After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, o	color: bed. a piece
of furniture"). You may repeat the words up to two more times.	, , , , , , , , , , , , , , , , , , , ,
C0300. Temporal Orientation (orientation to year, month, and day)	a and the control of
Ask resident: "Please tell me what year it is right now."	
Enter Code 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 resident: "What month are we in right now?"	
Enter Code 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 resident: "What day of the week is today?"	
Enter Code C. Able to report correct day of the week	
0. Incorrect or no answer 1. Correct	
	Manager of the states of the second of the s
CO400. Recall	t
Ask resident: "Let's go back to an earlier question. What were those three words that I asked	
If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that	word.
Enter Code A. Able to recall "sock" 0. No could not recall	
1. Yes, after cueing ("something to wear")	
2. Yes, no cue required	
Enter Code B. Able to recall "blue"	
0. No - could not recall	
1. Yes, after cueing ("a color")	
2. Yes, no cue required	
Enter Code C. Able to recall "bed"	
0. No - could not recall	
1. Yes, after cueing ("a piece of furniture")	
2. Yes, no cue required	
C0500. Summary Score	
Add scores for questions C0200-C0400 and fill in total score (00-15)	
Enter 99 if the resident was unable to complete the interview	AUG 1 8 2011

APPENDIX A 5111.232.001 Attachment 4.19D Supplement 1 Resident Identifier Section C **Cognitive Patterns** C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted? 0. No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium **Enter Code** 1. Yes (resident was unable to complete interview) -> Continue to C0700, Short-term Memory OK **Staff Assessment for Mental Status** Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed C0700. Short-term Memory OK Seems or appears to recall after 5 minutes **Enter Code** 0. Memory OK 1. Memory problem C0800. Long-term Memory OK Seems or appears to recall long past Enter Code 0. Memory OK

D. That he or she i	s in a nursing home										
Z. None of the abo	Z. None of the above were recalled										
C1000. Cognitive Skills for	Daily Decision Making										
Enter Code O. Independen 1. Modified ind 2. Moderately	garding tasks of daily life It - decisions consistent/reasonable dependence - some difficulty in new situations only impaired - decisions poor; cues/supervision required paired - never/rarely made decisions										
Delirium											
C1300. Signs and Sympton	ns of Delirium (from CAM©)										
Code after completing Brief Int	erview for Mental Status or Staff Assessment, and reviewing medical record										
	↓ Enter Codes in Boxes										
Coding:	A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?										
Behavior not present Behavior continuously present, does not	B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?										
fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., 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)?										
	D. Psychomotor retardation- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?										
C1600. Acute Onset Menta	l Status Change										
Enter Code Is there evidence of 0. No 1. Yes	f an acute change in mental status from the resident's baseline?										
C	TN 10-002 Approval Date Alig 1 8 201										

1. Memory problem

Let Check all that the resident was normally able to recall

C0900. Memory/Recall Ability

A. Current season
 B. Location of own room
 C. Staff names and faces

Supplement 1 Identifier

Section D Mood						
D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with	all residents					
 Enter Code 0. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Ass (PHQ-9-OV) 1. Yes → Continue to D0200, Resident Mood Interview (PHQ-9©) 	sessment of Resident I	Mood				
D0200. Resident Mood Interview (PHQ-90)						
Say to resident: "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 resident: "About how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response in colu	umn 2, Symptom Fr	equency.				
1. Symptom Presence 2. Symptom Frequency 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 1. 2-6 days (several days) 9. No response (leave column 2) 2. 7-11 days (half or more of the days)	1. Symptom Presence	2. Symptom Frequency				
blank) 3. 12-14 days (nearly every day)	↓ Enter Score	es in Boxes ↓				
A. Little interest or pleasure in doing things						
B. Feeling down, depressed, or hopeless						
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						
1. Thoughts that you would be better off dead, or of hurting yourself in some way						
D0300. Total Severity Score	de mande en granne granne and mande en granne and granne and granne and granne and granne and granne and granne					
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter score Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).						
D0350. Safety Notification - Complete only if D0200l1 = 1 indicating possibility of resident self has	arm					
Enter Code Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes						

J. Being short-tempered, easily annoyed

D0600. Total Severity Score

Supplement 1 Resident Identifier Mood D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) Do not conduct if Resident Mood Interview (D0200-D0300) was completed Over the last 2 weeks, did the resident have any of the following problems or behaviors? If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency. 1. Symptom Presence 2. Symptom Frequency 1. 0. No (enter 0 in column 2) 2. 0. Never or 1 day Symptom 1. Yes (enter 0-3 in column 2) 1. 2-6 days (several days) Symptom Frequency 2. 7-11 days (half or more of the days) Enter Scores in Boxes 1 3. 12-14 days (nearly every day) A. Little interest or pleasure in doing things B. Feeling or appearing down, depressed, or hopeless C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Indicating that s/he feels bad about self, is a failure, or has let self or family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual I. States that life isn't worth living, wishes for death, or attempts to harm self

D0650. Safety Notification - Complete only if D0500l1 = 1 indicating possibility of resident self harm
EnterCode Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30.

Resident _

Section E Behavior						
E0100. Psychosis						
Behavioral Symptoms						
E0200. Behavioral Symptom - Presence & Fre	guency					
Note presence of symptoms and their frequency						
	↓ En	ter Co	odes in Boxes			
Coding: 0. Behavior not exhibited		A.	Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)			
Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days,		B.	Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)			
but less than daily 3. Behavior of this type occurred daily		C.	Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)			
E0300. Overall Presence of Behavioral Sympt	oms					
Enter Code O. No → Skip to E0800, Rejection of C 1. Yes → Considering all of E0200, Be	Care					
E0500. Impact on Resident						
Enter Code A. Put the resident at significant risk for physical illness or injury? O. No 1. Yes Enter Code O. No 1. Yes						
E0600. Impact on Others						
Did any of the identified symptom(s): A. Put others at significant risk for physical injury? O. No 1. Yes B. Significantly intrude on the privacy or activity of others? O. No 1. Yes Enter Code O. No 1. Yes C. Significantly disrupt care or living environment? O. No 1. Yes						
E0800. Rejection of Care - Presence & Freque	ncy					
resident's goals for health and well-beir	ng? Do no 'or determ o 3 days o 6 days, l	t incl	ork, taking medications, ADL assistance) that is necessary to achieve the ude behaviors that have already been addressed (e.g., by discussion or care to be consistent with resident values, preferences, or goals. ss than daily TNL10,002, Approved Detail 1, 9, 2011			

Resident		ldentifier	Date
Section	n E Behavior		
E0900. \	Wandering - Presence & Frequency		
Enter Code	Has the resident wandered? 0. Behavior not exhibited → Skip t 1. Behavior of this type occurred 1 t 2. Behavior of this type occurred 4 t 3. Behavior of this type occurred data	to 6 days, but less than daily	ms
E1000.	Wandering - Impact		
Enter Code	facility)? 0. No 1. Yes	ent at significant risk of getting to a potential	lly dangerous place (e.g., stairs, outside of the
Enter Code	B. Does the wandering significantly in 0. No 1. Yes	trude on the privacy or activities of others?	
	Change in Behavior or Other Sympto all of the symptoms assessed in items E0100		
Enter Code	How does resident's current behavior state	tus, care rejection, or wandering compare to pri	or assessment (OBRA or PPS)?

Section F Prefere	nces for Customary Routine and Activities
If resident is unable to complete, attempt t	Activity Preferences be Conducted? - Attempt to interview all residents able to communicate. to complete interview with family member or significant other understood and family/significant other not available) Skip to and complete F0800, Staff civity Preferences
), Interview for Daily Preferences
TO 200 Interview for Daily Professor	
F0400. Interview for Daily Preferer Show resident the response options and	
	↓ Enter Codes in Boxes
	A. how important is it to you to choose what clothes to wear?
	B. how important is it to you to take care of your personal belongings or things?
Coding: 1. Very important 2. Somewhat important	C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
3. Not very important 4. Not important at all	D. how important is it to you to have snacks available between meals?
5. Important, but can't do or no choice	E. how important is it to you to choose your own bedtime?
9. No response or non-responsive	F. how important is it to you to have your family or a close friend involved in discussions about your care?
	G. how important is it to you to be able to use the phone in private?
	H. how important is it to you to have a place to lock your things to keep them safe?
F0500. Interview for Activity Prefe	
Show resident the response options and	
ľ	↓ Enter Codes in Boxes
	A. how important is it to you to have books, newspapers, and magazines to read?
Coding:	B. how important is it to you to listen to music you like?
1. Very important	C. how important is it to you to be around animals such as pets?
Somewhat important Not very important Not important at all	D. how important is it to you to keep up with the news?
5. Important, but can't do or no choice	E. how important is it to you to do things with groups of people?
9. No response or non-responsive	F. how important is it to you to do your favorite activities?
1	G. how important is it to you to go outside to get fresh air when the weather is good?
	H. how important is it to you to participate in religious services or practices?
F0600. Daily and Activity Preferences	Primary Respondent
1. Resident 2. Family or significant other	Daily and Activity Preferences (F0400 and F0500) r (close friend or other representative) mpleted by resident or family/significant other ("No response" to 3 or more items")

Section	Preferences for Customary Routine and Activities
F0700.	Should the Staff Assessment of Daily and Activity Preferences be Conducted?
Enter Code	 No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences
F0800. S	taff Assessment of Daily and Activity Preferences
	nduct if Interview for Daily and Activity Preferences (F0400-F0500) was completed
Resident	
↓ Ch	eck all that apply A. Choosing clothes to wear
	B. Caring for personal belongings
	C. Receiving tub bath
	D. Receiving shower
	E. Receiving bed bath
	F. Receiving sponge bath
	G. Snacks between meals
	H. Staying up past 8:00 p.m.
	I. Family or significant other involvement in care discussions
	J. Use of phone in private
	K. Place to lock personal belongings
	L. Reading books, newspapers, or magazines
	M. Listening to music
	N. Being around animals such as pets
	O. Keeping up with the news
	P. Doing things with groups of people
	Q. Participating in favorite activities
	R. Spending time away from the nursing home
	S. Spending time outdoors
	T. Participating in religious activities or practices
	Z. None of the above

Resident Identifier **Functional Status** G0110. Activities of Daily Living (ADL) Assistance Refer to the ADL flow chart in the RAI manual to facilitate accurate coding Instructions for Rule of 3 ■ When an activity occurs three times at any one given level, code that level. When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3). ■ When an activity occurs at various levels, but not three times at any given level, apply the following: When there is a combination of full staff performance, and extensive assistance, code extensive assistance. When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2). If none of the above are met, code supervision. 1. ADL Self-Performance 2. ADL Support Provided Code for resident's performance over all shifts - not including setup. If the ADL activity Code for most support provided over all occurred 3 or more times at various levels of assistance, code the most dependent - except for shifts; code regardless of resident's selftotal dependence, which requires full staff performance every time performance classification Coding: Codina: **Activity Occurred 3 or More Times** 0. No setup or physical help from staff 0. Independent - no help or staff oversight at any time 1. Setup help only 1. Supervision - oversight, encouragement or cueing 2. One person physical assist 2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering 3. Two+ persons physical assist of limbs or other non-weight-bearing assistance 8. ADL activity itself did not occur during 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support entire period 4. Total dependence - full staff performance every time during entire 7-day period **Activity Occurred 2 or Fewer Times** 7. Activity occurred only once or twice - activity did occur but only once or twice 1. 2. 8. Activity did not occur - activity (or any part of the ADL) was not performed by resident or **Self-Performance** Support staff at all over the entire 7-day period LEnter Codes in Boxes L A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) C. Walk in room - how resident walks between locations in his/her room D. Walk in corridor - how resident walks in corridor on unit E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding,

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and showers)

total parenteral nutrition, IV fluids administered for nutrition or hydration)

Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or

J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths

Section G Functional State	IS				
G0120. Bathing					
How resident takes full-body bath/shower, sponge bath, and dependent in self-performance and support EnterCode A. Self-performance	transfers in/out of tub/shower (excludes washing of back and hair). Code for most				
O. Independent - no help provided Supervision - oversight help only					
2. Physical help limited to transfer only					
3. Physical help in part of bathing activit 4. Total dependence	,				
8. Activity itself did not occur during the	entire period				
Enter Code B. Support provided (Bathing support codes are as defined in item	G0110 column 2, ADL Support Provided, above)				
G0300. Balance During Transitions and Walking					
After observing the resident, code the following walking a	7				
	↓ Enter Codes in Boxes				
Coding:	A. Moving from seated to standing position				
Steady at all times Not steady, but <u>able</u> to stabilize without human	B. Walking (with assistive device if used)				
assistance 2. Not steady, <u>only able</u> to stabilize with human assistance	C. Turning around and facing the opposite direction while walking				
8. Activity did not occur	D. Moving on and off toilet				
	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)				
G0400. Functional Limitation in Range of Motion					
Code for limitation that interfered with daily functions or p	laced resident at risk of injury				
Coding:	↓ Enter Codes in Boxes				
0. No impairment	A. Upper extremity (shoulder, elbow, wrist, hand)				
Impairment on one side Impairment on both sides	B. Lower extremity (hip, knee, ankle, foot)				
G0600. Mobility Devices					
↓ Check all that were normally used					
A. Cane/crutch					
B. Walker					
C. Wheelchair (manual or electric)					
D. Limb prosthesis					
Z. None of the above were used					
G0900. Functional Rehabilitation Potential Complete only if A0310A = 01					
Enter Code A. Resident believes he or she is capable of in 0. No 1. Yes 9. Unable to determine					
Enter Code B. Direct care staff believe resident is capable					
0. No	T. III TEET III MARKETIALITEC III AL COSC SOINC ADES				
1. Yes	TN 10-002 Approval Date AliG 1 9 2011				

Section	Bladder and Bowel
H0100.	Appliances
↓ CH	neck all that apply
	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
	B. External catheter
	C. Ostomy (including urostomy, ileostomy, and colostomy)
	D. Intermittent catheterization
	Z. None of the above
H0200.	Urinary Toileting Program
Enter Code	
	admission/reentry or since urinary incontinence was noted in this facility?
	0. No → Skip to H0300, Urinary Continence 1. Yes → Continue to H0200B, Response
	9. Unable to determine → Skip to H0200C, Current toileting program or trial
Enter Code	B. Response - What was the resident's response to the trial program?
	No improvement Decreased wetness
	2. Completely dry (continent)
	9. Unable to determine or trial in progress
Enter Code	
	being used to manage the resident's urinary continence? 0. No
	1. Yes
H0300.	Urinary Continence
Enter Code	Urinary continence - Select the one category that best describes the resident
	0. Always continent
	 Occasionally incontinent (less than 7 episodes of incontinence) Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
	3. Always incontinent (no episodes of continent voiding)
	9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400.	Bowel Continence
Enter Code	
	0. Always continent
	 Occasionally incontinent (one episode of bowel incontinence) Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
	3. Always incontinent (no episodes of continent bowel movements)
	9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days
H0500.	Bowel Toileting Program
Enter Code	Is a toileting program currently being used to manage the resident's bowel continence?
	0. No 1. Yes
H0600.	Bowel Patterns
Enter Code	Constipation present?
	0. No
	1. Yes

Sec	ioni	Active Diagnoses
Activ	e Diagn	oses in the last 7 days - Check all that apply
		ed in parentheses are provided as examples and should not be considered as all-inclusive lists
	Cancer	
	 	Cancer (with or without metastasis)
	 	Circulation
	į	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
	i	Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)
	1	Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
	j	Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)
	1	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
		Hypertension Control of the control
	1	Orthostatic Hypotension
		Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) Intestinal
$\vdash \sqcap$		Cirrhosis
	1	Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)
	1	Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease
		urinary
П	 -	Benign Prostatic Hyperplasia (BPH)
	11500.	Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
	11550.	Neurogenic Bladder
$ \Box $	11650.	Obstructive Uropathy
	Infecti	pns
	11700.	Multidrug-Resistant Organism (MDRO)
	12000.	Pneumonia
	12100.	Septicemia
	12200.	Tuberculosis
	12300.	Urinary Tract Infection (UTI) (LAST 30 DAYS)
	12400.	Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
	12500.	Wound Infection (other than foot)
	Metab	
	1	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
	13100.	Hyponatremia
	!	Hyperkalemia
	13300.	Hyperlipidemia (e.g., hypercholesterolemia)
		Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
		loskeletal
		Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
	į.	Osteoporosis
	13900.	Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
	14000.	Other Fracture
<u> </u>	Neuro	The state of the s
		Alzheimer's Disease
	1	Aphasia
		Cerebral Palsy
	i	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
	14800.	Dementia (e.g. Non-Alzheimer's dementia such as vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such
A).		as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) TN 10-002 Approval Date AUG 1 8 2011
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Sect	ion l Active Diag	noses							
Active	Diagnoses in the last 7 days - Check al	l that apply							一
	ses listed in parentheses are provided as e		d as all-indusive lis	sts					l
	Neurological - Continued								$\neg \neg$
	14900. Hemiplegia or Hemiparesis								
	I5000. Paraplegia								-
	l5100. Quadriplegia								1
	15200. Multiple Sclerosis (MS)								İ
	15250. Huntington's Disease								
$\overline{\Box}$	15300. Parkinson's Disease								
	15350. Tourette's Syndrome								
	15400. Seizure Disorder or Epilepsy								1
	I5500. Traumatic Brain Injury (TBI)								
	Nutritional			·· · · ·					-
\Box	15600. Malnutrition (protein or calorie) or at	t risk for malnutrition		*************					
	Psychiatric/Mood Disorder								-
	15700. Anxiety Disorder	The state of the s							1
	15800. Depression (other than bipolar)								
	15900. Manic Depression (bipolar disease)								
	15950. Psychotic Disorder (other than schiz	zophrenia)							
$\overline{\cap}$	16000. Schizophrenia (e.g., schizoaffective a								-
	16100. Post Traumatic Stress Disorder (PTS								
	Pulmonary								
	16200. Asthma, Chronic Obstructive Pulmo	onary Disease (COPD), or Chronic Lun	g Disease (e.g., chr	onic bro	nchitis	and resti	ictive	lung	\neg
	diseases such as asbestosis)							_	
	16300. Respiratory Failure								
	Vision								
	16500. Cataracts, Glaucoma, or Macular De None of Above	egeneration							
	17900. None of the above active diagnose:	e within the fact 7 days							
	Other	within the last / days						····	
\Box	18000. Additional active diagnoses						**		
	Enter diagnosis on line and ICD code in boxes	s. Include the decimal for the code in the	e appropriate box.						
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Section J Health Conditions
J0100. Pain Management - Complete for all residents, regardless of current pain level
At any time in the last 5 days, has the resident:
EnterCode O. No 1. Yes
Enter Code B. Received PRN pain medications? 0. No 1. Yes
Enter Code C. Received non-medication intervention for pain? 0. No 1. Yes
J0200. Should Pain Assessment Interview be Conducted?
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)
Enter Code O. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence
Pain Assessment Interview
J0300. Pain Presence
Ask resident: "Have you had pain or hurting at any time in the last 5 days?" O. No → Skip to J1100, Shortness of Breath
1. Yes → Continue to J0400, Pain Frequency
 Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" EnterCode 1 Almost constantly
1. Amost constantly
2. Frequently 3. Occasionally
4. Rarely
9. Unable to answer
J0500. Pain Effect on Function
A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?"
1. Yes 9. Unable to answer
B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?"
Enter Code 0. No
1. Yes
9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)
A. Numeric Rating Scale (00-10) Enter Rating Ack resident: "Please rate your weekt noise over the least of the second noise over the least
Ask resident: Flease rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and te
as the worst pain you can imagine." (Show resident 00 -10 pain scale) Enter two-digit response. Enter 99 if unable to answer.
B. Verbal Descriptor Scale
Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)
1. Mild
2. Moderate
3. Severe
4. Very severe, horrible 9. Unable to answer
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	5111.232.001	APPENDIX A	Attachment 4.19D
Resident		ldentifier	Supplement 1 Date
Sectio	n J Healt	h Conditions	
10200			
	Should the Staff Assessmen	THE REPORT OF THE PROPERTY OF THE PARTY OF T	
Enter Code	0. NO (30400 = 1 thtu 4)	 Skip to J1100, Shortness of Breath (dyspnea) tinue to J0800, Indicators of Pain or Possible Pain 	
		and the second s	
Staff As	sessment for Pain		
J0800. I	ndicators of Pain or Possible	e Pain in the last 5 days	
↓ Ch	eck all that apply		
	A. Non-verbal sounds (e.g., c	rying, whining, gasping, moaning, or groaning)	
	B. Vocal complaints of pain	(e.g., that hurts, ouch, stop)	
		imaces, winces, wrinkled forehead, furrowed brow, clenched te	-
	D. Protective body moveme body part during movemer	nts or postures (e.g., bracing, guarding, rubbing or massaging nt)	a body part/area, clutching or holding a
	Z. None of these signs obser	ved or documented → If checked, skip to J1100, Shortness of	f Breath (dyspnea)
J0850. F	requency of Indicator of Pa	in or Possible Pain in the last 5 days	
Enter Code		complains or shows evidence of pain or possible pain ossible pain observed 1 to 2 days	
	2. Indicators of pain or po	ossible pain observed 3 to 4 days	
	3. Indicators of pain or po	ossible pain observed daily	
Other H	ealth Conditions		
J1100. S	hortness of Breath (dyspne	a)	
↓ Che	eck all that apply		
	A. Shortness of breath or trou	uble breathing with exertion (e.g., walking, bathing, transferrin	g)
	B. Shortness of breath or trou	uble breathing when sitting at rest	
	C. Shortness of breath or trou	ible breathing when lying flat	
	Z. None of the above		
J1300. C	urrent Tobacco Use		
Enter Code	Tobacco use		
	0. No 1. Yes		
J1400. P	rognosis		
	Does the resident have a condit	tion or chronic disease that may result in a life expectancy of le	ss than 6 months? (Requires physician
Enter Code	documentation) 0. No		
	1. Yes		
J1550. P	roblem Conditions		
Che	eck all that apply		

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A. Fever B. Vomiting C. Dehydrated D. Internal bleeding Z. None of the above

Resident		ldentifier	Date
Section J	Health Condition	S	
J1700. Fall History on A Complete only if A0310A			
Enter Code A. Did the reside 0. No 1. Yes 9. Unable to	ent have a fall any time in the last o determine	month prior to admission?	
Enter Code B. Did the reside 0. No 1. Yes 9. Unable to	ent have a fall any time in the last o determine	2-6 months prior to admission?	
Enter Code O. No 1. Yes 9. Unable to	·	a fall in the 6 months prior to admission	?
J1800. Any Falls Since A	Admission or Prior Assessme	nt (OBRA, PPS, or Discharge), which	never is more recent
0. No → S	Skip to K0100, Swallowing Disorde	r the prior assessment (OBRA, PPS, or Di er Ils Since Admission or Prior Assessment (C	
		essment (OBRA, PPS, or Discharge)	
The second secon	↓ Enter Codes in Boxe	is .	
Coding:	care clinicia		physical assessment by the nurse or primar the resident; no change in the resident's
0. None 1. One 2. Two or more		ept major) - skin tears, abrasions, lace my fall-related injury that causes the r	erations, superficial bruises, hematomas and resident to complain of pain
		ry - bone fractures, joint dislocations, ess, subdural hematoma	closed head injuries with altered

Section	Swallowing/Nutritional Status
K0100. Swa	Illowing Disorder
	mptoms of possible swallowing disorder
Check	all that apply
☐ A.	Loss of liquids/solids from mouth when eating or drinking
☐ B.	Holding food in mouth/cheeks or residual food in mouth after meals
C.	Coughing or choking during meals or when swallowing medications
D.	Complaints of difficulty or pain with swallowing
	None of the above
K0200. Heig	tht and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up
	The admitted of greater round up
inches	A. Height (in inches). Record most recent height measure since admission
pounds	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)
K0300. Weig	ght Loss
Lo	ss of 5% or more in the last month or loss of 10% or more in last 6 months
Enter Code	0. No or unknown
	 Yes, on physician-prescribed weight-loss regimen Yes, not on physician-prescribed weight-loss regimen
K0500, Nutr	itional Approaches
	Il that apply
	Parenteral/IV feeding
5	manufacture organization and the control of the con
	Feeding tube - nasogastric or abdominal (PEG)
]	Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)
	Therapeutic diet (e.g., low salt, diabetic, low cholesterol) None of the above
KU/UU. Perc	ent Intake by Artificial Route - Complete K0700 only if K0500A or K0500B is checked
Enter Code A.	Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less
	2. 26-50%
1	3. 51% or more
Enter Code B.	Average fluid intake per day by IV or tube feeding
	1. 500 cc/day or less
	2. 501 cc/day or more
Segione	Oral/Dental Status
L0200. Dent	
↓ Check a	l that apply
A.	Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
B. 1	No natural teeth or tooth fragment(s) (edentulous)
	Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)
☐ D.	Obvious or likely cavity or broken natural teeth
	nflamed or bleeding gums or loose natural teeth
	Mouth or facial pain, discomfort or difficulty with chewing
	Unable to examine
Z. !	done of the above were present

Identifier

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(~		all to	3.4				7	
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Resident

Skin Conditions

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100. I	Det	ermination of Pressure Ulcer Risk
↓ Che	ck a	ill that apply
	A.	Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device
	В.	Formal assessment instrument/tool (e.g., Braden, Norton, or other)
	C.	Clinical assessment
	Z.	None of the above
M0150.	Risk	of Pressure Ulcers
Enter Code	is t	his resident at risk of developing pressure ulcers?
		0. No 1. Yes
M0210.	Unt	ealed Pressure Ulcer(s)
Enter Code	Do	es this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?
		 0. No → Skip to M0900, Healed Pressure Ulcers 1. Yes → Continue to M0300, Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
M0300.	Cur	rent Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
		Number of Stage 1 pressure ulcers
Enter Number		Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues
Enter Number	В.	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister
Enter Number		1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
		2. Number of these Stage 2 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
		3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown:
		Month Day Year
Enter Number	c.	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling
Enter Number	*****	1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
Enter number		2. Number of these Stage 3 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
Enter Number	D.	Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling
	-	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing
Enter Number		2. Number of these Stage 4 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
M030)0 c	ontinued on next page

Sectio	n M Skin Conditions
M0300.	Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage - Continued
	E. Unstageable - Non-removable dressing: Known but not stageable due to non-removable dressing/device
Enter Number	 Number of unstageable pressure ulcers due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable: Slough and/or eschar
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
Enter Number	 Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable: Deep tissue
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
	G. Unstageable - Deep tissue: Suspected deep tissue injury in evolution
Enter Number	 Number of unstageable pressure ulcers with suspected deep tissue injury in evolution - If 0 → Skip to M0610, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
	Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar
	e only if M0300C1, M0300D1 or M0300F1 is greater than 0 dent has one or more unhealed (non-epithelialized) Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar,
identify th	ne pressure ulcer with the largest surface area (length x width) and record in centimeters:
	A. Pressure ulcer length: Longest length from head to toe
	cm cm
	B. Pressure ulcer width: Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
	C. Pressure ulcer depth: Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)
M0700.	Most Severe Tissue Type for Any Pressure Ulcer
	Select the best description of the most severe type of tissue present in any pressure ulcer bed
Enter Code	1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin
	 Granulation tissue - pink or red tissue with shiny, moist, granular appearance Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous
	4. Necrotic tissue (Eschar) - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin
ž.	Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA, PPS, or Discharge) te only if A0310E = 0
L	he number of current pressure ulcers that were not present or were at a lesser stage on prior assessment (OBRA, PPS, or Discharge).
If no curre	ent pressure ulcer at a given stage, enter 0
Enter Number	A. Stage 2
Enter Number	
Cinci italiadei	B. Stage 3
Enter Number	AUC 1 Q 2011
Lines radinger	C. Stage 4 IN 10-002 Approval Date Supersedes
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Resident Identifier Date Section M Skin Conditions M0900. Healed Pressure Ulcers Complete only if A0310E = 0A. Were pressure ulcers present on the prior assessment (OBRA, PPS, or Discharge)? Enter Code 0. No → Skip to M1030, Number of Venous and Arterial Ulcers Yes → Continue to M0900B, Stage 2 Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA, PPS, or Discharge) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA, PPS, or Discharge), enter 0 B. Stage 2 C. Stage 3 D. Stage 4 M1030. Number of Venous and Arterial Ulcers Enter Numb Enter the total number of venous and arterial ulcers present M1040. Other Ulcers, Wounds and Skin Problems Check all that apply **Foot Problems** A. Infection of the foot (e.g., cellulitis, purulent drainage) B. Diabetic foot ulcer(s) C. Other open lesion(s) on the foot **Other Problems** D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) E. Surgical wound(s) F. Burn(s) (second or third degree) None of the Above Z. None of the above were present M1200. Skin and Ulcer Treatments Check all that apply A. Pressure reducing device for chair B. Pressure reducing device for bed C. Turning/repositioning program D. Nutrition or hydration intervention to manage skin problems E. Ulcer care F. Surgical wound care G. Application of nonsurgical dressings (with or without topical medications) other than to feet H. Applications of ointments/medications other than to feet I. Application of dressings to feet (with or without topical medications) Z. None of the above were provided

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Resident			ldentifier	Supplement 1 Date
Secti	31	N Medication	ons	
N0300.	Inje	ections		
Enter Days	:	Record the number of days that 7 days. If 0 → Skip to N0400, Med	injections of any type were received during the last 7 of dications Received	days or since admission/reentry if less than
N0350.	ins	ulin		
Enter Days	Α.	. Insulin injections - Record the no reentry if less than 7 days	umber of days that insulin injections were received d	luring the last 7 days or since admission/
Enter Days	В.	Orders for insulin - Record the n insulin orders during the last 7 da	umber of days the physician (or authorized assistant ays or since admission/reentry if less than 7 days	t or practitioner) changed the resident's
N0400.	Med	dications Received		
Ų (hec	k all medications the resident rece	eived at any time during the last 7 days or since adm	sission/reentry if less than 7 days
	A.	Antipsychotic		
	В.	Antianxiety		
	c.	Antidepressant		
	D.	Hypnotic		
	E.	Anticoagulant (warfarin, heparin,	or low-molecular weight heparin)	
	F.	Antibiotic		
	G.	Diuretic		
	Z.	None of the above were received		

Section O Special Treatments, Procedures, and Program	IS	***************************************		
O0100. Special Treatments, Procedures, and Programs				
Check all of the following treatments, procedures, and programs that were performed during the last 14 day:	\$			
1. While NOT a Resident				
Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if	1.	2.		
resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank	While NOT a	While a		
2. While a Resident	Resident	Resident		
Performed while a resident of this facility and within the last 14 days	↓ Check all 1	hat apply 🌡		
Cancer Treatments				
A. Chemotherapy				
B. Radiation				
Respiratory Treatments				
C. Oxygen therapy				
D. Suctioning				
E. Tracheostomy care				
F. Ventilator or respirator				
G. BiPAP/CPAP	П			
Other				
H. IV medications				
1. Transfusions				
J. Dialysis				
K. Hospice care				
L. Respite care M. Isolation or quarantine for active infectious disease (does not include standard body/fluid		<u> </u>		
precautions)				
None of the Above				
Z. None of the above				
O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and repo	orting period			
Enter Code A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season	1?			
0. No → Skip to O0250C, If Influenza vaccine not received, state reason				
 Yes → Continue to O0250B, Date vaccine received B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococci 	al vaccination up to d	12to7		
b. Date vaccine received — Complete date and skip to 00300A, is the resident symbolic control of the control of	ai vaccination up to c	ate:		
Month Day Year				
C. If Influenza vaccine not received, state reason:				
1. Resident not in facility during this year's flu season				
2. Received outside of this facility				
3. Not eligible - medical contraindication				
4. Offered and declined 5. Not offered				
6. Inability to obtain vaccine due to a declared shortage				
9. None of the above				
O0300. Pneumococcal Vaccine				
Enter Code A. Is the resident's Pneumococcal vaccination up to date?				
0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies				
Enter Code B. If Pneumococcal vaccine not received, state reason:				
1. Not eligible - medical contraindication 2. Offered and declined TN 10-002	Annewal Date	AUG 1 8 2011		
2. Offered and declined IN 10-002 3. Not offered	Approval Date _	rsedes		

Section O	Special Treatments, Procedures, and Programs				
00400. Therapies					
	A. Speech-Language Pathology and Audiology Services				
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 				
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days				
	If the sum of individual, concurrent, and group minutes is zero, -> skip to O0400B, Occupational Therapy				
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
	B. Occupational Therapy				
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 				
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days				
	If the sum of individual, concurrent, and group minutes is zero, -> skip to O0400C, Physical Therapy				
Enter Number of Days 4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 c					
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
	C. Physical Therapy				
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 				
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days				
	If the sum of individual, concurrent, and group minutes is zero, -> skip to O0400D, Respiratory Therapy				
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
O0400 continued on next page					

Supplement 1 Identifier

Section	Special Treatments, Procedures, and Programs
00400. TI	herapies - Continued
	D. Respiratory Therapy
Enter Number of	The state of the s
	If zero, → skip to O0400E, Psychological Therapy
Enter Number of	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	E. Psychological Therapy (by any licensed mental health professional)
Enter Number	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days
<u> </u>	If zero, → skip to O0400F, Recreational Therapy
Enter Number o	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	F. Recreational Therapy (includes recreational and music therapy)
Enter Number	1. Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0500, Restorative Nursing Programs
Enter Number	
	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
00500. R	estorative Nursing Programs
	number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days one or less than 15 minutes daily)
Number of Days	Technique
	A. Range of motion (passive)
	B. Range of motion (active)
	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
	D. Bed mobility
	E. Transfer
	F. Walking
	G. Dressing and/or grooming
	H. Eating and/or swallowing
	1. Amputation/prostheses care
	J. Communication
O0600. P	hysician Examinations
Enter Days	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?
00700. P	hysician Orders
Enter Days	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?

Section P Restrai	nts
P0100. Physical Restraints	
Physical restraints are any manual method or the individual cannot remove easily which res	physical or mechanical device, material or equipment attached or adjacent to the resident's body that stricts freedom of movement or normal access to one's body
	↓ Enter Codes in Boxes
	Used in Bed
	A. Bed rail
	B. Trunk restraint
Coding:	C. Limb restraint
O. Not used O. Used less than daily	D. Other
2. Used daily	Used in Chair or Out of Bed
	E. Trunk restraint
	F. Limb restraint
	G. Chair prevents rising
	H. Other

Supplement 1
Date ldentifier Resident ___

Sectio	Participation in Assessment and Goal Setting
Q0100. F	Participation in Assessment
Enter Code	A. Resident participated in assessment 0. No 1. Yes
Enter Code	B. Family or significant other participated in assessment O. No 1. Yes 9. No family or significant other
Enter Code	 C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative
1	Resident's Overall Expectation
Enter Code	A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code	 B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above
Q0400. E	Discharge Plan
Enter Code	 A. Is there an active discharge plan in place for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral
Enter Code	 B. What determination was made by the resident and the care planning team regarding discharge to the community? Determination not made Discharge to community determined to be feasible → Skip to Q0600, Referral Discharge to community determined to be not feasible → Skip to next active section (V or X)
Q0500. I	Return to Community
Enter Code	A. Has the resident been asked about returning to the community? 0. No 1. Yes - previous response was "no" 2. Yes - previous response was "yes" → Skip to Q0600, Referral 3. Yes - previous response was "unknown"
Enter Code	 B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?" 0. No 1. Yes 9. Unknown or uncertain
Q0600. I	Referral
Enter Code	Has a referral been made to the local contact agency? 0. No - determination has been made by the resident and the care planning team that contact is not required 1. No - referral not made 2. Yes

Section		Care Area Assessment (CAA) Summary
V0100. lt	em	s From the Most Recent Prior OBRA or Scheduled PPS Assessment
Complete	on	ly if A0310E = 0 and if the following is true for the prior assessment : A0310A = 01-06 or A0310B = 01-06
Enter Code	A.	Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment) 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment
		99. Not OBRA required assessment
Enter Code		Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment) 1. 5-day scheduled assessment 2. 14-day scheduled assessment 3. 30-day scheduled assessment 4. 60-day scheduled assessment 5. 90-day scheduled assessment 6. Readmission/return assessment 7. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) 9. Not PPS assessment Prior Assessment Reference Date (A2300 value from prior assessment)
		Month Day Year
Enter Score	D.	Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)
Enter Score	E.	Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300 value from prior assessment)
Enter Score	F.	Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessment)

Resident		Identifier	Date
Section V Care Area A	ssessment	(CAA) Summai	ry
V0200. CAAs and Care Planning			
 Check column A if Care Area is triggered. For each triggered Care Area, indicate whether a the problem(s) identified in your assessment of the completing the RAI (MDS and CAA(s)). Check colid. Indicate in the <u>Location and Date of CAA Information</u> include information on the complicating factors, 	ne care area. The <u>Ac</u> umn B if the trigger <u>tion</u> column where	ddressed in Care Plan co ed care area is addresse information related to	olumn must be completed within 7 days of ed in the care plan. the CAA can be found. CAA documentation should
A. CAA Results			
Care Area	A. Care Area Triggered	8. Addressed in Care Plan	Location and Date of CAA Information
	↓ Check all	that apply ↓	
01. Delirium			
02. Cognitive Loss/Dementia			
03. Visual Function			
04. Communication			
05. ADL Functional/Rehabilitation Potential			
06. Urinary Incontinence and Indwelling Catheter			
07. Psychosocial Well-Being			
08. Mood State			
09. Behavioral Symptoms			
10. Activities			
11. Falls			
12. Nutritional Status			
13. Feeding Tube			
14. Dehydration/Fluid Maintenance			
15. Dental Care			
16. Pressure Ulcer			
17. Psychotropic Drug Use			
18. Physical Restraints			
19. Pain			
20. Return to Community Referral			
B. Signature of RN Coordinator for CAA Process	and Date Signed		
1. Signature		2	2. Date Month Day Year
C. Signature of Person Completing Care Plan and 1. Signature	d Date Signed		2. Date

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Day

Month

Section X Correction Request	
X0100. Type of Record	
Enter Code 1. Add new record → Skip to Z0100, Medicare Part A Billing	
2. Modify existing record → Continue to X0150, Type of Provider 3. Inactivate existing record → Continue to X0150, Type of Provider	
Identification of Record to be Modified/Inactivated - The following items identify	. She points
a section, reproduce the information EXACILY as it appeared on the existing erroneous reco	ord, even if the information is incorrect.
This information is necessary to locate the existing record in the National MDS Database.	
X0150. Type of Provider	
Enter Code Type of provider 1. Nursing home (SNF/NF)	
2. Swing Bed	
X0200. Name of Resident on existing record to be modified/inactivated	
A. First name:	
C. Last name:	
	
X0300. Gender on existing record to be modified/inactivated	
Enter Code 1. Male	
2. Female	
X0400. Birth Date on existing record to be modified/inactivated	
Month Day Year	
X0500. Social Security Number on existing record to be modified/inactivated	
X0600. Type of Assessment on existing record to be modified/inactivated	
A Codoral OPPA Passan for Assaura	
O1. Admission assessment (required by day 14)	
02. Quarterly review assessment	
03. Annual assessment	
04. Significant change in status assessment05. Significant correction to prior comprehensive assessment	
06. Significant correction to prior quarterly assessment	
99. Not OBRA required assessment	
Enter Code B. PPS Assessment	
PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment	
02. 14-day scheduled assessment	
03. 30-day scheduled assessment	
04. 60-day scheduled assessment	
05. 90-day scheduled assessment 06. Readmission/return assessment	
PPS Unscheduled Assessments for a Medicare Part A Stay	
07. Unscheduled assessment used for PPS (OMRA, significant or clinical c	hange, or significant correction assessment)
Not PPS Assessment 99. Not PPS assessment	J. S.
Access to the control of the control	
Enter Code C. PPS Other Medicare Required Assessment - OMRA 0. No	***************************************
Start of therapy assessment	
2. End of therapy assessment	
3. Both Start and End of therapy assessment	TN 10-002 Approval Date AUG 1 8 2011
X0600 continued on next page	Supersedes

Resident	Supplement 1 Date
Section	
X0600.	Type of Assessment - Continued
Enter Code	0. No 1. Yes
Enter Code	F. Entry/discharge reporting 01. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility record 99. Not entry/discharge record
X0700.	Date on existing record to be modified/inactivated - Complete one only
	A. Assessment Reference Date - Complete only if X0600F = 99 Month Day Year B. Discharge Date - Complete only if X0600F = 10, 11, or 12 Month Day Year C. Entry Date - Complete only if X0600F = 01
	Month Day Year
	on Attestation Section - Complete this section to explain and attest to the modification/inactivation request
X0800.	Correction Number
Enter Number	Enter the number of correction requests to modify/inactivate the existing record, including the present one
X0900. F	Reasons for Modification - Complete only if Type of Record is to modify a record in error $(X0100 = 2)$
↓ Che	eck all that apply
	A. Transcription error
	B. Data entry error
	C. Software product error
	D. Item coding error
	Z. Other error requiring modification If "Other" checked, please specify:
X1050. R	easons for Inactivation - Complete only if Type of Record is to inactivate a record in error (X0100 = 3)
Che	ck all that apply
	A. Event did not occur
	Z. Other error requiring inactivation If "Other" checked, please specify:

Resident						Identifier							Date											
Section	on)				Cor	rect	ion l	Req	lue:	st								 						
X1100.	RN A	sses	smen	t Coor	dina	tor At	estat	ion c	of Co	mp	letic	n						 						
	A.	Atte	sting i	individ	ual's f	first na	me:											 	****					
-																								
	В.	Atte	sting i	ndivid	ual's l	ast nar	ne:											 						
										<u> </u>														
	C.	Atte	sting i	ndivid	ual's t	itle:				-		PRIL 1991 IA PA						 and any in comm		Control of the Contro	F J THE BUILDING STATES			ev ar versan ravadana ev e
	D.	Sign	ature															 						
	E.		station onth	n date	ay -	- 🔲	Year								****			 		erri v - britalisaria				

Attachment 4.19D Supplement 1

Resident			Identifier	Date
Section	Π	Assessment Admi	nistration	
Z0100. I	Med	icare Part A Billing		
	A.	Medicare Part A HIPPS code (RUG group follow	ved by assessment type indicator):	
	B.	RUG version code:		
			7	
	_	Is this a Medicare Short Stay assessment?		
Enter Code	٠	0. No		
		1. Yes		
Z0150. N		icare Part A Non-Therapy Billing		
	A.	Medicare Part A non-therapy HIPPS code (RUC	G group followed by assessment type in	ndicator):
į				
	В.	RUG version code:		
Z0200. S	Stat	Medicaid Billing (if required by the state	•)	
		RUG Case Mix group:		
	R	RUG version code:	1	
	J.	Toda version code.	1	
	<u> </u>			
Z0250. A		rnate State Medicaid Billing (if required by	y the state)	
	A.	RUG Case Mix group:	3	
	В.	RUG version code:		
Z0300. I	nsu	rance Billing	J	
20300. 1		RUG Case Mix group:		
	•]	
			j	
ŀ	В.	RUG version code:		

Resident	Identifier	Date					
Section Z. S. Assessment	Administration						
Z0400. Signature of Persons Completing the	Assessment or Entry/Death Reporting						
I certify that the accompanying information accurate collection of this information on the dates specified Medicare and Medicaid requirements. I understandare, and as a basis for payment from federal funds government-funded health care programs is conditioned or may subject my organization to substantial crimal authorized to submit this Information by this facility.	 d. To the best of my knowledge, this information d that this information is used as a basis for ensignation s. I further understand that payment of such fectioned on the accuracy and truthfulness of this sinal, civil, and/or administrative penalties for suggested. 	n was collected in accordance uring that residents receive ap deral funds and continued part information, and that I may be	with applicable propriate and quality icipation in the personally subject to				
Signature	Title	Sections	Date Section Completed				
A .							
В.							
C.							
D.							
Ĕ.							
, F.							
G.							
Н.							
I.							
, J.							
К.							
L.							
Z0500. Signature of RN Assessment Coordinator	Verifying Assessment Completion	1					
A. Signature:	B. Da	ate RN Assessment Coordina	tor signed				

D500. Signature of RN Assessment Coordinator Verif	/ing Assessment Completion
A. Signature:	B. Date RN Assessment Coordinator signed
	assessment as complete:
	Month Day Your

Resident Identifier

MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Discharge (ND) Item Set

Sectio	n.	Identification Information
A0100.	Faci	lity Provider Numbers
	:	
	A.	National Provider Identifier (NPI):
	В.	CMS Certification Number (CCN):
	i	
	C.	State Provider Number:
	<u>!</u>	
A0200.	ype	e of Provider
Enter Code	Ty	pe of provider
		1. Nursing home (SNF/NF) 2. Swing Bed
10000	<u> </u>	
A0310.		e of Assessment
Enter Code	A.	Federal OBRA Reason for Assessment
		01. Admission assessment (required by day 14) 02. Quarterly review assessment
		03. Annual assessment
	1	04. Significant change in status assessment
		05. Significant correction to prior comprehensive assessment
		06. Significant correction to prior quarterly assessment
		99. Not OBRA required assessment
Enter Code	R.	PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay
		01. 5-day scheduled assessment
لـــــــــا		02. 14-day scheduled assessment
		03. 30-day scheduled assessment
		04. 60-day scheduled assessment
		05. 90-day scheduled assessment 06. Readmission/return assessment
		PPS Unscheduled Assessments for a Medicare Part A Stay
		07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)
		Not PPS Assessment 99. Not PPS assessment
	نے	
Enter Code	C.	PPS Other Medicare Required Assessment - OMRA 0. No
		1. Start of therapy assessment
		2. End of therapy assessment
		3. Both Start and End of therapy assessment
Enter Code	D.	Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2
		0. No 1. Yes
Enter Code	E.	s this assessment the first assessment (OBRA, PPS, or Discharge) since the most recent admission? 0. No
		1. Yes
Enter Code	F. 1	Entry/discharge reporting
		01. Entry record
Ш.		10. Discharge assessment-return not anticipated
		11. Discharge assessment-return anticipated
		12. Death in facility record 13. Not entry/discharge TN 10-002 Approval Date Supersodes
		Supersodes

Resident		ldentifier	Supplement 1 Date
Section		Identification Information	
A0410.	Sub	mission Requirement	
Enter Code		 Neither federal nor state required submission State but not federal required submission (FOR NURSING HOMES ONLY) Federal required submission 	
A0500.	Leg	al Name of Resident	
	A.	First name:	B. Middle initial:
	C.	Last name:	D. Suffix:
A0600.	Soci	ial Security and Medicare Numbers	
	-	Social Security Number:	
	:		
	В.	Medicare number (or comparable railroad insurance number):	
A0700. I	Med	dicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	
A0800.	Gen	der	
Enter Code		1. Male	
		2. Female	
A0900. I	Birti	h Date	
		Month Day Year	
A1000. F	Race	e/Ethnicity	
↓ Che	7	all that apply	
	Α.	American Indian or Alaska Native	
	В.	Asian	
	C.	Black or African American	
	D.	Hispanic or Latino	
	E.	Native Hawaiian or Other Pacific Islander	
	F.	White	The second secon
A1100. L			
Enter Code	Α.	Does the resident need or want an interpreter to communicate with a doctor or health care 0. No	staff?
		1. Yes → Specify in A1100B, Preferred language	
	В.	9. Unable to determine Preferred language:	
	-		

5111.232.001 APPENDIX B Attachment 4.19D Resident Supplement 1 Identifier Section A **Identification Information** A1200. Marital Status 1. Never married Enter Code 2. Married 3. Widowed 4. Separated 5. Divorced A1300. Optional Resident Items A. Medical record number: B. Room number: C. Name by which resident prefers to be addressed: D. Lifetime occupation(s) - put "/" between two occupations: A1500. Preadmission Screening and Resident Review (PASRR) Complete only if A0310A = 01Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a Enter Code related condition? 0. No 1. Yes 9. Not a Medicaid certified unit A1550. Conditions Related to MR/DD Status If the resident is 22 years of age or older, complete only if A0310A = 01If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely MR/DD With Organic Condition \Box A. Down syndrome B. Autism C. Epilepsy D. Other organic condition related to MR/DD MR/DD Without Organic Condition E. MR/DD with no organic condition No MR/DD Z. None of the above A1600. Entry Date (date of this admission/reentry into the facility) Month

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A1700. Type of Entry

Admission
 Reentry

Enter Code

	Date
Section A Identification Information	
A1800. Entered From	
O1. Community (private home/apt., board/care, assisted living, group home) O2. Another nursing home or swing bed O3. Acute hospital O4. Psychiatric hospital O5. Inpatient rehabilitation facility O6. MR/DD facility O7. Hospice 99. Other	
A2000. Discharge Date	
Complete only if A0310F = 10, 11, or 12	
Month Day Year	
A2100. Discharge Status	
Complete only if A0310F = 10, 11, or 12	
Enter Code O1. Community (private home/apt., board/care, assisted living, group home) O2. Another nursing home or swing bed O3. Acute hospital O4. Psychiatric hospital O5. Inpatient rehabilitation facility O6. MR/DD facility O7. Hospice O8. Deceased O99. Other	
A2300. Assessment Reference Date	
Observation end date: Month Day Year	
A2400. Medicare Stay	
A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay B. Start date of most recent Medicare stay: Month Day Year	
Month Day Year	

Identifier

Look back period for all items is 7 days unless another time frame is indicated

Sectio	h B Hearing, Speech, and Vision
B0100.	Comatose
Enter Code	Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance
B0200. I	
Enter Code	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
B0300. F	Hearing Aid
Enter Code	Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes
B0600. S	Speech Clarity
Enter Code	Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words
B0700. N	Makes Self Understood
Enter Code	Ability to express ideas and wants, consider both verbal and non-verbal expression 0. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood
B0800. A	Ability To Understand Others
Enter Code	Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands
B1000. V	/ision
Enter Code	Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate - sees fine detail, including 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
B1200. C	orrective Lenses
Enter Code	Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 0. No 1. Yes

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	Cognitive Patterns
	Should Brief Interview for Mental Status (C0200-C0500) be Conducted? to conduct interview with all residents
Enter Code	
	No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status Yes → Continue to C0200, Repetition of Three Words
	1. Tes > Continue to Co200, Repetition of Three Words
**************************************	nterview for Mental Status (BIMS)
COZOO.	Repetition of Three Words
	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three.
Enter Code	The words are: sock, blue, and bed. Now tell me the three words."
	Number of words repeated after first attempt
	0. None 1. One
	2. Two
	3. Three
	After the resident'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.
C0300.	Temporal Orientation (orientation to year, month, and day)
	Ask resident: "Please tell me what year it is right now."
Enter Code	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 resident: "What month are we in right now?"
Enter Code	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 resident: "What day of the week is today?"
Enter Code	C. Able to report correct day of the week
	0. Incorrect or no answer
	1. Correct
C0400.	Recall
	Ask resident: "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.
Enter Code	A. Able to recall "sock"
	0. No - could not recall
	1. Yes, after cueing ("something to wear")
	2. Yes, no cue required
Enter Code	B. Able to recall "blue" 0. No - could not recall
IШ	1. Yes, after cueing ("a color")
	2. Yes, no cue required
	C. Able to recall "bed"
ciuci Code	0. No - could not recall
ΙШ	Yes, after cueing ("a piece of furniture")
	2. Yes, no cue required
C0500	Summary Score
	Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter Score	Enter 99 if the resident was unable to complete the interview

Resident Identifier Section C **Cognitive Patterns** C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted? **Enter Code** No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium 1. Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK Staff Assessment for Mental Status Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed C0700. Short-term Memory OK Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem C0800. Long-term Memory OK Seems or appears to recall long past **Enter Code** 0. Memory OK 1. Memory problem C0900. Memory/Recall Ability Check all that the resident was normally able to recall A. Current season B. Location of own room C. Staff names and faces D. That he or she is in a nursing home Z. None of the above were recalled C1000. Cognitive Skills for Daily Decision Making Made decisions regarding tasks of daily life **Enter Code** 0. Independent - decisions consistent/reasonable Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions **Delirium** C1300. Signs and Symptoms of Delirium (from CAMo) Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record ↓ Enter Codes in Boxes A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or Coding: difficulty following what was said)? 0. Behavior not present B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant 1. Behavior continuously conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? present, does not C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., vigilant fluctuate startled easily to any sound or touch; lethargic - repeatedly dozed off when being asked questions, but 2. Behavior present, fluctuates (comes and responded to voice or touch; stuporous - very difficult to arouse and keep aroused for the interview; goes, changes in severity) comatose - could not be aroused)? D. Psychomotor retardation- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? C1600. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline? Enter Code 0. No. 1. Yes

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Section D Mood				
D0100. Should Resident Mood Intervi	ew be Conducted? - Attempt to conduct interview with a	all residents		
(PHQ-9-OV)	understood) → Skip to and complete D0500-D0600, Staff Asse D, Resident Mood Interview (PHQ-9©)	essment of Resident N	Mood	
D0200. Resident Mood Interview (I	PHQ-90)			
i i i i i i i i i i i i i i i i i i i	s, have you been bothered by any of the following	problems?"		
If symptom is present, enter 1 (yes) in column 1, then ask the resident: " Read and show the resident a card with t	umn 1, Symptom Presence. 'About how often have you been bothered by this?" he symptom frequency choices. Indicate response in colu	ımn 2, Symptom Fr	equency.	
1. Symptom Presence	2. Symptom Frequency	1.	2.	
 No (enter 0 in column 2) Yes (enter 0-3 in column 2) 	O. Never or 1 day 1. 2-6 days (several days)	Symptom	Symptom	
9. No response (leave column 2	 7-11 days (half or more of the days) 12-14 days (nearly every day) 	Presence	Frequency	
blank)		↓ Enter >cor	es in Boxes ↓	
A. Little interest or pleasure in doing ti	hings		LJ	
B. Feeling down, depressed, or hopele	555			
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 down	you are a failure or have let yourself or your family			
G. Trouble concentrating on things, su	ch as reading the newspaper or watching television			
H. Moving or speaking so slowly that of being so fidgety or restless that you	other people could have noticed. Or the opposite - have been moving around a lot more than usual			
I. Thoughts that you would be better o	off dead, or of hurting yourself in some way			
D0300. 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 items).				
D0350. Safety Notification - Complete only if D020011 = 1 indicating possibility of resident self harm				
Enter Code Was responsible staff or provide 0. No	er informed that there is a potential for resident self harm?			
1. Yes		, <u>1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1</u>		

esident	ldentifier	Supplei Date	ment 1
Section D Mood			
D0500. Staff Assessment of Resider	nt Mood (PHQ-9-0V*)		
Do not conduct if Resident Mood Interview	v (D0200-D0300) was completed		
Over the last 2 weeks, did the resident h	save any of the following problems or behaviors?		
:: If symptom is present, enter 1 (yes) in colu Then move to column 2, Symptom Freque			
 Symptom Presence No (enter 0 in column 2) Yes (enter 0-3 in column 2) 	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)	1. Symptom Presence	2. Symptom Frequency es in Boxes 1
A. Little interest or pleasure in doing t	The state of the s	· Y	
		L	<u>L</u>
B. Feeling or appearing down, depress	sed, or hopeless		Г
C. Trouble falling or staying asleep, or	sleeping too much		
D. Feeling tired or having little energy			
		$\overline{\Box}$	
E. Poor appetite or overeating			
F. Indicating that s/he feels bad about	self, is a failure, or has let self or family down		
G. Trouble concentrating on things, su	ch as reading the newspaper or watching television		
H. Moving or speaking so slowly that o or restless that s/he has been movin	other people have noticed. Or the opposite - being so fidgety ag around a lot more than usual		
I. States that life isn't worth living, wis	hes for death, or attempts to harm self		
J. Being short-tempered, easily annoy	red		
D0600. Total Severity Score			
Add scores for all frequency i	responses in Column 2, Symptom Frequency. Total score must be b	setween 00 and 30.	
D0650. Safety Notification - Comple	te only if D0500l1 = 1 indicating possibility of resident self har	m	
Enter Code Was responsible staff or prov 0. No 1. Yes	ider informed that there is a potential for resident self harm?		
Section E Behav	vior		
E0100. Psychosis			***************************************

A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)

B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)

Check all that apply

Z. None of the above

Identifier

日	ection G Functional Status		
G	0110. Activities of Daily Living (ADL) Assistance		
Re	fer to the ADL flow chart in the RAI manual to facilitate accurate coding		
•	structions for Rule of 3		130 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1
= V	When an activity occurs three times at any one given level, code that level.		
- \	When an activity occurs three times at multiple levels, code the most dependent, exceptions are tot every time, and activity did not occur (8), activity must not have occurred at all. Example, three time	al dependence (4), activity	must require full assist
	assistance (2), code extensive assistance (3).	s extensive assistance (3)	and three times limited
	When an activity occurs at various levels, but not three times at any given level, apply the following:		
٥	When there is a combination of full staff performance, and extensive assistance, code extensive as	sistance.	
	When there is a combination of full staff performance, weight bearing assistance and/or non-weig	ht bearing assistance code	e limited assistance (2).
111	none of the above are met, code supervision.		
1.	ADL Self-Performance	2. ADL Support Provid	
	Code for resident's performance over all shifts - not including setup. If the ADL activity		ort provided over all
	occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time	shifts; code regardle performance classifi	
ر	oding:	Coding:	
-	Activity Occurred 3 or More Times	0. No setup or phys	ical help from staff
	0. Independent - no help or staff oversight at any time	1. Setup help only	
	Supervision - oversight, encouragement or cueing	2. One person phys	ical assist
	2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering	3. Two+ persons pl	ysical assist
	of limbs or other non-weight-bearing assistance 3. Extensive assistance - resident involved in activity, staff provide weight-bearing support	8. ADL activity itself	did not occur during
	Total dependence - full staff performance every time during entire 7-day period	entire period	
	Activity Occurred 2 or Fewer Times		
1	7. Activity occurred only once or twice - activity did occur but only once or twice	1.	2.
	8. Activity did not occur - activity (or any part of the ADL) was not performed by resident or	Self-Performance	Support
	and the artists of the second		
	staff at all over the entire 7-day period	↓ Enter Code	es in Boxes L
A.	Bed mobility - how resident moves to and from lying position, turns side to side, and	↓ Enter Code	
A.		↓ Enter Code	
L	Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair,	↓ Enter Code	
L	Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture	↓ Enter Code	
В.	Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair,	↓ Enter Code	
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B. C. D. E. F.	Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) Walk in room - how resident walks between locations in his/her room Walk in corridor - how resident walks in corridor on unit Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	↓ Enter Code	

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Section G Functional State	us			
G0120. Bathing				
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for most dependent in self-performance and support Enter Code A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur during the entire period				
<u></u>	G0110 column 2, ADL Support Provided, above)			
G0300. Balance During Transitions and Walking				
After observing the resident, code the following walking a				
	↓ Enter Codes in Boxes A. Moving from seated to standing position			
Coding: 0. Steady at all times 1. Not steady, but <u>able</u> to stabilize without human assistance	B. Walking (with assistive device if used)			
 Not steady, <u>only able</u> to stabilize with human assistance Activity did not occur 	C. Turning around and facing the opposite direction while walking D. Moving on and off toilet			
	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)			
G0400. Functional Limitation in Range of Motion				
Code for limitation that interfered with daily functions or pl	aced resident at risk of injury			
The second secon	↓ Enter Codes in Boxes			
Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides	A. Upper extremity (shoulder, elbow, wrist, hand)			
2. Imparment on potri sides	B. Lower extremity (hip, knee, ankle, foot)			
G0600. Mobility Devices				
Check all that were normally used				
A. Cane/crutch				
B. Walker				
C. Wheelchair (manual or electric)				
D. Limb prosthesis				
Z. None of the above were used				

___ Identifier

Section	Bladder and Bowel
H0100.	Appliances
↓ ch	eck all that apply
	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
	B. External catheter
	C. Ostomy (including urostomy, ileostomy, and colostomy)
	D. Intermittent catheterization
	Z. None of the above
H0300.	Urinary Continence
Enter Code	Urinary continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) 3. Always incontinent (no episodes of continent voiding) 9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400. I	Bowel Continence
Enter Code	Bowel continence - Select the one category that best describes the resident O. Always continent Cocasionally incontinent (one episode of bowel incontinence) Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) Always incontinent (no episodes of continent bowel movements) Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days

Sec	ionl	Active Diagnoses
Activ	e Diagn	oses in the last 7 days - Check all that apply
Diagn	oses list	ed in parentheses are provided as examples and should not be considered as all-inclusive lists
L		Circulation
	10200.	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
	10600.	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
	10700.	Hypertension
	10800.	Orthostatic Hypotension
	Genito	urinary
	11550.	Neurogenic Bladder
	11650.	Obstructive Uropathy
	Infecti	ons
	I1700.	Multidrug-Resistant Organism (MDRO)
	12000.	Pneumonia
	12100.	Septicemia
	12200.	Tuberculosis
	12300.	Urinary Tract Infection (UTI) (LAST 30 DAYS)
	12500.	Wound Infection (other than foot)
	Metab	
	12900.	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
$ \Box$	1	Hyponatremia
	13200.	Hyperkalemia
l H		Hyperlipidemia (e.g., hypercholesterolemia)
		oskeletal
П	13900.	Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and
-		fractures of the trochanter and femoral neck)
	14000.	Other Fracture
	Neurol	
	14500.	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
	14800.	Dementia (e.g. Non-Alzheimer's dementia such as vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such
	1	as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
	14900.	Hemiplegia or Hemiparesis
	15000.	Paraplegia Paraplegia
	15100.	Quadriplegia
	15200.	Multiple Scierosis (MS)
	15250.	Huntington's Disease
	15300.	Parkinson's Disease
	15400.	Seizure Disorder or Epilepsy
	15500.	Traumatic Brain Injury (TBI)
	Nutriti	
	15600.	Malnutrition (protein or calorie) or at risk for malnutrition
	Psychia	ttric/Mood Disorder
	15700.	Anxiety Disorder
	15800.	Depression (other than bipolar)
	15900.	Manic Depression (bipolar disease)
	15950.	Psychotic Disorder (other than schizophrenia)
	16000.	Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
	Pulmo	
	16200.	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung
		diseases such as asbestosis)
	16300.	Respiratory Failure TN 10-002 Approval Date AUG 1 8 2011

Residen	nt	Date	
SES	tion (Active	Diagnoses	
LUCUIT	re Diauliuses III life last / uavs - 1	Check all that apply ided as examples and should not be considered as all-inclu	
	Other	es	
	18000. Additional active diagnos Enter diagnosis on line and ICD cod	es e in boxes. Include the decimal for the code in the appropriate	box.
	A		
	В		
	c		
	D		
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Resident	ldentifier	Date
Section J Health Conditions		
J0100. Pain Management - Complete for all residents, re-	gardless of current pain level	
At any time in the last 5 days, has the resident:	The second secon	
Enter Code A. Been on a scheduled pain medication regimen	?	
0. No 1. Yes		
Enter Code B. Received PRN pain medications?		
0. No 1. Yes		
Enter Code C. Received non-medication intervention for pain		
0. No	••	
1. Yes		
J0200. Should Pain Assessment Interview be Conduct	ted?	
Attempt to conduct interview with all residents. If resider	nt is comatose, skip to J1100, Sho	ortness of Breath (dyspnea)
Enter Code 0. No (resident is rarely/never understood) → Sk	kip to and complete J0800, Indicator	s of Pain or Possible Pain
1. Yes → Continue to J0300, Pain Presence	•	
Pain Assessment Interview		
J0300. Pain Presence		
Enter Code Ask resident: "Have you had pain or hurting	at any time in the last 5 days?"	
0. No → Skip to J1100, Shortness of Breath	h	
 Yes → Continue to J0400, Pain Frequen Unable to answer → Skip to J0800, Ind 	ICY	
J0400. Pain Frequency	icators of Pain or Possible Pain	
Ask resident: "How much of the time have yo	ar amonion and pain and and	
Enter Code 1. Almost constantly	ou experiencea pain or nurτin	ig over the last 5 days?"
2. Frequently		
3. Occasionally		
4. Rarely		
9. Unable to answer J0500. Pain Effect on Function		
A. Ask resident: "Over the past 5 days, has pa	in made it hard for you to sle	ep at night?"
1. Yes		
9. Unable to answer		
B. Ask resident: "Over the past 5 days, have yo	ou limited your day-to-day ac	ctivities because of pain?"
U. NO	• • •	pair.
1. Yes 9. Unable to answer		
J0600. Pain Intensity - Administer ONLY ONE of the A. Numeric Rating Scale (00-10)	following pain intensity ques	tions (A or B)
	wortholast E days on a rose to	
Ask resident: "Please rate your worst pain of as the worst pain you can imagine." (Show	resident 00 :10 pain (cale)	en scale, with zero being no pain and ten
Enter two-digit response. Enter 99 if unab	le to answer.	
B. Verbal Descriptor Scale		
Ask resident: "Please rate the intensity of you	ur worst pain over the last 5 da	ys." (Show resident verbal scale)
I. Mila		,
2. Moderate 3. Severe		
4. Very severe, horrible		:
9. Unable to answer		

	Mealth Conditions
J0700.	Should the Staff Assessment for Pain be Conducted?
Enter Code	 0. No (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain
Staff As	sessment for Pain
J0800. I	ndicators of Pain or Possible Pain in the last 5 days
	eck all that apply
	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)
	C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)
J0850. F	requency of Indicator of Pain or Possible Pain in the last 5 days
Enter Code	Frequency with which resident complains or shows evidence of pain or possible pain 1. Indicators of pain or possible pain observed 1 to 2 days 2. Indicators of pain or possible pain observed 3 to 4 days 3. Indicators of pain or possible pain observed daily
Other He	ealth Conditions
	ealth Conditions hortness of Breath (dyspnea)
J1100. S	hortness of Breath (dyspnea) eck all that apply
J1100. S	hortness of Breath (dyspnea)
J1100. S	hortness of Breath (dyspnea) eck all that apply
J1100. S	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
J1100. S	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat
J1100. S	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above rognosis
J1100. Si	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above
J1100. Si Che J1400. Pi Enter Code	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above rognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) O. No
J1100. Si	hortness of Breath (dyspnea) eck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above rognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes roblem Conditions
J1100. Si	hortness of Breath (dyspnea) ck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above rognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes roblem Conditions
J1100. Si	hortness of Breath (dyspnea) eck all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above rognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes roblem Conditions

Section	N. C.	Health Conditions								
J1700. Fa	ili History on Adn									
Complete	only if A0310A = 9	D1 or A0310E = 1								
Enter Code	A. Did the resident 0. No 1. Yes 9. Unable to d	t have a fall any time in the last month prior to admission? letermine								
Enter Code	Inter Code B. Did the resident have a fall any time in the last 2-6 months prior to admission? O. No 1. Yes 9. Unable to determine									
Enter Code		t have any fracture related to a fall in the 6 months prior to admission?								
J1800. A	ny Falls Since Ad	mission or Prior Assessment (OBRA, PPS, or Discharge), whichever is more recent								
Enter Code	 No → Ski Yes → Co 	ad any falls since admission or the prior assessment (OBRA, PPS, or Discharge), whichever is more recent? p to K0200, Height and Weight ontinue to J1900, Number of Falls Since Admission or Prior Assessment (OBRA, PPS, or Discharge) nce Admission or Prior Assessment (OBRA, PPS, or Discharge), whichever is more recent								
J1500. N	umber of rails 31									
Coding:		A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall								
1. One		B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain								
		C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma								
Sectio	n K	Swallowing/Nutritional Status								
K0200. I	leight and Weigi	ht - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up								
inches		in inches). Record most recent height measure since admission								
pounds	B. Weight (facility p	(in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard ractice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)								
K0300.	Weight Loss									
Enter Code	0. No or unkr 1. Yes, on ph	re in the last month or loss of 10% or more in last 6 months nown ysician-prescribed weight-loss regimen n physician-prescribed weight-loss regimen								
K0500.	Nutritional Appro	oaches								
↓ Ch	eck all that apply									
	A. Parenteral/IV	feeding								
		- nasogastric or abdominal (PEG)								
	1	altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids) diet (e.g., low salt, diabetic, low cholesterol)								
	Z. None of the a	The state of the s								

Identifier

Sec	tion	M		Skin	Conditions

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100. D	etermination of Pressure Ulcer Risk
- · <u> </u>	ck all that apply
	A. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device
	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
	C. Clinical assessment
	Z. None of the above
M0150. R	lisk of Pressure Ulcers
Enter Code	Is this resident at risk of developing pressure ulcers? 0. No 1. Yes
M0210. U	Inhealed Pressure Ulcer(s)
Enter Code	Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?
	No → Skip to M0900, Healed Pressure Ulcers Yes → Continue to M0300, Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
M0300. C	Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
Enter Number	A. Number of Stage 1 pressure ulcers Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues
Enter Number Enter Number	 Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 Number of these Stage 2 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
	3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown:
	Month Day Year
Enter Number	 C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
Enter Number	2. Number of these Stage 3 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
Enter Number	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling
	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing
Enter Number	2. Number of these Stage 4 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
M030	0 continued on next page

Section M	Skin Conditions									
M0300. Current i	Number of Unhealed (non-epithelialized) Pressure	Ulcers at Each Stage - Continued								
E. Unst	ageable - Non-removable dressing: Known but not stag	eable due to non-removable dressing/device								
Enter Number 1. No	umber of unstageable pressure ulcers due to non-remo ough and/or eschar	vable dressing/device - If 0 → Skip to M0300F, Unstageable:								
2. Nu tin	umber of these unstageable pressure ulcers that were properties of admission	oresent upon admission/reentry - enter how many were noted at the								
F. Unst	ageable - Slough and/or eschar: Known but not stageab	le due to coverage of wound bed by slough and/or eschar								
	umber of unstageable pressure ulcers due to coverage on stageable: Deep tissue	of wound bed by slough and/or eschar - If 0 → Skip to M0300G,								
2. Nu	2. Number of these unstageable pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission									
G. Unst	tageable - Deep tissue: Suspected deep tissue injury in ev	volution								
	umber of unstageable pressure ulcers with suspected d Unhealed Stage 3 or 4 Pressure Ulcers or Eschar	eep tissue injury in evolution - If 0 -> Skip to M0610, Dimension								
2. Nu	ne of admission	present upon admission/reentry - enter how many were noted at the								
	ons of Unhealed Stage 3 or 4 Pressure Ulcers or Es NO300C1, MO300D1 or MO300F1 is greater than 0	char								
If the resident has or		sure ulcers or an unstageable pressure ulcer due to slough or eschar, cord in centimeters:								
cm	A. Pressure ulcer length: Longest length from head to	o toe								
cm	B. Pressure ulcer width: Widest width of the same pro	essure ulcer, side-to-side perpendicular (90-degree angle) to length								
cm	C. Pressure ulcer depth: Depth of the same pressure enter a dash in each box)	ulcer from the visible surface to the deepest area (if depth is unknown,								
M0700. Most Sev	rere Tissue Type for Any Pressure Ulcer									
Select the	e best description of the most severe type of tissue present	t in any pressure ulcer bed								
1. Ep	p ithelial tissue - new skin growing in superficial ulcer. It c r anulation tissue - pink or red tissue with shiny, moist, gra	an be light pink and shiny, even in persons with darkly pigmented skin								
3. Sl	lough - yellow or white tissue that adheres to the ulcer bed	d in strings or thick clumps, or is mucinous								
4. N o. th	ecrotic tissue (Eschar) - black, brown, or tan tissue that ac nan surrounding skin	theres firmly to the wound bed or ulcer edges, may be softer or harder								
M0800. Worsenin Complete only if A	ng in Pressure Ulcer Status Since Prior Assessment 0310E = 0	t (OBRA, PPS, or Discharge)								
Indicate the number	of current pressure ulcers that were not present or were a e ulcer at a given stage, enter 0	at a lesser stage on prior assessment (OBRA, PPS, or Discharge).								
Enter Number A. Stage										
Enter Number B. Stage	3									
Enter Number C. Stage	:4	TN 10-002 Approval Date AUG 18 2011 Supersedes								
ADS 3.0 Nursing Ho	ome Discharge (ND) Version 1.00.2 10/01/2010	TN 06-010 Effective Date 10-01-19. Page 19 of 27								

Resident **Identifier** Section M **Skin Conditions** M0900. Healed Pressure Ulcers Complete only if A0310E = 0A. Were pressure ulcers present on the prior assessment (OBRA, PPS, or Discharge)? 0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0900B, Stage 2 Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA, PPS, or Discharge) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA, PPS, or Discharge), enter 0 B. Stage 2 C. Stage 3 D. Stage 4 M1030. Number of Venous and Arterial Ulcers Enter the total number of venous and arterial ulcers present M1040. Other Ulcers, Wounds and Skin Problems ↓ Check all that apply Foot Problems A. Infection of the foot (e.g., cellulitis, purulent drainage) B. Diabetic foot ulcer(s) C. Other open lesion(s) on the foot **Other Problems** D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) E. Surgical wound(s) F. Burn(s) (second or third degree) None of the Above Z. None of the above were present M1200. Skin and Ulcer Treatments Check all that apply A. Pressure reducing device for chair B. Pressure reducing device for bed C. Turning/repositioning program D. Nutrition or hydration intervention to manage skin problems E. Ulcer care F. Surgical wound care G. Application of nonsurgical dressings (with or without topical medications) other than to feet H. Applications of ointments/medications other than to feet I. Application of dressings to feet (with or without topical medications) Z. None of the above were provided

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Section N Medications											
N0400. Medications Received											
↓ Check all medications the resident received at any time during the last 7 days or since admission/reentry if less than 7 days											
A. Antipsychotic											
B. Antianxiety											
C. Antidepressant											
D. Hypnotic											
Section O Special Treatments, Procedures, and Program	Section O Special Treatments, Procedures, and Programs										
O0100. Special Treatments, Procedures, and Programs											
Check all of the following treatments, procedures, and programs that were performed during the last 14 days											
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 1. 2. While NOT a Resident Resident											
While a Resident Performed while a resident of this facility and within the last 14 days	↓ Check all t	hat apply 🌡									
E. Tracheostomy care											
F. Ventilator or respirator											
K. Hospice care											
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)											
O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and repo	rting period										
Enter Code A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season	?										
 0. No → Skip to O0250C, If Influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date vaccine received 											
B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococca	ıl vaccination up to d	ate?									
Month Day Year											
C. If Influenza vaccine not received, state reason:											
1. Resident not in facility during this year's flu season 2. Received outside of this facility											
3. Not eligible - medical contraindication											
4. Offered and declined											
5. Not offered											
6. Inability to obtain vaccine due to a declared shortage9. None of the above											
O0300. Pneumococcal Vaccine											
Enter Code A. Is the resident's Pneumococcal vaccination up to date?											
No → Continue to O0300B, if Pneumococcal vaccine not received, state reason Yes → Skip to O0600, Physical Examinations											
Enter Code B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication											
2. Offered and declined											
3. Not offered											

Supplement 1 Resident Identifier Date Special Treatments, Procedures, and Programs Section O **00600. Physician Examinations Enter Days** Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident? 00700. Physician Orders **Enter Days** Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders? Section P Restraints P0100. Physical Restraints Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body Enter Codes in Boxes **Used in Bed** A. Bed rail **B.** Trunk restraint C. Limb restraint Coding: 0. Not used D. Other 1. Used less than daily 2. Used daily Used in Chair or Out of Bed E. Trunk restraint

F. Limb restraint

H. Other

G. Chair prevents rising

Sectio	Participation in Assessment and Goal Setting
Q0100. I	Participation in Assessment
Enter Code	A. Resident participated in assessment 0. No 1. Yes
Enter Code	B. Family or significant other participated in assessment O. No 1. Yes 9. No family or significant other
Enter Code	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative
•	Resident's Overall Expectation only if A0310E = 1
Enter Code	A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above

Section	OU.	Correction Request			
X0100.	Тур	e of Record			
	c atio	 Add new record → Skip to Z0300, Insurance Billing Modify existing record → Continue to X0150, Type of P Inactivate existing record → Continue to X0150, Type of P or of Record to be Modified/Inactivated - The following ite duce the information EXACTLY as it appeared on the existing erroom is necessary to locate the existing record in the National MDS I 	f Provider ms identify	he the existing account	this
		e of Provider	Jatabase.		
Enter Code		pe of provider 1. Nursing home (SNF/NF) 2. Swing Bed			The half-ray and talence are an extra property of
X0200.	_	e of Resident on existing record to be modified/inactivate	d		
	A.	First name:			THE RESIDENCE OF THE PARTY OF T
	_	Last name:			
	j	Cast name.			
X0300.	Gene	der on existing record to be modified/inactivated			
Enter Code		Male	-		
		2. Female			
X0400.	Birth	Date on existing record to be modified/inactivated			· · · · · · · · · · · · · · · · · · ·
		Month Day Year			
X0500.	Soci	al Security Number on existing record to be modified/inac	tivated		
X0600. 1	Гуре	of Assessment on existing record to be modified/inactiva	ted		
Enter Code	В.	Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 07. Not OBRA required assessment 08. Scheduled Assessments for a Medicare Part A Stay 09. Scheduled Assessment 00. 5-day scheduled assessment 00. 14-day scheduled assessment 00. 44-day scheduled assessment 00. 60-day scheduled assessment 00. 60-day scheduled assessment 00. Readmission/return assessment 00. Readmission/return assessment 00. Unscheduled Assessments for a Medicare Part A Stay 00. Unscheduled Assessment used for PPS (OMRA, significant of Not PPS Assessment)		change, or significant correction assessment)	
Enter Code	C. F	PPS Other Medicare Required Assessment - OMRA D. No			
	•	Start of therapy assessment End of therapy assessment			
		3. Both Start and End of therapy assessment		TN 10-002 Approval Date	2011
		tinued on next page		TN 10-002 Approval Date Supersedes	
3.0 Ni	ursin	g Home Discharge (ND) Version 1.00.2 10/01/2010		Supersedes TN 06-010 Effective Date 10-01-10 Page	24 of 27

Resident	ldentifier	Supplement 1 Date
Section X Cor	rection Request	
X0600. Type of Assessment - Cont	tinued	
Enter Code D. Is this a Swing Bed clini 0. No 1. Yes	cal change assessment? Complete only if X0150 = 2	
Enter Code O1. Entry / discharge reportion O1. Entry record O1. Discharge assessme O1. Discharge assessme O1. Death in facility record O1. Discharge on the color of the color	ent-return not anticipated ent-return anticipated ord	
	e modified/inactivated - Complete one only	
A. Assessment Reference D	Pate - Complete only if X0600F = 99 Year	
B. Discharge Date - Comple Month Day C. Entry Date - Complete on	te only if X0600F = 10, 11, or 12 Year It if X0600F = 01	
Month Day	Year	
Correction Attestation Section - Co	mplete this section to explain and attest to the modifica	tion/inactivation request
X0800. Correction Number		
Enter the number of correct	ion requests to modify/inactivate the existing record, inclu	iding the present one
X0900. Reasons for Modification - (Complete only if Type of Record is to modify a record in	error (X0100 = 2)
↓ Check all that apply		
A. Transcription error		
B. Data entry error		
C. Software product error		
D. Item coding error		
Z. Other error requiring mo	dification specify:	The state of the s
X1050. Reasons for Inactivation - Co	omplete only if Type of Record is to inactivate a record ir	//0100 0
↓ Check all that apply	The same of necola is to inactivate a record in	1 error (XU100 = 3)
A. Event did not occur		
Z. Other error requiring inac If "Other" checked, please s	tivation pecify:	

Resident						lde	entifie	r			Supplement 1 Date							
Section X Correction Request																		
X1100.	RN A	sses	smer	nt Coo	rdin	ator A	ttesta	tion o	of Co	mp	letio	n						
				********		s first n												
]						
	В.	Atte	sting	indivi	iual's	last n	ame:		*****									
																Γ		
	C.	Atte	ting	individ	lual's	title:												
	D.	Sign	ature		The second second second second second second second second second second second second second second second se											- · •.•.	*·······	
	E.		tatio	n date	Day	-[Year]						aria a a a a a a a a a a a a a a a a a a			

Resident **Identifier** Section Z **Assessment Administration** Z0300. Insurance Billing A. RUG Case Mix group: B. RUG version code: **Z0400.** Signature of Persons Completing the Assessment or Entry/Death Reporting I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. Signature Title **Date Section** Sections Completed Č. Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion A. Signature: B. Date RN Assessment Coordinator signed assessment as complete:

Identifier

MINIMUM DATA SET (MDS) - Version 3.0 **RESIDENT ASSESSMENT AND CARE SCREENING** Nursing Home and Swing Bed Tracking (NT/ST) Item Set

Section	n	Identification Information
A0100.	Faci	lity Provider Numb er s
	A.	National Provider Identifier (NPI):
	R	CMS Certification Number (CCN):
	.	Chis Certification Families (CCF).
	C.	State Provider Number:
	1	
A0200.	: Typ	e of Provider
Enter Code	Ту	pe of provider
	1 -	1. Nursing home (SNF/NF)
	<u> </u>	2. Swing Bed
A0310.	Тур	e of Assessment
Enter Code	A.	Federal OBRA Reason for Assessment
		01. Admission assessment (required by day 14) 02. Quarterly review assessment
		03. Annual assessment
		04. Significant change in status assessment
		05. Significant correction to prior comprehensive assessment
		06. Significant correction to prior quarterly assessment 99. Not OBRA required assessment
	В.	PPS Assessment
Enter Code		PPS Scheduled Assessments for a Medicare Part A Stay
		01. 5-day scheduled assessment
		02. 14-day scheduled assessment03. 30-day scheduled assessment
		04. 60-day scheduled assessment
		05. 90-day scheduled assessment
	1	06. Readmission/return assessment
-		PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)
		Not PPS Assessment
	1	99. Not PPS assessment
Enter Code	C.	PPS Other Medicare Required Assessment - OMRA
		No Start of therapy assessment
		2. End of therapy assessment
	1	3. Both Start and End of therapy assessment
Enter Code	D.	Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2
1	1	0. No 1. Yes
		Is this assessment the first assessment (OBRA, PPS, or Discharge) since the most recent admission?
Enter Code		0. No
	:	1. Yes
Enter Code	F.	Entry/discharge reporting
		01. Entry record
 	1	10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated
		12. Death in facility record TN 10-002 Approval Date TN 10-002 Approval Date
		99. Not entry/discharge record Supersedes

	dentile	Date
Section	Dn A Identification Information	
A0410.	Submission Requirement	
Enter Code		
	 State but not federal required submission (FOR NURSING HOMES ONLY) Federal required submission 	
A0500.	Legal Name of Resident	
	A. First name:	B. Middle initial:
	C. Last name:	D. Suffix:
A0600.	Social Security and Medicare Numbers	
	A. Social Security Number:	
	B. Medicare number (or comparable railroad insurance number):	
	(or comparable famous marine).	
40700		
AU/00.	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	
A0800.	Gender	
Enter Code	1. Male	
	2. Female	
A0900. I	Birth Date	
	Month Day Year	
A1000. F	Race/Ethnicity	
	eck all that apply	
	A. American Indian or Alaska Native	
П	B. Asian	
	C. Black or African American	
	D. Hispanic or Latino	
	E. Native Hawaiian or Other Pacific Islander	
	F. White	
A1200 A	Marital Status	
	1. Never married	
Enter Code	2. Married	
	3. Widowed 4. Separated	
	5 Divorced	

Res	id	مر	1t

lч	er	ıti	fi	or

Section	Ide	entification In	formation			
A1300. Opt	onal Resident Items					
Α.	Medical record numb	er:	وور برجه سطها شاهد دهان الا الاستاد المام		more sense as an apage	
B.	Room number:					
			_			
C.	Name by which reside	nt prefers to be addr	ressed:			_
D.	.ifetime occupation(s) - put "/" between two	o occupations:			•
]
						1
A1600. Ent	Date (date of this a	admission/reentry i	into the facility)		
	Month Day	Year				
A1700. Typ	of Entry	**************************************				
Enter Code					and the second s	
Enter Code	 Admission Reentry 					
A1800. Ent	ed From					
Ţ-	01. Community (priva	ate home/ant_board/c	rare assisted living	a group home)	And the second s	
Enter Code	02. Another nursing	home or swing bed	cure, assisted hving	g, group nome,		
	03. Acute hospital					
	04. Psychiatric hospi 05. Inpatient rehabil					
A THAT I THE REAL	06. MR/DD facility	in incincy				
	07. Hospice					
	99. Other					
A2000. Dis	-	4.0				
Complete of	y if A0310F = 10, 11,	or 12				
		_				
	Month Day	Year				
A2100. Disc	arge Status					
Complete or	y if A0310F = 10, 11,	and the second section of the second section of the second section is a second section of the second section of				
Enter Code	01. Community (priva		are, assisted living	g, group home)		
	02. Another nursing	home or swing bed				
	03. Acute hospital 04. Psychiatric hospi	+al				
	05. Inpatient rehabili					
	06. MR/DD facility	,				
	07. Hospice					
	08. Deceased					
L	99. Other					

Resident		Identifier	Supplement 1 Date
Section	Identification	n Information	
A2400. N	ledicare Stay		
	A. Has the resident had a Medicare-cove 0. No → Skip to X0100, Type of Record 1. Yes → Continue to A2400B, Start d B. Start date of most recent Medicare stary Month Day Year C. End date of most recent Medicare stary Month Day Year	d late of most recent Medicare stay a y :	

Section X Correction Request
X0100. Type of Record
1. Add new record → Skip to Z0400, Signature of Persons Completing the Assessment or Entry/Death Reporting 2. Modify existing record → Continue to X0150, Type of Provider 3. Inactivate existing record → Continue to X0150, Type of Provider Identification of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database.
X0150. Type of Provider
Enter Code Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
X0200. Name of Resident on existing record to be modified/inactivated
A. First name: C. Last name:
X0300. Gender on existing record to be modified/inactivated
Enter Code 1. Male 2. Female
X0400. Birth Date on existing record to be modified/inactivated
Month Day Year
X0500. Social Security Number on existing record to be modified/inactivated
X0600. Type of Assessment on existing record to be modified/inactivated
Enter Code A. Federal OBRA Reason for Assessment O1. Admission assessment (required by day 14) O2. Quarterly review assessment O3. Annual assessment O4. Significant change in status assessment O5. Significant correction to prior comprehensive assessment O6. Significant correction to prior quarterly assessment 99. Not OBRA required assessment Enter Code B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay O1. 5-day scheduled assessment
02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled Assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment 99. Not PPS assessment Cc. PPS Other Medicare Required Assessment - OMRA
0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment TN 10-002 Approval Date AUG 18 2011 X0600 continued on next page

Resident ____

ide	-+:	F: ~ ~

Section X Correction Request
X0600. Type of Assessment - Continued
Enter Code D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes
Enter Code O1. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility record 99. Not entry/discharge record
X0700. Date on existing record to be modified/inactivated - Complete one only
A. Assessment Reference Date - Complete only if X0600F = 99 Month Day Year
B. Discharge Date - Complete only if X0600F = 10, 11, or 12 Month Day Year
C. Entry Date - Complete only if X0600F = 01 Month Day Year
Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request
X0800. Correction Number
Enter Number Enter the number of correction requests to modify/inactivate the existing record, including the present one
X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (X0100 = 2)
↓ Check all that apply A. Transcription error
B. Data entry error
C. Software product error
D. Item coding error
Z. Other error requiring modification If "Other" checked, please specify:
X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (X0100 = 3)
↓ Check all that apply
A. Event did not occur
Z. Other error requiring inactivation If "Other" checked, please specify:

Resident				_ ide	ldentifier			Supplement 1								
Section	31)	Forth.	Co	rrection	Requ	uest									-	
X1100.	RN /	Assessment (Coordina	ator Attesti	ation of	Com	pletio	n		Marine 11 (1944) - 1 (1944)						
		Attesting inc											n		The boundary of the state of th	
								7								
	В.	Attesting ind	lividual's	last name:				J					**************************************			
	:						T	T			T	_				
	c.	Attesting ind	lividual's	title:					<u> </u>		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	Marketin (Marketin & 1991) 11 Section (Marketin & Marketin & Marke	The second section of the second section of the second section of the second section of the second section of the second section secti	
	D.	Signature	E TO THE STATE AND ADDRESS OF THE STATE OF T	VI. 1	******				Badra ar (g. 142)		· · · · ·		e i ellerature de Allein sid mora.			
	Ε.	Attestation d	ate									···				
	<u> </u>	Month	Day	Yea	ir											

Identifier

Section Z **Assessment Administration**

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature A.	Title	Sections	Date Section Completed
В.			
C.			

identifier ___

Resident

MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Quarterly (NQ) Item Set

Section A los lidentification Information	
A0100. Facility Provider Numbers	
A. National Provider Identifier (NPI):	
B. CMS Certification Number (CCN):	
C. State Provider Number:	
A0200. Type of Provider	
Enter Code 1. Nursing home (SNF/NF) 2. Swing Bed	
A0310. Type of Assessment	
A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. Not OBRA required assessment	
B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment PPS Unscheduled Assessments for a Medicare Part A Stay 07. Unscheduled assessment used for PPS (OMRA, significant)	or clinical change, or significant correction assessment)
Not PPS Assessment 99. Not PPS assessment C. PPS Other Medicare Required Assessment - OMRA 0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment	
Enter Code D. Is this a Swing Bed clinical change assessment? Complete on 0. No 1. Yes	ly if A0200 = 2
Enter Code 0. No 1. Yes	ge) since the most recent admission?
Enter Code F. Entry/discharge reporting	
01. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility record	TN 10-002 Approval Date
99 Not entry/discharge record	Supersedes

	fier	

Sectio	n /	Identification Information	
A0410.	Sub	nission Requirement	
Enter Code		 Neither federal nor state required submission State but not federal required submission (FOR NURSING HOMES ONLY) Federal required submission 	
A0500. I	.ega	l Name of Resident	
	A.	First name: B. Middle initial:	
	C.	Last name: D. Suffix:	
A0600.	Soc	al Security and Medicare Numbers	
	A.	Social Security Number:	
	В.	Medicare number (or comparable railroad insurance number):	
A0700. I	Med	icaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	
A0800.	Gen	der	
Enter Code		1. Male	
	a de la companyone de l	2. Female	
A0900.	Birt	n Date	
		Month Day Year	
A1000.	Raci	e/Ethnicity	
		ill that apply	
7	T	American Indian or Alaska Native	
	В.	Asian	
	C.	Black or African American	
		Hispanic or Latino	
		Native Hawaiian or Other Pacific Islander	
	F. White		
A1100.		guage Does the resident need or want an interpreter to communicate with a doctor or health care staff?	
Enter Code	۸.	0. No	
		1. Yes> Specify in A1100B, Preferred language 9. Unable to determine	
	В.	Preferred language:	
Programma de la companya de la compa			

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or mental retardation or a
tinue indefinitely

ı	d	e	n	t	il

Section A Identification Information
A1800. Entered From
O1. Community (private home/apt., board/care, assisted living, group home) O2. Another nursing home or swing bed O3. Acute hospital O4. Psychiatric hospital O5. Inpatient rehabilitation facility O6. MR/DD facility O7. Hospice 99. Other
A2000. Discharge Date
Complete only if A0310F = 10, 11, or 12
A2100. Discharge Status
Complete only if A0310F = 10, 11, or 12 Enter Code
A2200. Previous Assessment Reference Date for Significant Correction Complete only if A0310A = 05 or 06
Month Day Year
A2300. Assessment Reference Date
Observation end date: Month Day Year
A2400. Medicare Stay
A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay B. Start date of most recent Medicare stay: Month Day Year
C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: Month Day Year

Identifier

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision
B0100. Comatose
Enter Code Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance
B0200. Hearing
Ability to hear (with hearing aid or hearing appliances if normally used) O. 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
B0300. Hearing Aid
Enter Code Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes
B0600. Speech Clarity
Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words
B0700. Makes Self Understood
Ability to express ideas and wants, consider both verbal and non-verbal expression O. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood
B0800. Ability To Understand Others
Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands
B1000. Vision
Ability to see in adequate light (with glasses or other visual appliances) 0. Adequate - sees fine detail, including 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
B1200. Corrective Lenses
Enter Code O. No 1. Yes Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 1. Yes

	Cognitive Patterns
C0100.	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt	to conduct interview with all residents
Enter Cod	U. No (resident is rarely/never understood) → Skip to and complete C0700-C1000. Staff Assessment for Mental Status
	1. Yes → Continue to C0200, Repetition of Three Words
Brief I	nterview for Mental Status (BIMS)
C0200.	Repetition of Three Words
	Ask resident: "I am going to say three words for you to remember, Please repeat the words after I have said all three.
	THE WOTOS GFE: SOCK, Dive, and bed. Now tell me the three words *
Enter Code	Number of words repeated after first attempt
	0. None
	1. One
	2. Two 3. Three
	After the resident'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.
COROO	Temporal Orientation (orientation to year, month, and day)
	Ask resident: *Diagratali manufatura tais sides and day)
	Ask resident: "Please tell me what year it is right now." A. Able to report correct year
Enter Code	0. Missed by > 5 years or no answer
	1. Missed by 2-5 years
	2. Missed by 1 year
	3. Correct
	Ask resident: "What month are we in right now?"
Enter Code	B. Able to report correct month
	O. Missed by > 1 month or no answer D. Missed by 6 days to 1 month
	2. Accurate within 5 days
	Ask resident: "What day of the week is today?"
Enter Code	C. Able to report correct day of the week
	0. Incorrect or no answer
	1. Correct
C0400.	Recall
	Ask resident: "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
Enter Code	A. ADIE TO FECALI "SOCK"
	0. No - could not recall
	1. Yes, after cueing ("something to wear") 2. Yes, no cue required
Enter Code	B. Able to recall "blue"
	0. No - could not recall
	1. Yes, after cueing ("a color")
	2. Yes, no cue required
Enter Code	C. Able to recall "bed"
	0. No - could not recall
	1. Yes, after cueing ("a piece of furniture")
	2. Yes, no cue required
CUSUU.	Summary Score
	Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter Score	Enter 99 if the resident was unable to complete the interview ALIC 1 Q 2011
	NIII 1 8 7011 i

Attachment 4,19D Supplement 1 Resident Identifier Section C Cognitive Patterns C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted? Enter Code No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK Staff Assessment for Mental Status Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed C0700. Short-term Memory OK Seems or appears to recall after 5 minutes **Enter Code** 0. Memory OK 1. Memory problem C0800. Long-term Memory OK Seems or appears to recall long past 0. Memory OK 1. Memory problem C0900. Memory/Recall Ability Check all that the resident was normally able to recall A. Current season B. Location of own room C. Staff names and faces D. That he or she is in a nursing home Z. None of the above were recalled C1000. Cognitive Skills for Daily Decision Making Made decisions regarding tasks of daily life Enter Code 0. Independent - decisions consistent/reasonable 1. Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions **Delirium** C1300. Signs and Symptoms of Delirium (from CAMo) Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record ↓ Enter Codes in Boxes A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or Coding: difficulty following what was said)? 0. Behavior not present B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant 1. Behavior continuously conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? present, does not C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., vigilant fluctuate startled easily to any sound or touch; lethargic - repeatedly dozed off when being asked questions, but 2. Behavior present, responded to voice or touch; stuporous - very difficult to arouse and keep aroused for the interview; fluctuates (comes and goes, changes in severity) comatose - could not be aroused)? D. Psychomotor retardation- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? C1600. Acute Onset Mental Status Change

0. **No** 1. Yes

Is there evidence of an acute change in mental status from the resident's baseline?

Resident		Identifier	Date
Section	Mood Mood		
D0100. SI	nould Resident Mood Interview be Co	nducted? - Attempt to conduct interviev	w with all residents
Enter Code	O. No (resident is rarely/never understood (PHQ-9-OV)	d) → Skip to and complete D0500-D0600, St	taff Assessment of Resident Mood
	Yes → Continue to D0200, Resident	Mood Interview (PHQ-9©)	

D0200. Resident Mood Interview	(PHQ-90)			
Say to resident: "Over the last 2 wee	eks, have you been bothered by any of the following	problems?"		
	olumn 1, Symptom Presence. : "About how often have you been bothered by this?" the symptom frequency choices. Indicate response in colu	ımn 2, Symptom Fr	equency.	
 Symptom Presence No (enter 0 in column 2) Yes (enter 0-3 in column 2) 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) 	1. Symptom Presence Lenter Score	2. Symptom Frequency	
A. Little interest or pleasure in doing t	things			
		L		
B. Feeling down, depressed, or hopele	255			
C. Trouble falling or staying asleep, o	r 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				
1. Thoughts that you would be better off dead, or of hurting yourself in some way				
D0300. 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 items).				
D0350. Safety Notification - Complete only if D020011 = 1 indicating possibility of resident self harm				
Enter Code Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes				

P۵	-:-	 	

itifier.

Section D Mood			
D0500. Staff Assessment of Resident	Mood (PHQ-9-OV*)		
Do not conduct if Resident Mood Interview (
	ve any of the following problems or behaviors?		
If symptom is present, enter 1 (yes) in colum Then move to column 2, Symptom Frequenc	n 1, Symptom Presence. cy, and indicate symptom frequency.		
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2)	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)	1. Symptom Presence	2. Symptom Frequency es in Boxes ↓
A 1544 - Indonesia - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	the second of th	4 Enter Ston	s in boxes †
A. Little interest or pleasure in doing this	ngs :		
B. Feeling or appearing down, depressed	d, or hopeless		
C. Trouble falling or staying asleep, or sle	Pening too much		
	reping too mach		
D. Feeling tired or having little energy			
E. Poor appetite or overeating			
F. Indicating that s/he feels bad about se	lf, is a failure, or has let self or family down		
G. Trouble concentrating on things, such	as reading the newspaper or watching television		
H. Moving or speaking so slowly that oth or restless that s/he has been moving	er people have noticed. Or the opposite - being so fidgety around a lot more than usual		
I. States that life isn't worth living, wishe	es for death, or attempts to harm self		
J. Being short-tempered, easily annoyed			
D0600. Total Severity Score			
Add scores for all frequency res	ponses in Column 2, Symptom Frequency. Total score must be b	etween 00 and 30.	
	only if D0500l1 = 1 indicating possibility of resident self har	m	
Enter Code 0. No 1. Yes	er informed that there is a potential for resident self harm?		

AUG 1 8 2011

Resident	ldentifier	Sup _l	plement 1	
Section E Behavior	The second secon			
E0100. Psychosis				
Check all that apply				
A. Hallucinations (perceptual experience	es in the absence of real externa	I concon et in th		
B. Delusions (misconceptions or beliefs	that are firmly held, contrary to r	reality)		
Z. None of the above		Culty		
Behavioral Symptoms				
E0200. Behavioral Symptom - Presence & Fre	quency			
Note presence of symptoms and their frequency	and the second section of the section of			
	↓ Enter Codes in Boxes			
Coding:		vioral symptoms diseased a		
0. Behavior not exhibited	kicking, pushin	vioral symptoms directed toward others 19, scratching, grabbing, abusing others se	៖ (e.g., hitting, xually)	
 Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days, 	B. Verbal behavio	oral symptoms directed toward others (ong at others, cursing at others)	directed toward others (e.g. threatening	
but less than daily 3. Behavior of this type occurred daily	C. Other behavio symptoms such sexual acts, disr	ral symptoms not directed toward other as hitting or scratching self, pacing, rumm obing in public, throwing or smearing food symptoms like screaming, disruptive sound	naging, public	
E0800. Rejection of Care - Presence & Freque	ю	, as apare south		
Enter Code Did the resident reject evaluation or cal resident's goals for health and well-bein planning with the resident or family), and/ Behavior not exhibited Behavior of this type occurred 1 to 2. Behavior of this type occurred 4 to 3. Behavior of this type occurred daily	or determined to be consistent was a days 6 days. but less than daily.		o achieve the scussion or care	
E0900. Wandering - Presence & Frequency				
Enter Code O. Behavior not exhibited 1. Behavior of this type occurred 1 to 2. Behavior of this type occurred 4 to 3. Behavior of this type occurred dai	6 days, but less than daily			

E	ection G Functional Status		
G	0110. Activities of Daily Living (ADL) Assistance		
R	efer to the ADL flow chart in the RAI manual to facilitate accurate coding		
	structions for Rule of 3		
=	When an activity occurs three times at any one given level, code that level.		
=	When an activity occurs three times at multiple levels, code the most dependent, exceptions are to		
	every time, and activity did not occur (8), activity must not have occurred at all. Example, three time assistance (2), code extensive assistance (2).	es extensivo assistante (2)	ty must require full assist
	assistance (2), code extensive assistance (3).	es extensive assistance (3	and three times limited
- 1	When an activity occurs at various levels, but not three times at any given level, apply the following	•	
i '	\sim when there is a combination of full staff performance, and extensive assistance, code extensive as	ccictance	
١ ١	\sim when there is a combination of full staff performance, weight bearing assistance and/or population	iht hearing accietance cor	to limited assistance (2)
lf	none of the above are met, code supervision.	give bearing assistance coe	re inflited assistance (2).
1.	ADL Self-Performance	2. ADL Support Provi	idad
	Code for resident's performance over all shifts - not including setup. If the ADL activity		port provided over all
	occurred 3 or more times at various levels of assistance, code the most dependent - except for	shifts: code regardle	ess of resident's self-
	total dependence, which requires full staff performance every time	performance classif	ication
C	oding:	Coding:	
	Activity Occurred 3 or More Times		sical help from staff
	0. Independent - no help or staff oversight at any time		
	Supervision - oversight, encouragement or cueing	1. Setup help only	
	2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering	2. One person phy	
	of limbs or other non-weight-bearing assistance	3. Two+ persons p	
	3. Extensive assistance - resident involved in activity, staff provide weight-bearing support		If did not occur during
	4. Total dependence - full staff performance every time during entire 7-day period	entire period	
	Activity Occurred 2 or Fewer Times		
	7. Activity occurred only once or twice - activity did occur but only once or twice	1.	T
	8. Activity did not occur - activity (or any part of the ADL) was not performed by resident or	Self-Performance	2.
	staff at all over the entire 7-day period		Support es in Boxes L
A.	Bed mobility - how resident moves to and from lying position, turns side to side, and	The cod	es in poxes t
	positions body while in bed or alternate sleep furniture		
B.	Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair,		
	standing position (excludes to/from bath/toilet)		
c.	Walk in room - how resident walks between locations in his/her room		
	The state of the s		
D.	Walk in corridor - how resident walks in corridor on unit		
Ē	Locometian on unit, how recident many had been all the second of the sec		
	Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
		لـا إ	
r.	Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas		
	set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
_			<u> </u>
G.			i i
	Dressing - how resident puts on, fastens and takes off all items of clothing, including		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses		
Н.	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking.		
Н.	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts		
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or		
1.	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag		
1.	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag Personal hygiene - how resident maintains personal hygiene, including combing hair		
I.	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag		

Section G Functional Statu	S		
G0120. Bathing			
How resident takes full-body bath/shower, sponge bath, and dependent in self-performance and support	transfers in/out of tub/shower (excludes washing of back and hair). Code for most		
A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur during the entire period			
	G0110 column 2, ADL Support Provided, above)		
G0300. Balance During Transitions and Walking			
After observing the resident, code the following walking ar			
	↓ Enter Codes in Boxes		
Coding:	A. Moving from seated to standing position		
Steady at all times Not steady, but <u>able</u> to stabilize without human	B. Walking (with assistive device if used)		
assistance 2. Not steady, <u>only able</u> to stabilize with human	C. Turning around and facing the opposite direction while walking		
assistance 8. Activity did not occur	D. Moving on and off toilet		
	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)		
G0400. Functional Limitation in Range of Motion			
Code for limitation that interfered with daily functions or pl	aced resident at risk of injury		
Cadina	↓ Enter Codes in Boxes		
Coding: 0. No impairment 1. Impairment on one side	A. Upper extremity (shoulder, elbow, wrist, hand)		
2. Impairment on both sides	B. Lower extremity (hip, knee, ankle, foot)		
G0600. Mobility Devices			
↓ Check all that were normally used			
A. Cane/crutch			
B. Walker			
C. Wheelchair (manual or electric)			
D. Limb prosthesis			
Z. None of the above were used			

5111.232.001	APPENDIX D	Attachment 4.19D
Resident	ldentifier	Supplement 1 Date
Section H Bladder and B	owei	

Sectio		Bladder and Bowei
H0100.	٩рр	liances
↓ Che	eck	all that apply
	A.	Indwelling catheter (including suprapubic catheter and nephrostomy tube)
	В.	External catheter
	C.	Ostomy (including urostomy, ileostomy, and colostomy)
	D.	Intermittent catheterization
	z.	None of the above
H0200. (Jrir	ary Toileting Program
Enter Code	C.	Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) currently being used to manage the resident's urinary continence? 0. No 1. Yes
H0300. l	Jrir	ary Continence
Enter Code	Ur	 Always continent Always continent (less than 7 episodes of incontinence) Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding) Always incontinent (no episodes of continent voiding) Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
H0400. I	Bov	vel Continence
Enter Code	Bo	 Always continence - Select the one category that best describes the resident Always continent Occasionally incontinent (one episode of bowel incontinence) Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement) Always incontinent (no episodes of continent bowel movements) Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days
H0500. 1	Bov	vel Toileting Program
Enter Code	ls	a toileting program currently being used to manage the resident's bowel continence? 0. No 1. Yes

_		
Dac	ide	n+

Sec	tion I	Active Diagnoses
		oses in the last 7 days - Check all that apply
Diagn		ed in parentheses are provided as examples and should not be considered as all-inclusive lists
	÷	Circulation
	ì	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
	1	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
	1	Hypertension
		Orthostatic Hypotension
		urinary Neurogenic Bladder
	ł	Obstructive Uropathy
 -	Infection	
П	11700.	Multidrug-Resistant Organism (MDRO)
l 🗖	1	Pneumonia
ΙĒ	12100.	Septicemia
	İ	Tuberculosis
	12300.	Urinary Tract Infection (UTI) (LAST 30 DAYS)
	1	Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
ī	į	Wound Infection (other than foot)
	Metab	
	12900.	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
	I3100.	Hyponatremia
	13200.	Hyperkalemia
	13300.	Hyperlipidemia (e.g., hypercholesterolemia)
		oskeletal
	13900.	Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
		Other Fracture
	Neurol	
		Alzheimer's Disease
님		Aphasia Control of the Control of th
	1	Cerebral Palsy
	f	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
	14800.	Dementia (e.g. Non-Alzheimer's dementia such as vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
	14900.	Hemiplegia or Hemiparesis
	15000.	Paraplegia
		Quadriplegia
	15200.	Multiple Scierosis (MS)
	15250.	Huntington's Disease
	I5300.	Parkinson's Disease
	15400.	Seizure Disorder or Epilepsy
	I5500.	Traumatic Brain Injury (TBI)
	Nutriti	A SECURITY OF A PROPERTY OF A SECURITY OF A
Ш	15600.	Malnutrition (protein or calorie) or at risk for malnutrition

Supplement 1 Resident Identifier Section I **Active Diagnoses** Active Diagnoses in the last 7 days - Check all that apply Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists Psychiatric/Mood Disorder 15700. Anxiety Disorder **15800.** Depression (other than bipolar) 15900. Manic Depression (bipolar disease) 15950. Psychotic Disorder (other than schizophrenia) **16000.** Schizophrenia (e.g., schizoaffective and schizophreniform disorders) 16100. Post Traumatic Stress Disorder (PTSD) Pulmonary 16200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis) 16300. Respiratory Failure Other 18000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box. В. _____

Section J Health Conditions	
J0100. Pain Management - Complete for all residents, regardless of current pain level	
At any time in the last 5 days, has the resident:	Committee of the Commit
Enter Code A. Been on a scheduled pain medication regimen? 0. No 1. Yes	
Enter Code B. Received PRN pain medications? 0. No 1. Yes	
Enter Code C. Received non-medication intervention for pain?	
0. No 1. Yes	
J0200. Should Pain Assessment Interview be Conducted?	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspne	a)
 Emer Code D. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence 	
Pain Assessment Interview	
J0300. Pain Presence	
Enter Code Ask resident: "Have you had pain or hurting at any time in the last 5 days?"	
0. No → Skip to J1100, Shortness of Breath	
1. Yes → Continue to J0400, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain	
J0400. Pain Frequency	
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"	
1. Almost constantly	
2. Frequently	
3. Occasionally 4. Rarely	
9. Unable to answer	
J0500. Pain Effect on Function	
A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?"	
entercode 0. No	
1. Yes 9. Unable to answer	
B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pa	2 30
EnterCode 0. No	in <i>:</i>
1. Yes	
9. Unable to answer	
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)	
A. Numeric Rating Scale (00-10) Enter Rating Ask resident: "Places rate your west pain a contact of the last 5 days."	
Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero bein as the worst pain you can imagine." (Show resident 00 -10 pain scale)	g no pain and ten
Enter two-digit response. Enter 99 if unable to answer.	
B. Verbal Descriptor Scale	
Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verb	al scale)
1. Mild 2. Moderate	
2. moderate 3. Severe	
4. Very severe, horrible	110 4 0 2044
9. Unable to answer	UG 1 8 2011

Resident Supplement 1 Identifier Section J **Health Conditions** J0700. Should the Staff Assessment for Pain be Conducted? **Enter Code** 0. No (J0400 = 1 thru 4) -> Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0400 = 9) --- Continue to J0800, Indicators of Pain or Possible Pain Staff Assessment for Pain J0800. Indicators of Pain or Possible Pain in the last 5 days □ Check all that apply A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning) B. Vocal complaints of pain (e.g., that hurts, ouch, stop) C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw) D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement) Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea) J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days Frequency with which resident complains or shows evidence of pain or possible pain **Enter Code** 1. Indicators of pain or possible pain observed 1 to 2 days 2. Indicators of pain or possible pain observed 3 to 4 days 3. Indicators of pain or possible pain observed daily Other Health Conditions J1100. Shortness of Breath (dyspnea) Check all that apply A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring) B. Shortness of breath or trouble breathing when sitting at rest C. Shortness of breath or trouble breathing when lying flat Z. None of the above J1400. Prognosis Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician **Enter Code** documentation) 0. No 1. Yes J1550. Problem Conditions Check all that apply A. Fever П **B.** Vomiting C. Dehydrated

D. Internal bleeding Z. None of the above

APPENDIX D

Attachment 4.19D Supplement 1

Resident			ldentifier	Date
SectionJ		Health (Conditions	
	story on Admis if A0310A = 01		= 1	
	Did the resident had not be no		time in the last month prior to admission?	
	oid the resident had not been to be not be not been to be not been to be not been to be not been to be not	·	time in the last 2-6 months prior to admission?	
	old the resident had not be no	•	ure related to a fall in the 6 months prior to admission?	
J1800. Any Fa	ils Since Admi	ssion or Pri	or Assessment (OBRA, PPS, or Discharge), which	ever is more recent
I I	0. No → Skip to	K0100, Swa	e admission or the prior assessment (OBRA, PPS, or Dis llowing Disorder), Number of Falls Since Admission or Prior Assessment (C	
J1900. Numb	er of Falls Since	Admissio	n or Prior Assessment (OBRA, PPS, or Discharge)	, whichever is more recent
		Enter	Codes in Boxes	
Coding:		^	 No injury - no evidence of any injury is noted on care clinician; no complaints of pain or injury by the behavior is noted after the fall 	
0. None 1. One 2. Two or m	ore	В	 Injury (except major) - skin tears, abrasions, lace sprains; or any fall-related injury that causes the re 	

consciousness, subdural hematoma

C. Major injury - bone fractures, joint dislocations, closed head injuries with altered

APPENDIX D Attachment 4,19D Resident Supplement 1 Identifier **Swallowing/Nutritional Status** Section K K0100. Swallowing Disorder Signs and symptoms of possible swallowing disorder Check all that apply A. Loss of liquids/solids from mouth when eating or drinking B. Holding food in mouth/cheeks or residual food in mouth after meals C. Coughing or choking during meals or when swallowing medications D. Complaints of difficulty or pain with swallowing Z. None of the above K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up A. Height (in inches). Record most recent height measure since admission inches B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.) pounds K0300. Weight Loss Loss of 5% or more in the last month or loss of 10% or more in last 6 months **Enter Code** 0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen **K0500. Nutritional Approaches** Check all that apply A. Parenteral/IV feeding B. Feeding tube - 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 K0700. Percent Intake by Artificial Route - Complete K0700 only if K0500A or K0500B is checked A. Proportion of total calories the resident received through parenteral or tube feeding **Enter Code** 1. 25% or less 2. 26-50% 3. 51% or more B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more Section L **Oral/Dental Status**

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A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)

F. Mouth or facial pain, discomfort or difficulty with chewing

L0200. Dental

Check all that apply

Supplement 1 Section M **Skin Conditions** Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage M0100. Determination of Pressure Ulcer Risk Check all that apply A. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device B. Formal assessment instrument/tool (e.g., Braden, Norton, or other) C. Clinical assessment Z. None of the above M0150. Risk of Pressure Ulcers Is this resident at risk of developing pressure ulcers? 0. No. 1. Yes M0210. Unhealed Pressure Ulcer(s) Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher? **Enter Code** 0. No → Skip to M0900, Healed Pressure Ulcers Yes → Continue to M0300, Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage M0300. Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage Number of Stage 1 pressure ulcers Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 2. Number of these Stage 2 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time 3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown: Month Day Year C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4 2. Number of these Stage 3 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the 1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing 2. Number of these Stage 4 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time

M0300 continued on next page

Section M Skin Condit	ions
M0300. Current Number of Unhealed (non-e	pithelialized) Pressure Ulcers at Each Stage - Continued
	sing: Known but not stageable due to non-removable dressing/device
Slough and/or eschar	ulcers due to non-removable dressing/device - If 0 -> Skip to M0300F, Unstageable:
2. Number of these unstageable pre time of admission	essure ulcers that were present upon admission/reentry - enter how many were noted at the
F. Unstageable - Slough and/or eschar	: Known but not stageable due to coverage of wound bed by slough and/or eschar
1. Number of unstageable pressure Unstageable: Deep tissue	ulcers due to coverage of wound bed by slough and/or eschar - If 0→ Skip to M0300G,
	essure ulcers that were present upon admission/reentry - enter how many were noted at the
G. Unstageable - Deep tissue: Suspecte	ed deep tissue injury in evolution
of Unhealed Stage 3 or 4 Pressure U	
time of admission	essure ulcers that were present upon admission/reentry - enter how many were noted at the
M0610. Dimensions of Unhealed Stage 3 or 4 Complete only if M0300C1, M0300D1 or M0300F	Pressure Ulcers or Eschar
If the resident has one or more unhealed (non-epithel	lialized) Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar
identify the pressure ulcer with the largest surface are	a (length x width) and record in centimeters:
A. Pressure ulcer length: Lo	ingest length from head to toe
B. Pressure ulcer width: Wid	dest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
C. Pressure ulcer depth: Depenter a dash in each box)	pth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown,
M0700. Most Severe Tissue Type for Any Pres	sure Ulcer
Select the best description of the most sev	vere type of tissue present in any pressure ulcer bed
Enter Code 1. Epithelial tissue - new skin growing 2. Granulation tissue - nink or red til	ng in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin ssue with shiny, moist, granular appearance
	of adheres to the ulcer bed in strings or thick clumps, or is mucinous
 Necrotic tissue (Eschar) - black, buthan surrounding skin 	rown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder
	ince Prior Assessment (OBRA, PPS, or Discharge)
F-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ere not present or were at a lesser stage on prior assessment (OBRA, PPS, or Discharge).
Enter Number	
A. Stage 2	
Enter Number B. Stage 3	
Enter Number C. Stage 4	TN 10-002 Approval Date AUG 1 8 2011
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ldentifier

Sectio	n M Skin Conditions
;	Healed Pressure Ulcers
	only if A0310E = 0 A. Were pressure ulcers present on the prior assessment (OBRA, PPS, or Discharge)?
Enter Code	O. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0900B, Stage 2
	Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA, PPS, or Discharge) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA, PPS, or Discharge), enter 0
Enter Number	B. Stage 2
Enter Number	C. Stage 3
Enter Number	D. Stage 4
M1030. I	Number of Venous and Arterial Ulcers
Enter Number	Enter the total number of venous and arterial ulcers present
M1040. (Other Ulcers, Wounds and Skin Problems
↓ Ch	neck all that apply
	Foot Problems
	A. Infection of the foot (e.g., cellulitis, purulent drainage)
	B. Diabetic foot ulcer(s)
	C. Other open lesion(s) on the foot
	Other Problems
	D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)
	E. Surgical wound(s)
	F. Burn(s) (second or third degree)
	None of the Above
	Z. None of the above were present
M1200. S	Skin and Ulcer Treatments
↓ Ch	eck all that apply
	A. Pressure reducing device for chair
	B. Pressure reducing device for bed
	C. Turning/repositioning program
	D. Nutrition or hydration intervention to manage skin problems
П	E. Ulcer care
$\overline{\Box}$	F. Surgical wound care
$\overline{\Box}$	G. Application of nonsurgical dressings (with or without topical medications) other than to feet
	H. Applications of ointments/medications other than to feet
	Application of dressings to feet (with or without topical medications)
	Z. None of the above were provided
	Total of the above were provided

Resident _		Identifier	Date	
Section	n N Medic	itions		
N0300.	Injections			
Enter Days	Record the number of days of 7 days. If 0 → Skip to N0400	hat injections of any type were received during the last 7 Medications Received	days or since admission/reentry if less than	
N0350.	Insulin			
Enter Days	A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/reentry if less than 7 days			
Enter Days	B. Orders for insulin - Record to insulin orders during the last	he number of days the physician (or authorized assistant 7 days or since admission/reentry if less than 7 days	nt or practitioner) changed the resident's	
N0400.	Medications Received			
‡ c	heck all medications the residen	received at any time during the last 7 days or since adn	nission/reentry if less than 7 days	
	A. Antipsychotic			
	B. Antianxiety			
	C. Antidepressant			
П	D. Hypnotic			

ldentifier _

Section O Special Treatments, Procedures, and Programs				
O0100. Special Treatments, Procedures, and Programs				
Check all of the following treatments, procedures, and programs that were performed during the last 14 days	5			
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank 2. While a Resident	1. While NOT a Resident	2. While a Resident		
Performed while a resident of this facility and within the last 14 days	↓ Check all	that apply 👃		
Cancer Treatments	<u> </u>			
A. Chemotherapy				
B. Radiation	П	П		
Respiratory Treatments				
C. Oxygen therapy		П		
D. Suctioning				
E. Tracheostomy care	<u></u>			
	ᆜ			
F. Ventilator or respirator Other				
H. IV medications				
	LJ			
I. Transfusions				
J. Dialysis				
K. Hospice care				
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)				
O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and repo	rting period			
Enter Code A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season	• •			
 0. No → Skip to O0250C, If Influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date vaccine received 				
B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date? Month Day Year				
Enter Code 1. Resident not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine due to a declared shortage				
9. None of the above	······································			
O0300. Pneumococcal Vaccine				
Enter Code A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies				
B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered				

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Section O	Special Treatments, Procedures, and Programs				
O0400. Therapie					
	A. Speech-Language Pathology and Audiology Services				
Enter Number of Minutes					
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes					
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy				
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
	B. Occupational Therapy				
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 				
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days				
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C, Physical Therapy				
Enter Number of Days					
	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
	C. Physical Therapy				
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 				
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days				
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days				
	If the sum of individual, concurrent, and group minutes is zero, -> skip to O0400D, Respiratory Therapy				
Enter Number of Days	 4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 				
	Month Day Year Month Day Year				
O0400 continue	ed on next page				

Section O Special Treatments, Procedures, and Programs						
O0400. Therapies - Continued						
		D. Respiratory Therapy				
Enter Number of Days		2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
		E. Psychological Therapy (by any licensed mental health professional)				
Enter Number of Days		2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days				
		e Nursing Programs				
(enter 0 if i	number o	f days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days than 15 minutes daily)				
Number of Days	Techniqu	e				
	A. Range	e of motion (passive)				
	B. Range	e of motion (active)				
	C. Splint	or brace assistance				
Number of Days	Training	and Skill Practice In:				
	D. Bed mobility					
	E. Transi	ier				
	F. Walkiı	ng				
	G. Dress	ing and/or grooming				
	H. Eating	g and/or swallowing				
	I. Ampu	tation/prostheses care				
	J. Communication					
O0600. Physician Examinations						
Enter Days	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?					
O0700. Physician Orders						
Enter Days	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?					

Resident	ldentifier	Supplement 1 Date
Section P Restrain	nts	
P0100. Physical Restraints		
Physical restraints are any manual method or the individual cannot remove easily which rest	physical or mechanical device, material or equipment attactricts freedom of movement or normal access to one's boo	ched or adjacent to the resident's body that
	↓ Enter Codes in Boxes	
	Used in Bed	
	A. Bed rail	
	B. Trunk restraint	
Coding:	C. Limb restraint	
0. Not used 1. Used less than daily	D. Other	
2. Used daily	Used in Chair or Out of Bed	
	E. Trunk restraint	
	F. Limb restraint	
	G. Chair prevents rising	
	H. Other	

Sectio	Participation in Assessment and Goal Setting
Q0100. I	Participation in Assessment
Enter Code	A. Resident participated in assessment 0. No 1. Yes
Enter Code	B. Family or significant other participated in assessment O. No 1. Yes 9. No family or significant other
Enter Code	 Guardian or legally authorized representative participated in assessment No Yes No guardian or legally authorized representative
i .	Resident's Overall Expectation
Complete	only if A0310E = 1
Enter Code	A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code	 B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above
Q0400. [Discharge Plan
Enter Code	 A. Is there an active discharge plan in place for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral
Enter Code	 B. What determination was made by the resident and the care planning team regarding discharge to the community? Determination not made Discharge to community determined to be feasible → Skip to Q0600, Referral Discharge to community determined to be not feasible → Skip to X0100, Type of Record
Q0500. F	Return to Community
Enter Code	A. Has the resident been asked about returning to the community? 0. No 1. Yes - previous response was "no" 2. Yes - previous response was "yes" → Skip to Q0600, Referral 3. Yes - previous response was "unknown"
Enter Code	 B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?" 0. No 1. Yes 9. Unknown or uncertain
Q0600. F	Referral
Enter Code	Has a referral been made to the local contact agency? 0. No - determination has been made by the resident and the care planning team that contact is not required 1. No - referral not made 2. Yes

Section X Correction Request												
X0100. Type of Record												
Enter Code 1. Add new record → Skip to Z0100, Medicare Part A Billing												
2. Modify existing record → Continue to X0150, Type of Provider 3. Inactivate existing record → Continue to X0150, Type of Provider												
Identification of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In the	nis											
section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database.												
X0150. Type of Provider												
Enter Code : Type of provider												
1. Nursing home (SNF/NF) 2. Swing Bed												
X0200. Name of Resident on existing record to be modified/inactivated												
A. First name:												
C. Last name:												
X0300. Gender on existing record to be modified/inactivated												
Enter Code 1. Male												
2. Female												
X0400. Birth Date on existing record to be modified/inactivated												
Month Day Year												
X0500. Social Security Number on existing record to be modified/inactivated												
X0600. Type of Assessment on existing record to be modified/inactivated												
Enter Code A. Federal OBRA Reason for Assessment												
01. Admission assessment (required by day 14) 02. Quarterly review assessment												
03. Annual assessment												
 O4. Significant change in status assessment O5. Significant correction to prior comprehensive assessment 												
06. Significant correction to prior quarterly assessment												
99. Not OBRA required assessment												
Enter Code B. PPS Assessment PPS Scheduled Assessments for a Medicare Part A Stay												
01. 5-day scheduled assessment												
02. 14-day scheduled assessment												
03. 30-day scheduled assessment 04. 60-day scheduled assessment												
05. 90-day scheduled assessment												
06. Readmission/return assessment												
PPS Unscheduled Assessments for a Medicare Part A Stay												
 Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment 												
99. Not PPS assessment												
C. PPS Other Medicare Required Assessment - OMRA												
0. No 1. Start of therapy assessment												
2. End of therapy assessment												
3. Both Start and End of therapy assessment TN 10-002. Approval Date AUG 18 2	.011											
X0600 continued on next page Supersedes												

Sectio	Correction Request
X0600. 1	Type of Assessment - Continued
Enter Code	 D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes
Enter Code	F. Entry/discharge reporting 01. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility record 99. Not entry/discharge record
X0700. [Date on existing record to be modified/inactivated - Complete one only
	A. Assessment Reference Date - Complete only if X0600F = 99 Month Day Year P. Dischard Date - Complete only if X0600F = 99
	B. Discharge Date - Complete only if X0600F = 10, 11, or 12
Correction	Month Day Year On Attestation Section - Complete this section to explain and attest to the modification/inactivation request
	Correction Number
<u> </u>	
Enter Number	Enter the number of correction requests to modify/inactivate the existing record, including the present one
X0900. F	Reasons for Modification - Complete only if Type of Record is to modify a record in error $(X0100 = 2)$
Che	eck all that apply
	A. Transcription error
	B. Data entry error
	C. Software product error D. Item coding error
	Z. Other error requiring modification If "Other" checked, please specify:
X1050. R	Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (X0100 = 3)
	eck all that apply
	A. Event did not occur
	Z. Other error requiring inactivation If "Other" checked, please specify:

			S. 12									iue	211111111111111111111111111111111111111	:r					 	Date		
Section)II)	(Co	rrec	tion	Req	ues	st									 		 	
X1100.	RN /	ssess	men	t Coor	dina	tor A	ttesta	tion o	f Co	mplet	ion								 		 	
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	B.	Attest	ing i	ndivid	ual's	last na	me:					•• •• ••		· · · · · · · · · · · · · · · · · · ·							 	
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	c.	Attest	ina i	ndividu	lal'e	eiela.									L		<u> </u>]	 			
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	D.	Signat	ure											~					 		 	
	E.	Attesta	ation	date															 		 	
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AUG 18 2011

Resident Supplement 1 Identifier Section Z **Assessment Administration** Z0100. Medicare Part A Billing A. Medicare Part A HIPPS code (RUG group followed by assessment type indicator): B. RUG version code: C. Is this a Medicare Short Stay assessment? **Enter Code** 0. **No** 1. Yes Z0150. Medicare Part A Non-Therapy Billing A. Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator): B. RUG version code: Z0200. State Medicaid Billing (if required by the state) A. RUG Case Mix group: B. RUG version code: Z0250. Alternate State Medicaid Billing (if required by the state) A. RUG Case Mix group: B. RUG version code: Z0300. Insurance Billing A. RUG Case Mix group: B. RUG version code:

Supplement 1 Resident **Identifier** Date Section Z **Assessment Administration** Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf. Signature **Date Section** Title Sections Ä. Completed B. C. D. E. F. G. H. Ī. Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion A. Signature: B. Date RN Assessment Coordinator signed

assessment as complete:

Day

Year

Month

ldentifier

MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING

Nursing Home PPS (NP) Item Set

Sectio	n /	Identification Information									
A0100. Facility Provider Numbers											
	A.	National Provider Identifier (NPI):									
	B. CMS Certification Number (CCN):										
	_	State Provider Number:									
	٠.	State Provider Number:									
A0200. 1	ур	e of Provider									
Enter Code	Ту	pe of provider									
		1. Nursing home (SNF/NF)									
	<u>L</u> .	2. Swing Bed									
A0310. 1	ур	e of Assessment									
Enter Code	A.	Federal OBRA Reason for Assessment									
		01. Admission assessment (required by day 14)									
		02. Quarterly review assessment 03. Annual assessment									
	1	04. Significant change in status assessment									
	Ì	05. Significant correction to prior comprehensive assessment									
		06. Significant correction to prior quarterly assessment									
		99. Not OBRA required assessment									
	В.	PPS Assessment									
Enter Code		PPS Scheduled Assessments for a Medicare Part A Stay									
		01. 5-day scheduled assessment									
		02. 14-day scheduled assessment 03. 30-day scheduled assessment									
		04. 60-day scheduled assessment									
		05. 90-day scheduled assessment									
	1	06. Readmission/return assessment									
		PPS Unscheduled Assessments for a Medicare Part A Stay									
		07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)									
	İ	Not PPS Assessment 99. Not PPS assessment									
Enter Code	C.	PPS Other Medicare Required Assessment - OMRA 0. No									
	ļ	1. Start of therapy assessment									
		2. End of therapy assessment									
		3. Both Start and End of therapy assessment									
Enter Code	D.	Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2									
		O. No									
		1. Yes									
Enter Code	E.	Is this assessment the first assessment (OBRA, PPS, or Discharge) since the most recent admission?									
		0. No									
		1. Yes									
Enter Code	F.	Entry/discharge reporting									
		01. Entry record 10. Discharge assessment-return not anticipated									
		11. Discharge assessment-return anticipated 12. Death in facility record TN 10-002 Approval Date									
		99. Not entry/discharge record									

5111.232.001 APPENDIX E Attachment 4,19D Supplement 1 Resident Identifier Section A **Identification Information** A0410. Submission Requirement 1. Neither federal nor state required submission **Enter Code** 2. State but not federal required submission (FOR NURSING HOMES ONLY) 3. Federal required submission A0500. Legal Name of Resident A. First name: B. Middle initial: C. Last name: D. Suffix: A0600. Social Security and Medicare Numbers A. Social Security Number: B. Medicare number (or comparable railroad insurance number): A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient A0800. Gender **Enter Code** 1. Male 2. Female A0900. Birth Date Month Day Year A1000. Race/Ethnicity ↓ Check all that apply A. American Indian or Alaska Native B. Asian C. Black or African American D. Hispanic or Latino \Box E. Native Hawaiian or Other Pacific Islander F. White \Box A1100. Language A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?

9. Unable to determine

B. Preferred language:

1. Yes→ Specify in A1100B, Preferred language

Enter Code

Resident										lde	entifie	- •r							Λι	S	upp	leme			
Secti	on/		lde	htif	icati	on	Info	``	atio											Da	te				
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Enter Code	•	 Never marrie Married 	₽d																						
		3. Widowed																							
		4. Separated 5. Divorced																							
A1300.	Opt	onal Resident I	tems									 -													
		Medical record		:																					
					\Box	Т	T	Π																	
	В.	Room number:	_1	1		ــــــــــــــــــــــــــــــــــــــ		<u> </u>																	
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						<u> </u>	<u> </u>										<u> </u>		\perp						
	D.	Lifetime occupat	ion(s) -	put "	/" betwe	een tv	NO OC	cupat	ions:																
																				Τ					
A1500.	Prea	dmission Scree	ning aı	nd R	esiden	t Rev	view	(PAS	RR)																
Complet		y if A0310A = 01			4 1																				
Enter Code	rela	s the resident bed ated condition?	en evalu	iatec	Dy Lev	'el II F	PASR	Rand	dete	rmi	ned 1	to ha	ve a	seri	ous i	meni	tal il	Ines	s and	l/or	mer	tal re	etarda	ition o	ra
		0. No 1. Yes																							
		9. Not a Medicai	id certif	ied u	ınit																				
		litions Related																							
If the resi	ideni	is 22 years of ag	e or old	der, d	comple	te or	nly if	A031	0A =	01															
If the resi	ident	is 21 years of ag	e or yo	ung	er, com	plete	only	y if A	310/	\ = (01,0	3, 04	, or	05	~~~										
+ C	Neck	all conditions the /DD With Organic	t are re	late	d to MR	/DD s	tatu	s that	were i	man	ifest	ed be	fore	age	22, a	nd a	re lil	kely t	to co	ntinu	Je in	defin	itely		
_		Down syndrome	Condi					٠.																	
	-																	·							
		Autism										·													
	C.	Epilepsy								_															
		Other organic cor				R/DD)																		
	MR	DD Without Orga	anic Cor	ıditi	on																				
	E. 1	MR/DD with no or	ganic c	ondi	tion																				
	No	MR/DD																				• • •		•	-
	Z. I	None of the above	e													*********									
A1600. E	ntry	Date (date of t	his adn	nissi	ion/ree	ntry	into	the	acilit	y)					······································										\dashv
		Month Day]-[I	Year																			anni sa kale 🚾 province gar	
A1700. T	ype	of Entry					··														···				
Enter Code		Admission								*****	· · · · · ·														

AUG 18 2011

1. Admission 2. Reentry

Identifier

Resident

Section A Identification Information
A1800. Entered From
O1. Community (private home/apt., board/care, assisted living, group home) O2. Another nursing home or swing bed O3. Acute hospital O4. Psychiatric hospital O5. Inpatient rehabilitation facility O6. MR/DD facility O7. Hospice 99. Other
A2000. Discharge Date
Complete only if A0310F = 10, 11, or 12
Month Day Year
A2100. Discharge Status
Complete only if A0310F = 10, 11, or 12 O1. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. MR/DD facility 07. Hospice 08. Deceased
99. Other A2200. Previous Assessment Reference Date for Significant Correction
Complete only if A0310A = 05 or 06
Month Day Year
A2300. Assessment Reference Date
Observation end date:
A2400. Medicare Stay
Enter Code O. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay B. Start date of most recent Medicare stay:
C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: Month Day Year C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: Month Day Year

Identifier

Look back period for all items is 7 days unless another time frame is indicated

Section B Hearing, Speech, and Vision
B0100. Comatose
Enter Code O. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance
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
B0300. Hearing Aid
Enter Code O. No 1. Yes
B0600. Speech Clarity
Select best description of speech pattern O. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words
B0700. Makes Self Understood
Ability to express ideas and wants, consider both verbal and non-verbal expression 0. Understood 1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood - ability is limited to making concrete requests 3. Rarely/never understood
B0800. Ability To Understand Others
Understanding verbal content, however able (with hearing aid or device if used) 0. Understands - clear comprehension 1. Usually understands - misses some part/intent of message but comprehends most conversation 2. Sometimes understands - responds adequately to simple, direct communication only 3. Rarely/never understands
B1000. Vision
Ability to see in adequate light (with glasses or other visual appliances) O. Adequate - sees fine detail, including 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
B1200. Corrective Lenses
Enter Code Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 0. No 1 Yes

Sectio	n C Cognitive Patterns
Attempt	Should Brief Interview for Mental Status (C0200-C0500) be Conducted? to conduct interview with all residents
Enter Code	O. No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status 1. Yes → Continue to C0200, Repetition of Three Words
Brief In	terview for Mental Status (BIMS)
C0200.	Repetition of Three Words
	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three.
Enter Code	The words are: sock, blue, and bed. Now tell me the three words."
EMERCOGE	Number of words repeated after first attempt
	O. None
	1. One 2. Two
	2. IWO 3. Three
1	After the resident'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.
cnann	Temporal Orientation (orientation to year, month, and day)
C 0300.	
	Ask resident: "Please tell me what year it is right now." A. Able to report correct year
Enter Code	O. Missed by > 5 years or no answer O. Missed by > 5 years or no answer
	1. Missed by 2-5 years
	2. Missed by 1 year
	3. Correct
	Ask resident: "What month are we in right now?"
Enter Code	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 resident: "What day of the week is today?"
Enter Code	C. Able to report correct day of the week
	Incorrect or no answer Correct

C0400.	
	Ask resident: "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.
Enter Code	A. Able to recall "sock" O. No - could not recall
	1. Yes, after cueing ("something to wear")
	2. Yes, no cue required
Enter Code	B. Able to recall "blue"
	0. No - could not recall
	1. Yes, after cueing ("a color")
	2. Yes, no cue required
Enter Code	C. Able to recall "bed"
	0. No - could not recall
	1. Yes, after cueing ("a piece of furniture")
	2. Yes, no cue required
C0500.	Summary Score
	Add scores for questions C0200-C0400 and fill in total score (00-15)
Enter Scare	Enter 99 if the resident was unable to complete the interview AIIG 1 8 2011
	A1111 1 0 CUIT

Supplement 1 Resident Identifier

Cognitive Patterns
C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?
 Enter Code 0. No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium 1. Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK
Staff Assessment for Mental Status
Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed
C0700. Short-term Memory OK
Enter Code Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem
C0800. Long-term Memory OK
Emter Code O. Memory OK 1. Memory problem
C0900. Memory/Recall Ability
↓ Check all that the resident was normally able to recall
A. Current season
B. Location of own room
C. Staff names and faces
D. That he or she is in a nursing home
Z. None of the above were recalled
C1000. Cognitive Skills for Daily Decision Making
Made decisions regarding tasks of daily life O. Independent - decisions consistent/reasonable 1. Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions
Delirium
C1300. Signs and Symptoms of Delirium (from CAMO)
Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record
Enter Codes in Boxes
A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
0. Behavior not present 1. Behavior continuously present, does not B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
fluctuate C. Altered level of consciousness - Did the resident have altered level of consciousness (e.g., vigilant - 2. Behavior present, fluctuates (comes and goes, Changes in severity) C. Altered level of consciousness (e.g., 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)?
D. Psychomotor retardation- Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
C1600. Acute Onset Mental Status Change
Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes

identifier

Section D Mood										
D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct Interview with	all residents									
Enter Code O. No (resident is rarely/never understood) → Skip to and complete D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV) 1. Yes → Continue to D0200, Resident Mood Interview (PHQ-9©)										
D0200. Resident Mood Interview (PHQ-9c)										
Say to resident: "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 resident: "About how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.										
1. Symptom Presence 2. Symptom Frequency										
 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 1. 2-6 days (several days) 	1. Symptom	2. Symptom								
9. No response (leave column 2 2. 7-11 days (half or more of the days)	Presence	Frequency								
The second control of the second control of	↓ Enter Score	es in Boxes 🌡								
A. Little interest or pleasure in doing things										
B. Feeling down, depressed, or hopeless										
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										
1. Thoughts that you would be better off dead, or of hurting yourself in some way										
D0300. 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 items).										
D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm										
Enter Code Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes										

ldentifier

Section D Mood								
D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) Do not conduct if Resident Mood Interview (D0200-D0300) was completed Over the last 2 weeks, did the resident have any of the following problems or behaviors?								
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency.								
1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 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)	1. Symptom Presence	2. Symptom Frequency s in Boxes ↓						
A. Little interest or pleasure in doing things								
B. Feeling or appearing down, depressed, or hopeless								
C. Trouble falling or staying asleep, or sleeping too much								
D. Feeling tired or having little energy								
E. Poor appetite or overeating								
F. Indicating that s/he feels bad about self, is a failure, or has let self or family down								
G. Trouble concentrating on things, such as reading the newspaper or watching television								
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual								
States that life isn't worth living, wishes for death, or attempts to harm self								
J. Being short-tempered, easily annoyed								
D0600. Total Severity Score								
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 30. Entry Score								
D0650. Safety Notification - Complete only if D0500l1 = 1 indicating possibility of resident self harm								
Enter Code Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes								

Resident			ldentifier	Supplement 1 Date
Section E Behavior				
E0100. Psychosis				
↓ Check all that apply				
A. Hallucinations (perceptual experience	es in the al	senc	e of real external sensory stimuli)	
B. Delusions (misconceptions or beliefs t	hat are firr	nly h	eld, contrary to reality)	
Z. None of the above				
Behavioral Symptoms				
E0200. Behavioral Symptom - Presence & Fre	quency			
Note presence of symptoms and their frequency				
	↓ Ent	er Co	odes in Boxes	
Coding: 0. Behavior not exhibited		A.	Physical behavioral symptoms directed kicking, pushing, scratching, grabbing, at	
Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days,		В.	Verbal behavioral symptoms directed to others, screaming at others, cursing at others.	
but less than daily 3. Behavior of this type occurred daily		c.	Other behavioral symptoms not direct symptoms such as hitting or scratching se sexual acts, disrobing in public, throwing or verbal/vocal symptoms like screaming.	elf, pacing, rummaging, public or smearing food or bodily wastes,
E0800. Rejection of Care - Presence & Freque	ncy			
resident's goals for health and well-beir	ng? Do no 'or determ o 3 days o 6 days, l	t incli ined t	ork, taking medications, ADL assistance) th ude behaviors that have already been addr to be consistent with resident values, prefe ss than daily	essed (e.g., by discussion or care
E0900. Wandering - Presence & Frequency				
Enter Code O. Behavior not exhibited 1. Behavior of this type occurred 1 t 2. Behavior of this type occurred 4 t 3. Behavior of this type occurred da	o 6 days, b	out le	ss than daily	

Identifier ___

S	ection G Functional Status		
G	0110. Activities of Daily Living (ADL) Assistance		
Re	efer to the ADL flow chart in the RAI manual to facilitate accurate coding		
In	structions for Rule of 3		
•	When an activity occurs three times at any one given level, code that level.		
•	When an activity occurs three times at multiple levels, code the most dependent, exceptions are to	al dependence (4), activit	y must require full assist
	every time, and activity did not occur (8), activity must not have occurred at all. Example, three time	es extensive assistance (3)	and three times limited
	assistance (2), code extensive assistance (3).		
	When an activity occurs at various levels, but not three times at any given level, apply the following:	:	
	When there is a combination of full staff performance, and extensive assistance, code extensive as	sistance.	
if	When there is a combination of full staff performance, weight bearing assistance and/or non-weig none of the above are met, code supervision.	ht bearing assistance cod	e limited assistance (2).
1.	ADL Self-Performance	2. ADL Support Provide	ded
	Code for resident's performance over all shifts - not including setup. If the ADL activity		ort provided over all
	occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time	shifts; code regardle performance classifi	ss of resident's self-
C	oding:	Coding:	
	Activity Occurred 3 or More Times	0. No setup or phys	sical help from staff
	0. Independent - no help or staff oversight at any time	1. Setup help only	,
	Supervision - oversight, encouragement or cueing	2. One person phys	sical assist
	2. Limited assistance - resident highly involved in activity; staff provide guided maneuvering	3. Two+ persons pl	
	of limbs or other non-weight-bearing assistance		f did not occur during
	 Extensive assistance - resident involved in activity, staff provide weight-bearing support Total dependence - full staff performance every time during entire 7-day period 	entire period	
	Activity Occurred 2 or Fewer Times 7. Activity occurred only once or twice - activity did occur but only once or twice		
	Activity did not occur - activity (or any part of the ADL) was not performed by resident or	1.	2.
	staff at all over the entire 7-day period	Self-Performance	Support
Α.	Bed mobility - how resident moves to and from lying position, turns side to side, and	↓ Enter Code	es in Boxes ↓
	positions body while in bed or alternate sleep furniture		
В.	Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet)		
C.	Walk in room - how resident walks between locations in his/her room		
	Walk in corridor - how resident walks in corridor on unit		
E.	Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair		
F.	Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas	; 	<u></u>
. •	set aside for dining, activities or treatments). If facility has only one floor, how resident		
	moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair		
G.	Dressing - how resident puts on, fastens and takes off all items of clothing, including	1	
	donning/removing a prosthesis or TED hose. Dressing includes putting on and changing		
	pajamas and housedresses		
H.	Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking		Ì
	during medication pass. Includes intake of nourishment by other means (e.g., tube feeding,		
	total parenteral nutrition, IV fluids administered for nutrition or hydration)		
I.	Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off		
	toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts		
	clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or		السا
	ostomy bag	!	
.	ostomy bag		and the second
J.	ostomy bag Personal hygiene - how resident maintains personal hygiene, including combing hair,		
J.	ostomy bag		

Section G Functional Statu	S
G0120. Bathing	
How resident takes full-body bath/shower, sponge bath, and dependent in self-performance and support Enter Code A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur during the er	transfers in/out of tub/shower (excludes washing of back and hair). Code for most ntire period
	G0110 column 2, ADL Support Provided, above)
G0300. Balance During Transitions and Walking	
After observing the resident, code the following walking and	
Coding: 0. Steady at all times	A. Moving from seated to standing position
1. Not steady, but <u>able</u> to stabilize without human assistance 2. Not steady, <u>only able</u> to stabilize with human assistance 8. Activity did not occur	B. Walking (with assistive device if used) C. Turning around and facing the opposite direction while walking D. Moving on and off toilet E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)
G0400. Functional Limitation in Range of Motion	
Code for limitation that interfered with daily functions or place	ced resident at risk of injury
Coding:	↓ Enter Codes in Boxes
O. No impairment I. Impairment on one side Impairment on both sides	A. Upper extremity (shoulder, elbow, wrist, hand) B. Lower extremity (hip, knee, ankle, foot)
G0600. Mobility Devices	D. Lower extremity (nip, knee, ankie, root)
Check all that were normally used	
A. Cane/crutch	
B. Walker	
C. Wheelchair (manual or electric)	And the state of t
D. Limb prosthesis	
Z. None of the above were used	

H0500. Bowel Toileting Program

0. **No**1. Yes

Enter Code

Resident _		ldentifier	Supplement 1 Date
Section	n H Bladder ar	nd Bowel	
H0100.	Appliances		
↓ Ch	eck all that apply		
	A. Indwelling catheter (including sup	orapubic catheter and nephrostomy tube)	
	B. External catheter		
	C. Ostomy (including urostomy, ileost	omy, and colostomy)	
	D. Intermittent catheterization		
	Z. None of the above		
H0200.	Urinary Toileting Program		
Enter Code	C. Current tolleting program or trial being used to manage the resident 0. No 1. Yes	- Is a toileting program (e.g., scheduled toileting, prod 's urinary continence?	mpted voiding, or bladder training) currently
H0300.	Urinary Continence		
Enter Code	Occasionally incontinent (less Frequently incontinent (7 or m Always incontinent) Always incontinent (no episode)	ore episodes of urinary incontinence, but at least one	•
H0400.	Bowel Continence		
Enter Code	Bowel continence - Select the one cat 0. Always continent 1. Occasionally incontinent (one 2. Frequently incontinent (2 or m 3. Always incontinent (no episode	episode of bowel incontinence) ore episodes of bowel incontinence, but at least one o	continent bowel movement)

9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days

Is a toileting program currently being used to manage the resident's bowel continence?

Attachment 4.19D

Resident Identifier Supplement 1

Section I Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

	Gent	Active Diagnoses
Activ	e Diagr	noses in the last 7 days - Check all that apply
Diagn	oses list	ed in parentheses are provided as examples and should not be considered as all-inclusive lists
<u> </u>	Heart/	Circulation
		Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
	10600.	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
	10700.	Hypertension
	10800.	Orthostatic Hypotension
	Genito	urinary
	11550.	Neurogenic Bladder
		Obstructive Uropathy
	Infecti	
	1	Multidrug-Resistant Organism (MDRO)
	12000.	Pneumonia
	12100.	Septicemia
	12200.	Tuberculosis
	12300.	Urinary Tract Infection (UTI) (LAST 30 DAYS)
	12400.	Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
	12500.	Wound Infection (other than foot)
	Metab	olic
	12900.	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
	í	Hyponatremia
	13200.	Hyperkalemia
	13300.	Hyperlipidemia (e.g., hypercholesterolemia)
	Muscu	oskeletal
	13900.	Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
	14000.	Other Fracture
	Neurol	
Ш	14200.	Alzheimer's Disease
Ш	I4300.	Aphasia
	14400.	Cerebral Palsy
	14500.	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
	14800.	Dementia (e.g. Non-Alzheimer's dementia such as vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
	14 9 00.	Hemiplegia or Hemiparesis
	15000.	Paraplegia
	15100.	Quadriplegia
	15200.	Multiple Sclerosis (MS)
\Box		Huntington's Disease
\Box		Parkinson's Disease
$\overline{\sqcap}$		Seizure Disorder or Epilepsy
\exists		Traumatic Brain Injury (TBI)
	Nutritio	
		Malnutrition (protein or calorie) or at risk for malnutrition
		- , , , , , , , , , , , , , , , , , , ,

Sec	tion I	Active Diagnoses					*** *******		
Activ	e Diagr	oses in the last 7 days - Check all that apply							
Diagn	oses list	ed in parentheses are provided as examples and should not be considered as all-inclusive I							******
十一	+	atric/Mood Disorder Anxiety Disorder							
	1	Depression (other than bipolar)							
	i	Manic Depression (bipolar disease)							
	15950.	Psychotic Disorder (other than schizophrenia)							
	16000.	Schizophrenia (e.g., schizoaffective and schizophreniform disorders)							
		Post Traumatic Stress Disorder (PTSD)							
	Pulmo								
	10200.	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chi diseases such as asbestosis)	ronic	bron	chitis	and	restri	ctive lu	ıng
	16300.	Respiratory Failure							
	Other								
		Additional active diagnoses iagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.							
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Res	ini	ent

Section J Health Conditions
J0100. Pain Management - Complete for all residents, regardless of current pain level
At any time in the last 5 days, has the resident:
Enter Code A. Been on a scheduled pain medication regimen?
0. No 1. Yes
Enter Code B. Received PRN pain medications?
0. No
1. Yes Enter Code C. Received non-medication intervention for pain?
0. No
1. Yes
J0200. Should Pain Assessment Interview be Conducted?
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)
Enter Code 0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
1. Yes → Continue to J0300, Pain Presence
Pain Assessment Interview
J0300. Pain Presence
EnterCode: Ask resident: "Have you had pain or hurting at any time in the last 5 days?"
0. No → Skip to J1100, Shortness of Breath
1. Yes → Continue to J0400, Pain Frequency
9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0400. Pain Frequency
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" Enter Code 1 Almost constantly.
1. Almost constantly 2. Frequently
3. Occasionally
4. Rarely
9. Unable to answer
J0500. Pain Effect on Function
A. Ask resident: "Over the past 5 days, has pain made it hard for you to sleep at night?"
0. No
9. Unable to answer
B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?"
Enter Code 0. No
1. Yes
9. Unable to answer
J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)
A. Numeric Rating Scale (00-10) Enter Rating Ask residents "Please rate your worst pain over the last 5 days on a reset to the pain is him."
Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00 - 10 pain scale)
Enter two-digit response. Enter 99 if unable to answer.
B. Verbal Descriptor Scale
Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)
1. Mild
2. Moderate
3. Severe 4. Very severe, horrible
9. Unable to answer AUG 1 8 2011
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Supercodes
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Attachment 4.19D Supplement 1 Identifier Resident

Section	Health Conditions
J0700. S	Should the Staff Assessment for Pain be Conducted?
Enter Code	 0. No (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain
Staff As	sessment for Pain
J0800. Ir	ndicators of Pain or Possible Pain in the last 5 days
↓ Che	eck all that apply
	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)
	C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)
J0850. F	requency of Indicator of Pain or Possible Pain in the last 5 days
Enter Code	Frequency with which resident complains or shows evidence of pain or possible pain 1. Indicators of pain or possible pain observed 1 to 2 days 2. Indicators of pain or possible pain observed 3 to 4 days 3. Indicators of pain or possible pain observed daily
Other H	ealth Conditions
J1100. S	hortness of Breath (dyspnea)
↓ Che	eck all that apply
	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
	B. Shortness of breath or trouble breathing when sitting at rest
	C. Shortness of breath or trouble breathing when lying flat
	Z. None of the above
J1400. P	rognosis
Enter Code	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation) 0. No 1. Yes
J1550. P	roblem Conditions
↓ Che	eck all that apply
	A. Fever
	A. Fever B. Vomiting
	B. Vomiting

Section	n J	Health Conditions		
1	ill History on Adm only if A0310A = 0			
Enter Code	A. Did the resident0. No1. Yes9. Unable to de	have a fall any time in the last month prior to admission? etermine		
Enter Code	B. Did the resident0. No1. Yes9. Unable to de	have a fall any time in the last 2-6 months prior to admission? etermine		
Enter Code	C. Did the resident 0. No 1. Yes 9. Unable to de	have any fracture related to a fall in the 6 months prior to admission? etermine		
J1800. Ai	ny Falls Since Adr	nission or Prior Assessment (OBRA, PPS, or Discharge), whichever is more recent		
Enter Code	0. No → Skip	d any falls since admission or the prior assessment (OBRA, PPS, or Discharge), whichever is more recent? to K0100, Swallowing Disorder ntinue to J1900, Number of Falls Since Admission or Prior Assessment (OBRA, PPS, or Discharge)		
J1900. N	umber of Falls Sin	ce Admission or Prior Assessment (OBRA, PPS, or Discharge), whichever is more recent		
		↓ Enter Codes in Boxes		
Coding:		A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall		
0. None 1. One 2. Two or more		B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain		
, , , , , , , , , , , , , , , , , , ,		C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma		
				

Section K	Swallowing/	Nutritional Status	
Resident		ldentifier	Date
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Section K Swallowing/Nutritional Status
K0100. Swallowing Disorder
Signs and symptoms of possible swallowing disorder
Check all that apply
A. Loss of liquids/solids from mouth when eating or drinking
B. Holding food in mouth/cheeks or residual food in mouth after meals
C. Coughing or choking during meals or when swallowing medications
D. Complaints of difficulty or pain with swallowing
Z. None of the above
K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up
A. Height (in inches). Record most recent height measure since admission
B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)
K0300. Weight Loss
Loss of 5% or more in the last month or loss of 10% or more in last 6 months 0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen
K0500. Nutritional Approaches
↓ Check all that apply
A. Parenteral/IV feeding
B. Feeding tube - 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
K0700. Percent Intake by Artificial Route - Complete K0700 only if K0500A or K0500B is checked
A. Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more
EnterCode B. Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more
Section L Oral/Dental Status
L0200. Dental
↓ Check all that apply
A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
F. Mouth or facial pain, discomfort or difficulty with chewing

Identifier

Section M Skin Conditions

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100.	Det	termination of Pressure Ulcer Risk
↓ Ch	eck	all that apply
	A.	Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device
	В.	Formal assessment instrument/tool (e.g., Braden, Norton, or other)
	C.	Clinical assessment
	Z.	None of the above
M0150.	Ris	k of Pressure Ulcers
Enter Code	Is	this resident at risk of developing pressure ulcers? 0. No
	<u> </u>	1. Yes
		nealed Pressure Ulcer(s)
Enter Code	Do	es this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher? 0. No → Skip to M0900, Healed Pressure Ulcers
		1. Yes → Continue to M0300, Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
M0300.	Cur	rent Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage
Enter Number	A.	Number of Stage 1 pressure ulcers Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues
Enter Number	8.	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister
		1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
Enter Number		2. Number of these Stage 2 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
		3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown:
		Month Day Year
Enter Number	C.	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling
Enter Number		1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
Enter Number		2. Number of these Stage 3 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
Enter Number	D.	Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling
		1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable: Non-removable dressing
Enter Number		2. Number of these Stage 4 pressure ulcers that were present upon admission/reentry - enter how many were noted at the time of admission
M030	0 cc	ontinued on next page

Section	Skin Conditions		
M0300.	Current Number of Unhealed (non-epithelialized)	Pressure Ulcers at Each Stage - Continued	
	E. Unstageable - Non-removable dressing: Known b	ut not stageable due to non-removable dressing/device	
Enter Number	Number of unstageable pressure ulcers due to Slough and/or eschar	non-removable dressing/device - If 0 → Skip to M0300F, Un	stageable:
Enter Number	2. Number of these unstageable pressure ulcers t time of admission	hat were present upon admission/reentry - enter how many v	were noted at the
	F. Unstageable - Slough and/or eschar: Known but n	ot stageable due to coverage of wound bed by slough and/or es	schar
Enter Number Enter Number	Unstageable: Deep tissue	coverage of wound bed by slough and/or eschar - If 0→ Ski	
	Number of these unstageable pressure ulcers to time of admission	hat were present upon admission/reentry - enter how many v	were noted at the
	G. Unstageable - Deep tissue: Suspected deep tissue	injury in evolution	
Enter Number	 Number of unstageable pressure ulcers with su of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar 	spected deep tissue injury in evolution - If 0 -> Skip to MO	610, Dimension
Enter Number	time of admission	hat were present upon admission/reentry - enter how many v	were noted at the
M0610. D	Pimensions of Unhealed Stage 3 or 4 Pressure Ulo only if M0300C1, M0300D1 or M0300F1 is greater to	ers or Eschar	
If the reside		3 or 4 pressure ulcers or an unstageable pressure ulcer due to sig	ough or eschar,
	A. Pressure ulcer length: Longest length fr	om head to toe	de como en discourse de conservación de la conserva
	B. Pressure ulcer width: Widest width of the	ne same pressure ulcer, side-to-side perpendicular (90-degree an	ngle) to length
Ш.	C. Pressure ulcer depth: Depth of the same enter a dash in each box)	e pressure ulcer from the visible surface to the deepest area (if de	epth is unknown,
M0700. N	lost Severe Tissue Type for Any Pressure Ulcer		
	Select the best description of the most severe type of tiss	ue present in any pressure ulcer bed	
Enter Code	 Epithelial tissue - new skin growing in superficia Granulation tissue - pink or red tissue with shiny 	l ulcer. It can be light pink and shiny, even in persons with darkly	ly pigmented skin
	3. Slough - yellow or white tissue that adheres to the	e ulcer hed in strings or thick clumps, or is mucinous	
	Necrotic tissue (Eschar) - black, brown, or tan tis than surrounding skin	sue that adheres firmly to the wound bed or ulcer edges, may be	e softer or harder
M0800. W Complete	/orsening in Pressure Ulcer Status Since Prior As only if A0310E = 0	sessment (OBRA, PPS, or Discharge)	The state of the s
Indicate the	number of current pressure ulcers that were not presen t pressure ulcer at a given stage, enter 0	t or were at a lesser stage on prior assessment (OBRA, PPS, or D	Discharge).
Enter Number	A. Stage 2	· · · · · · · · · · · · · · · · · · ·	•••••
Enter Number	B. Stage 3		
Enter Number	C. Stage 4	TN 10-002 Approval Date	AUG 1 8 2011
		Cupora	edes
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5111.232.001 APPENDIX E Attachment 4.19D Supplement 1 Resident Identifier Date Section M Skin Conditions M0900. Healed Pressure Ulcers Complete only if A0310E = 0Enter Code A. Were pressure ulcers present on the prior assessment (OBRA, PPS, or Discharge)? 0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes --> Continue to M0900B, Stage 2 Indicate the number of pressure ulcers that were noted on the prior assessment (OBRA, PPS, or Discharge) that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since the prior assessment (OBRA, PPS, or Discharge), enter 0 B. Stage 2 C. Stage 3 D. Stage 4 M1030. Number of Venous and Arterial Ulcers Enter the total number of venous and arterial ulcers present M1040. Other Ulcers, Wounds and Skin Problems Check all that apply Foot Problems A. Infection of the foot (e.g., cellulitis, purulent drainage) B. Diabetic foot ulcer(s) C. Other open lesion(s) on the foot Other Problems D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion) E. Surgical wound(s) F. Burn(s) (second or third degree) None of the Above Z. None of the above were present M1200. Skin and Ulcer Treatments ↓ Check all that apply

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Z. None of the above were provided

A. Pressure reducing device for chair
B. Pressure reducing device for bed
C. Turning/repositioning program

E. Ulcer care

F. Surgical wound care

D. Nutrition or hydration intervention to manage skin problems

H. Applications of ointments/medications other than to feet

I. Application of dressings to feet (with or without topical medications)

G. Application of nonsurgical dressings (with or without topical medications) other than to feet

Resident _	- Children		er	Supplement 1 Date
Section	17	Medications		
N0300.	Inje	ections		
Enter Days		Record the number of days that injections of any type were received 7 days. If 0 → Skip to N0400, Medications Received	ved during the last 7 days or since ac	dmission/reentry if less than
N0350.	Ins	ılin		
Enter Days	A.	Insulin injections - Record the number of days that insulin inject reentry if less than 7 days	t ions were received during the last 7	7 days or since admission/
Enter Days	В.	Orders for insulin - Record the number of days the physician (or insulin orders during the last 7 days or since admission/reentry if le	authorized assistant or practition ss than 7 days	er) changed the resident's
N0400. I	Med	lications Received		
↓ cı	hecl	all medications the resident received at any time during the last	7 days or since admission/reentry	if less than 7 days
	A.	Antipsychotic		, in least that / days
	В.	Antianxiety		
	c.	Antidepressant		
	D.	Hypnotic		

Section O Special Treatments, Procedures, and Program O0100. Special Treatments, Procedures, and Programs		
Check all of the following treatments, procedures, and programs that were performed during the last 14 day	rs	
 While NOT a Resident Performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank While a Resident 	1. While NOT a Resident	2. While a Resident
Performed while a resident of this facility and within the last 14 days	↓ Check all t	that apply ↓
Cancer Treatments		
A. Chemotherapy		
B. Radiation		
Respiratory Treatments		
C. Oxygen therapy		
D. Suctioning	П	П
E. Tracheostomy care		
F. Ventilator or respirator		
Other		
H. IV medications		
	느	
I. Transfusions		
J. Dialysis		
K. Hospice care		
M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	/ V	
O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and repe	orting period	
Enter Code A. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season	- ·	
 0. No → Skip to O0250C, If Influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date vaccine received 		
B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococco Month Day Year	al vaccination up to d	ate?
Enter Code 1. Resident not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine due to a declared shortage 9. None of the above		
O0300. Pneumococcal Vaccine		
EnterCode A. Is the resident's Pneumococcal vaccination up to date?		
 0. No → Continue to O0300B, If Pneumococcal vaccine not received, state reason 1. Yes → Skip to O0400, Therapies 		
Enter Code B. If Pneumococcal vaccine not received, state reason: 1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered		

Resident __

Identifier _____

Section O	Special Treatments, Procedures, and Programs									
O0400. Therapies										
	A. Speech-Language Pathology and Audiology Services									
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident Individually in the last 7 days 									
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days									
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days									
[If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B, Occupational Therapy									
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days									
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 									
	Month Day Year Month Day Year									
	B. Occupational Therapy									
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 									
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days									
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days									
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400C, Physical Therapy									
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days									
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started 6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 									
	Month Day Year Month Day Year									
	C. Physical Therapy									
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 									
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days									
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days									
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400D, Respiratory Therapy									
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days									
	 5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing 									
	Month Day Year Month Day Year									
O0400 continu	ed on next page									

Section	0	Special Treatments, Procedures, and Programs							
00400. The	O0400. Therapies - Continued								
Enter Number of Days		D. Respiratory Therapy							
		2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days							
		E. Psychological Therapy (by any licensed mental health professional)							
Enter Number of	Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days							
00500. Res	storativ	e Nursing Programs							
(enter 0 if nor	u mber o ne or less	f days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days than 15 minutes daily)							
Number Tof Days	echniqu	•							
A	. Range	of motion (passive)							
B	. Range	of motion (active)							
	. Splint	or brace assistance							
Number of Days	raining a	and Skill Practice In:							
	. Bed m	obility							
E	. Transf	er							
	. Walkir	ng							
G	i. Dressi	ing and/or grooming							
Н	l. Eating	and/or swallowing							
	Ampu	tation/prostheses care							
J.	J. Communication								
O0600. Physician Examinations									
Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?									
00700. Phy	ysician (Orders							
Enter Days O	ver the la	ast 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?							

Resident Identifier Section P Restraints P0100. Physical Restraints Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body L Enter Codes in Boxes Used in Bed A. Bed rail B. Trunk restraint C. Limb restraint Coding: 0. Not used D. Other 1. Used less than daily Used in Chair or Out of Bed 2. Used daily E. Trunk restraint F. Limb restraint G. Chair prevents rising

H. Other

Section Q Participation in Assessment and Goal Setting
Q0100. Participation in Assessment
Enter Code A. Resident participated in assessment 0. No 1. Yes
B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other
C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative
Q0300. Resident's Overall Expectation
Complete only if A0310E = 1 Enter Code A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above
Q0400. Discharge Plan
Enter Code A. Is there an active discharge plan in place for the resident to return to the community? 0. No 1. Yes → Skip to Q0600, Referral
EnterCode B. What determination was made by the resident and the care planning team regarding discharge to the community? 0. Determination not made 1. Discharge to community determined to be feasible → Skip to Q0600, Referral 2. Discharge to community determined to be not feasible → Skip to X0100, Type of Record
Q0500. Return to Community
A. Has the resident been asked about returning to the community? 0. No 1. Yes - previous response was "no" 2. Yes - previous response was "yes" → Skip to Q0600, Referral 3. Yes - previous response was "unknown"
B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?" 0. No 1. Yes 9. Unknown or uncertain
Q0600. Referral
Has a referral been made to the local contact agency? O. No - determination has been made by the resident and the care planning team that contact is not required 1. No - referral not made 2. Yes

Section X Correction R	equest
X0100. Type of Record	
Enter Code 1. Add new record → Skip to Z010 2. Modify existing record → Con 3. Inactivate existing record → C Identification of Record to be Modified/Inactive section, reproduce the information EXACTLY as it appears in the information is necessary to locate the existing record.	tinue to X0150, Type of Provider ontinue to X0150, Type of Provider vated - The following items identify the existing assessment record that is in error. In this eared on the existing erroneous record, even if the information is incorrect.
X0150. Type of Provider	
Enter Code 1. Nursing home (SNF/NF) 2. Swing Bed	
X0200. Name of Resident on existing record to	be modified/inactivated
A. First name:	
C. Last name:	
X0300. Gender on existing record to be modifie	d/inactivated
Enter Code 1. Male 2. Female	
X0400. Birth Date on existing record to be mod	ified/inactivated
	T]
Month Day Year	
X0500. Social Security Number on existing rec	ord to be modified/inactivated
X0600. Type of Assessment on existing record	to be modified/inactivated
A. Federal OBRA Reason for Assessmen 01. Admission assessment (required by the content of the c	ssment Imprehensive assessment Imprehensive assessment Imprehensive assessment
Not PPS Assessment 99. Not PPS assessment C. PPS Other Medicare Required Assess 0. No 1. Start of therapy assessment	or PPS (OMRA, significant or clinical change, or significant correction assessment)
 End of therapy assessment Both Start and End of therapy assessment X0600 continued on next page 	TN 10-002 Approval Date AUG 1 8 2011 Supersedes

Supplement 1 Identifier Resident

Section X Correction Request
X0600. Type of Assessment - Continued
Enter Code D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes
F. Entry/discharge reporting 01. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility record 99. Not entry/discharge record
X0700. Date on existing record to be modified/inactivated - Complete one only
A. Assessment Reference Date - Complete only if X0600F = 99 Month Day Year
B. Discharge Date - Complete only if X0600F = 10, 11, or 12 Month Day Year
C. Entry Date - Complete only if X0600F = 01 Month Day Year
Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request
X0800. Correction Number
Enter the number of correction requests to modify/inactivate the existing record, including the present one
X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (X0100 = 2)
Check all that apply
A. Transcription error B. Data entry error
C. Software product error
D. Item coding error
Z. Other error requiring modification If "Other" checked, please specify:
X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (X0100 = 3)
Z. Other error requiring inactivation
If "Other" checked, please specify:

Section X Correction Request							_ ld	entifie	r			Date						
							And the second s											
X1100.	RN A	sse	smen	t Coor	dina	tor Att	estati	ion o	f Co	mp	letio	n					·····	
	A.	Atte	sting i	ndivid	ual's f	first nar	ne:	******	· · · · · · · · · · · · · · · · · · ·									
	İ									Τ	T	1						
	В.	Atte	sting i	ndivid	ual's l	ast nam	e:									*		
													T					
	C.	Atte	sting i	ndivid	ual's t	itle:												
	D.	Sigr	nature															
	E.	Atte	station	date		*******							· ••••					
			onth -	- Da		-	Year											

Resident _		Identifier	Supplement 1 Date
Sectio	n Z	Assessment Administration	
Z0100. I	Vled	licare Part A Billing	
	A.	Medicare Part A HIPPS code (RUG group followed by assessment type indic	ator):
	В.	RUG version code:	
Enter Code	c.	Is this a Medicare Short Stay assessment? 0. No	
	<u> </u>	1. Yes	
Z0150. I		licare Part A Non-Therapy Billing	
	A.	Medicare Part A non-therapy HIPPS code (RUG group followed by assessm	ent type indicator):
<u></u>	B.	RUG version code:	
Z0200. S	State	e Medicaid Billing (if required by the state)	
	A.	RUG Case Mix group:	
!			
	B.	RUG version code:	
Z0250. /	Alte	rnate State Medicaid Billing (if required by the state)	
<u> </u>		RUG Case Mix group:	
	В.	RUG version code:	
Z0300. I	nsu	rrance Billing	
		RUG Case Mix group:	
	В.	RUG version code:	
L			

Identifier

Section 2 Assessment Administration	
Assessment Administration	

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Sections	Date Section Completed
A			Completed
В.			
C .			
D.			
E.			
F			
G.			
ч. Н.			
1.			
J.			
K			
L.			
00. Signature of RN Assessment Coordinator Ve	rifying Assessment Completion		
A. Signature:	B. Da	ite RN Assessment Coordina	tor signed
	as r-	sessment as complete:	

OS Notification

State/Title/Plan Number:

Ohio 10-002

Type of Action:

SPA Approval

Required Date for State Notification:

September 1, 2011

Fiscal Impact:

FY 2011 \$ 0 FY 2012 \$ 0

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

Eligibility Simplification: No

Provider Payment Increase: No

Delivery System Innovation: No

Number of People Losing Medicaid Eligibility: No

Reduces Benefits: No

Detail:

Effective for services on or after October 1, 2010, this amendment implements the Minimum Data Set (MDS) Version 3.0 resident assessment instrument, used by CMS, for purposes of calculating reimbursement for NF services.

Ohio pays each eligible NF provider a per resident per day rate for direct care costs established prospectively for each facility. Each provider's rate for direct care costs is based on a case mix payment system. The State processes resident assessment data, using the minimum data set system (MDS) Version2.0, submitted by NFs and classifies residents using the resource utilization groups, version III (RUG III) classification system to determine resident case mix scores. This amendment implements the MDS Version 3.0 System for measuring resident assessment data.

Other Considerations:

This plan amendment has not generated significant outside interest and we do not recommend the Secretary contact the governor.

Recovery Act Impact:

The Regional office has reviewed this state plan amendment in conjunction with the Recovery Act and, based on the available information provided by the State regarding 1) MOE; 2) local match; 3) prompt pay; 4) rainy day funds, and 5) eligible expenditures, the Regional Office believes that the State is not in violation of the Recovery Act requirements noted above.

CMS Contact:

Todd McMillion (608) 441-5344 National Institutional Reimbursement Team