

MDS 3.0 Item Set Change History for October 2016 Version 1.14.0

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Legend: X = item set impacted
na = not applicable; changed item does not impact this item set

NOTE: A new item set, NPE/SPE, is introduced with version 1.14.0 of the MDS 3.0 Item Sets.

Section A Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
Footer	Incremented version to 1.14.0 with a 10/01/2016 Effective date	X	X	X	X	X	X	X	X	X	X	X	X	X	X
A0050	Items and responses added: A0050. Type of Record	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0100	Items added: A0100. Facility Provider Numbers	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0200	Item and responses added: A0200. Type of Provider	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0310	Items and responses added: A0310. Type of Assessment	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0310H	New A0310 item: H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment? 0. No 1. Yes	X	X	X	X	X	X	X	X	X	X	X	X	X	X
A0410	Item and responses added: A0410. Unit Certification or Licensure Designation	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0500	Items and responses added: A0500. Legal Name of Resident	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0600	Items and responses added: A0600 Social Security and Medicare Numbers	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0700	Item added: A0700. Medicaid Number – Enter “+” if pending, “N” if not a Medicaid recipient	na	na	na	na	na	X	na	na	na	na	na	na	na	na

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A0800	Item and responses added: A0800. Gender	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A0900	Item added: A0900. Birth Date	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1000	Items added: A1000. Race/Ethnicity	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1100	Items and responses added: A1100. Language	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1200	Item and responses added: A1200. Marital Status	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1300	Items added: A1300. Optional Resident Items	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1600	Item added: A1600. Entry Date	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1700	Item and responses added: A1700. Type of Entry	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1800	Item and responses added: A1800. Entered From	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A1900	Item added: A1900. Admission Date (Date this episode of care in this facility began)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A2000	Item added: A2000. Discharge Date	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A2100	Item and responses added: A2100. Discharge Status	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A2300	Item added: A2300. Assessment Reference Date	na	na	na	na	na	X	na	na	na	na	na	na	na	na
A2400	Items and responses added A2400. Medicare Stay	na	na	na	na	na	X	na	na	na	na	na	na	na	na

Section C Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
C0500	Changed item label from "Summary Score" to "BIMS Summary Score"	X	X	X	X	X	na	X	na	X	na	X	X	X	X
C0600	Changed Options 0 and 1 from "complete interview" to "complete Brief Interview for Mental Status" Changed "Skip to C1300" to "Skip to C1310"	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C0900	Changed Option D from "That he or she is in a nursing home" to "That he or she is in a nursing home/hospital swing bed"	X	na	na	na	X	na	X	na	na	na	na	na	X	na
C1300	Item deleted	X	X	na	X	X	na	X	na	X	na	X	X	X	X

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C1310	New Delirium item: C1310. Signs and Symptoms of Delirium (from CAM©) Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record Footnote: Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Used with permission.	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1310A	New item: A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1310B- C1310D	New items coding instructions: Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1310B	New item: B. Inattention - Did the resident have difficulty focusing attention, for example being easily distractible, or having difficulty keeping track of what was being said?	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1310C	New item: C. 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)?	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1310D	New item: D. Altered level of consciousness - Did the resident have altered level of consciousness as indicated by any of the following criteria? * vigilant - startled easily to any sound or touch * lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch * stuporous - very difficult to arouse and keep aroused for the interview * comatose - could not be aroused	X	X	na	X	X	na	X	na	X	na	X	X	X	X
C1600	Item deleted	X	X	na	X	X	na	X	na	X	na	X	X	X	X

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Section GG Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
Section GG Start of Stay	New section added: Section GG Functional Abilities and Goals – Admission (Start of SNF PPS Stay)	X	na	na	na	X	na	X	na	na	na	na	na	X	na
Section GG End of Stay	New section added: Section GG Functional Abilities and Goals – Discharge (End of SNF PPS Stay)	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0130 Start of Stay	GG0130. Self-Care (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01 Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the patient's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code end of SNF PPS stay (discharge) goals. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused. 09. Not applicable. 88. Not attempted due to medical condition or safety concerns.	X	na	na	na	X	na	X	na	na	na	na	na	X	na

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GG0130 End of Stay	<p>GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)</p> <p>Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03</p> <p>Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.</p> <p>Coding:</p> <p>Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.</p> <p>06. Independent - Resident completes the activity by him/herself with no assistance from a helper.</p> <p>05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.</p> <p>04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</p> <p>If activity was not attempted, code reason:</p> <p>07. Resident refused.</p> <p>09. Not applicable.</p> <p>88. Not attempted due to medical condition or safety concerns.</p>	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0130A1	<p>New item: (Start of Stay Performance)</p> <p>A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.</p>	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0130A2	<p>New item: (Discharge Goal)</p> <p>A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.</p>	X	na	na	na	X	na	X	na	na	na	na	na	X	na

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GG0130A3	New item: (Discharge Performance) A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0130B1	New item: (Start of Stay Performance) B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0130B2	New item: (Discharge Goal) B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0130B3	New item: (Discharge Performance) B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0130C1	New item: (Start of Stay Performance) C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0130C2	New item: (Discharge Goal) C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0130C3	New item: (Discharge Performance) C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.	X	X	na	X	X	X	X	na	X	na	X	X	X	X

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GG0170 Start of Stay	<p>GG0170. Mobility (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) Complete only if A0310B = 01 Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Do not use codes 07, 09, or 88 to code end of SNF PPS stay (discharge) goals. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused. 09. Not applicable. 88. Not attempted due to medical condition or safety concerns.</p>	X	na	na	na	X	na	X	na	na	na	na	na	X	na

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GG0170 End of Stay	<p>GG0170. Mobility (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03 Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.</p> <p>Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. If activity was not attempted, code reason: 07. Resident refused. 09. Not applicable. 88. Not attempted due to medical condition or safety concerns.</p>	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170B1	<p>New item added: (Start of Stay Performance) B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170B2	<p>New item added: (Discharge Goal) B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170B3	<p>New item added: (Discharge Performance) B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	X	X	na	X	X	X	X	na	X	na	X	X	X	X

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GG0170C1	New item: (Start of Stay Performance) C. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170C2	New item: (Discharge Goal) C. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170C3	New item: (Discharge Performance) C. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170D1	New item: (Start of Stay Performance) D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170D2	New item: (Discharge Goal) D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170D3	New item: (Discharge Performance) D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170E1	New item: (Start of Stay Performance) E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170E2	New item: (Discharge Goal) E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a chair (or wheelchair).	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170E3	New item: (Discharge Performance) E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170F1	New item: (Start of Stay Performance) F. Toilet Transfer: The ability to safely get on and off a toilet or commode.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170F2	New item: (Discharge Goal) F. Toilet Transfer: The ability to safely get on and off a toilet or commode.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170F3	New item: (Discharge Performance) F. Toilet Transfer: The ability to safely get on and off a toilet or commode.	X	X	na	X	X	X	X	na	X	na	X	X	X	X

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GG0170H1	New item: (Start of Stay Performance) H1. Does the resident walk? 0. No, and walking goal is <u>not</u> clinically indicated -> Skip to GG0170Q1, Does the resident use a wheelchair/scooter? 1. No, and walking goal <u>is</u> clinically indicated -> Code the resident's discharge goal(s) for items GG0170J and GG0170K 2. Yes -> Continue to GG0170J, Walk 50 feet with two turns	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170H3	New item: (Discharge Performance) H3. Does the resident walk? 0. No -> Skip to GG0170Q3, Does the resident use a wheelchair/scooter? 2. Yes -> Continue to GG0170J, Wheel 50 feet with two turns	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170J1	New item: (Start of Stay Performance) J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170J2	New item: (Discharge Goal) J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170J3	New item: (Discharge Performance) J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170K1	New item: (Start of Stay Performance) K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170K2	New item: (Discharge Goal) K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170K3	New item: (Discharge Performance) K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170Q1	New item: (Start of Stay Performance) Q1. Does the resident use a wheelchair/scooter? 0. No -> Skip to ... [next active item as appropriate for item set] 1. Yes -> Continue to GG0170R, Wheel 50 feet with two turns	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170Q3	New item: (Discharge Performance) Q3. Does the resident use a wheelchair/scooter? 0. No -> Skip to ... [next active item appropriate for item set] 1. Yes -> Continue to GG0170R, Wheel 50 feet with two turns	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170R1	New item: (Start of Stay Performance) R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170R2	New item: (Discharge Goal) R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.	X	na	na	na	X	na	X	na	na	na	na	na	X	na

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GG0170R3	New item: (Discharge Performance) R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170RR1	New item: (Start of Stay Performance) RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170RR3	New item: (Discharge Performance) RR3. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170S1	New item: (Start of Stay Performance) S. Wheel 150 feet. Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170S2	New item: (Discharge Goal) S. Wheel 150 feet. Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170S3	New item: (Discharge Performance) S. Wheel 150 feet. Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.	X	X	na	X	X	X	X	na	X	na	X	X	X	X
GG0170SS1	New item: (Start of Stay Performance) SS1. Indicate the type of wheelchair/scooter used.1. Manual2. Motorized	X	na	na	na	X	na	X	na	na	na	na	na	X	na
GG0170SS3	New item: (Discharge Performance) SS3. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized	X	X	na	X	X	X	X	na	X	na	X	X	X	X

Sections J and M Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
J1800	Item added: J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	na	na	na	na	na	X	na	na	na	na	na	na	na	na
J1900	Item added: J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0210	Item added: M0210. Unhealed Pressure Ulcer(s)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300B1	Item added: 1. Number of Stage 2 pressure ulcers - If 0 -> Skip to M0300C, Stage 3	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300B1	Added skip instruction "- If 0 -> Skip to M0300C, Stage 3"	na	X	na	X	na	na	na	na	X	na	X	X	na	X

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Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
M0300B2	Item added: 2. Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	X	na	X	na	X	na	na	X	na	X	X	na	X
M0300C1	Item added: 1. Number of Stage 3 pressure ulcers - If 0 -> Skip to M0300D, Stage 4	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300C1	Added skip instruction "- If 0 -> Skip to M0300D, Stage 4"	na	X	na	X	na	na	na	na	X	na	X	X	na	X
M0300C2	Item added: 2. Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	X	na	X	na	X	na	na	X	na	X	X	na	X
M0300D1	Item added: 1. Number of Stage 4 pressure ulcers - If 0 -> Skip to M0300E, Unstageable - Non-removable dressing	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300D1	Added skip instruction "- If 0 -> Skip to M0300E, Unstageable - Non-removable dressing"	na	X	na	X	na	na	na	na	X	na	X	X	na	X
M0300D2	Item added: 2. Number of <u>these</u> Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	X	na	X	na	X	na	na	X	na	X	X	na	X
M0300E1	Item added: 1. Number of unstageable pressure ulcers due to non-removable dressing/device - If 0 -> Skip to M0300F, Unstageable - Slough and/or eschar	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300E1	Added skip instruction "- If 0 -> Skip to M0300F, Unstageable - Slough and/or eschar"	na	X	na	X	na	na	na	na	X	na	X	X	na	X
M0300E2	Item added: 2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	X	na	X	na	X	na	na	X	na	X	X	na	X
M0300F1	Item added: 1. Number of unstageable pressure ulcers due to coverage of would bed by slough and/or eschar - If 0 -> Skip to M0300G, Unstageable - Deep tissue injury	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300F1	Added skip instruction "- If 0 -> Skip to M0300G, Unstageable - Deep tissue injury"	na	X	na	X	na	na	na	na	X	na	X	X	na	X
M0300F2	Item added: 2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	X	na	X	na	X	na	na	X	na	X	X	na	X
M0300G	Changed "Unstageable - Deep tissue" to "Unstageable - Deep tissue injury"	X	X	na	X	X	X	X	na	X	na	X	X	X	X

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Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
M0300G1	Item added: 1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution – If 0 -> Skip to M0800, Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0300G1	Added skip instruction "- If 0 -> Skip to ... [next active item as appropriate for item set]	na	X	na	X	na	na	na	na	X	na	X	X	na	X
M0300G2	Item added: 2. Number of <u>these</u> unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M0800	Items added: M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry	na	na	na	na	na	X	na	na	na	na	na	na	na	na
M1040H	Changed "i.e. incontinence (IAD)" to "e.g., incontinence-associated dermatitis [IAD]".	X	na	X	X	X	na	X	na	na	na	na	X	X	na

Sections N and Q Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
N0410	Changed instruction from "Indicate the number of DAYS the resident received the following medications during the last 7 days..." to "Indicate the number of DAYS the resident received the following medications by pharmacological classification, not how it is used, during the last 7 days..."	X	X	na	X	X	na	X	na	X	na	X	X	X	X
N0410E	Changed "warfarin" to "e.g., warfarin".	X	X	na	X	X	na	X	na	X	na	X	X	X	X
Q0490	Removed Option 8. Information not available	X	na	na	na	X	na	X	na	na	na	na	na	X	na
Q0550B	Removed Option 8. No information source available Added Option 9. None of the above	X	na	na	na	X	na	X	na	na	na	na	na	X	na

Sections V, X, and Z Items

Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
V0100	Changed instruction from "A0310B = 01 - 06" to "A0310B = 01 - 05".	X	na	na	na	na	na	na	na	na	na	na	na	na	na
V0100B	Deleted response option 06. Readmission/return assessment.	X	na	na	na	na	na	na	na	na	na	na	na	na	na
X0150	Item added: X0150. Type of Provider (A0200 on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0200	Items added: X0200. Name of Resident (A0500 on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na

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Item	Change Description	NC	ND	NO/ SO	NOD	NP	NPE/ SPE	NQ	NS/ SS	NSD	NT/ ST	SD	SOD	SP	SSD
X0300	Item and responses added: X0300. Gender (A0800 on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0400	Item added: X0400. Birth Date (A0900 on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0500	Item added: X0500. Social Security Number (A0600A on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0600	Items and responses added: X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0600H	New X0600 item: H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment? 0. No 1. Yes	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X0700	Items added: X0700. Date on existing record to be modified/inactivated - Complete one only	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0800	Item added: X0800. Correction Number	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X0900	Items added: X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X1050	Items added: X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)	na	na	na	na	na	X	na	na	na	na	na	na	na	na
X1100	Items added: X1100. RN Assessment Coordinator Attestation of Completion	na	na	na	na	na	X	na	na	na	na	na	na	na	na
Z0400	Items added: Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting	na	na	na	na	na	X	na	na	na	na	na	na	na	na
Z0500	Items added: Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion	na	na	na	na	na	X	na	na	na	na	na	na	na	na

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