

# **APPENDIX I**

## **MDS Item Matrix**

**MDS 2.0 Item Matrix**  
**Matrix Version 4.8 (02/14/2006)**  
**Data Specifications Version: 1.30**

**Record Type Codes Used:**

- A** = Admission Assessment
- Y** = Comprehensive Assessment (Annual, Significant Change, Significant Correction of Prior Full)
- P** = Medicare PPS Assessment form (MPAF)
- N** = Full Assessment with no RAPs (Full Quarterly where required by State)
- M** = Minimum Quarterly (HCFA Standard 2-page Quarterly)
- RQ** = RUG-III Quarterly (Optional Quarterly Version for RUG-III 1997 Update)
- D** = Discharge Tracking Form
- R** = Reentry Tracking Form

**Application Codes Used:**

- RG** = RUG-III Case Mix Classification, Version 5.20
- QI** = CHSRA Quality Indicators as defined in "Nursing Facility Quality Indicator Definitions: 11/25/97" from the Center for Health Science Research and Analysis, The University of Wisconsin at Madison
- RP** = Resident Assessment Protocols as defined in the "Long-Term Care Resident Assessment User's Manual: Version 2.0", HCFA, 1995 and in the MDS Data Specifications Version 1.30
- QM** = Quality Measures publicly reported in 11/2004 (15 QMs)

		Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
MDS Item	Description	A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
REC_ID	Record ID	✓	✓	✓	✓	✓	✓	✓	✓				
REC_TYPE	Record Type Code	✓	✓	✓	✓	✓	✓	✓	✓				
ASMT_LCK	Assessment Lock Date												
CARE_LCK	Care Planning Lock Date												
P_REC_DT	Previous Record Date		✓										
FAC_DOC_CD	Document ID Code (Facility Use)	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE1	Version Completed Code	✓	✓	✓	✓	✓	✓	✓	✓				
VCODE2	Layout Submitted Version Code	✓	✓	✓	✓	✓	✓	✓	✓				
SFTW_ID	Software Vendor Or Agent Tax ID	✓	✓	✓	✓	✓	✓	✓	✓				
SFT_VER	Software Version	✓	✓	✓	✓	✓	✓	✓	✓				
FAC_ID	Unique Facility ID Code (Location)	✓	✓	✓	✓	✓	✓	✓	✓				
RES_ID	Unique Resident ID Code	✓	✓	✓	✓	✓	✓	✓	✓				
AT1	Correction: Attestation Sequence Number	✓	✓	✓	✓	✓	✓	✓	✓				
AT2	Correction: Action Requested	✓	✓	✓	✓	✓	✓	✓	✓				
AT3a	Modification: Transcription error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3b	Modification: Data entry error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3c	Modification: Software product error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3d	Modification: Item coding error	✓	✓	✓	✓	✓	✓	✓	✓				
AT3e	Modification: Other error	✓	✓	✓	✓	✓	✓	✓	✓				
AT4a	Inactivation: Test record submitted as production record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4b	Inactivation: Event did not occur	✓	✓	✓	✓	✓	✓	✓	✓				
AT4c	Inactivation: Submission of inappropriate record	✓	✓	✓	✓	✓	✓	✓	✓				
AT4d	Inactivation: Other reasons requiring inactivation	✓	✓	✓	✓	✓	✓	✓	✓				
AT5a	Attesting Individual: First name	✓	✓	✓	✓	✓	✓	✓	✓				
AT5b	Attesting Individual: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
AT6	Attestation date	✓	✓	✓	✓	✓	✓	✓	✓				
AT_SRC	Correction request source												
SUB_REQ	Requirement for submitting this MDS record	✓	✓	✓	✓	✓	✓	✓	✓				
CNT_FILLER	Control Section Filler (Future Use)												

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
AA1a	Resident First Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1b	Resident Middle Initial	✓	✓	✓	✓	✓	✓	✓	✓				
AA1c	Resident Last Name	✓	✓	✓	✓	✓	✓	✓	✓				
AA1d	Resident Name Suffix	✓	✓	✓	✓	✓	✓	✓	✓				
AA2	Gender	✓	✓	✓	✓	✓	✓	✓	✓				
AA3	Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
AA4	Race/Ethnicity	✓	✓	✓	✓	✓	✓	✓	✓				
AA5a	Social Security Number	✓	✓	✓	✓	✓	✓	✓	✓				
AA5b	Resident Medicare number (or comparable number)	✓	✓	✓	✓	✓	✓	✓	✓				
AA6a	Facility State No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA6b	Facility Federal No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA7	Resident Medicaid No.	✓	✓	✓	✓	✓	✓	✓	✓				
AA8a	Primary reason for assessment	✓	✓	✓	✓	✓	✓	✓	✓				✓
AA8b	Special assessment code	✓	✓	✓	✓					✓			✓
AB1	Date of Entry	✓						✓					
AB2	Admitted from (at Entry)	✓						✓					
AB3	Lived Alone (Prior to Entry)	✓											
AB4	Zip Code of Prior Primary Residence	✓											
AB5a	Prior stay at this nursing home	✓			✓								✓
AB5b	Stay in other nursing home	✓			✓								✓
AB5c	Other residential facility	✓			✓								✓
AB5d	MH/psychiatric setting	✓			✓								✓
AB5e	MR/DD setting	✓			✓								✓
AB5f	Residential history: None of Above	✓			✓								✓
AB6	Lifetime Occupation(s)	✓											
AB7	Education (Highest Level Completed)	✓											
AB8a	Primary Language	✓											
AB8b	If other (language), specify	✓											
AB9	Mental Health History	✓											
AB10a	Not applicable--no MR/DD	✓											
AB10b	Down's syndrome	✓											
AB10c	Autism	✓											
AB10d	Epilepsy	✓											
AB10e	Other organic condition related to MR/DD	✓											
AB10f	MR/DD with no organic condition	✓											
AB11	Date Background Information	✓											

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	Completed												
AC1a	Stays up late at night	✓											
AC1b	Naps regularly during day	✓											
AC1c	Goes out 1+ days a week	✓											
AC1d	Stays busy with hobbies/fixed routine	✓											
AC1e	Spends most time alone or TV	✓											
AC1f	Moves independently indoors	✓											
AC1g	Use of tobacco daily	✓											
AC1h	Cycle of daily events: None of Above	✓											
AC1i	Distinct food preferences	✓											
AC1j	Eats between meals most days	✓											
AC1k	Use of alcohol/weekly	✓											
AC1l	Eating patterns: None of Above	✓											
AC1m	In bedclothes much of day	✓											
AC1n	Wakens to toilet most nights	✓											
AC1o	Has irregular bowel movement pattern	✓											
AC1p	Showers for bathing	✓											
AC1q	Bathing in PM	✓											
AC1r	ADL patterns: None of Above	✓											
AC1s	Daily contact with relatives/friends	✓											
AC1t	Usually attends church, temple, etc.	✓											
AC1u	Finds strength in faith	✓											
AC1v	Daily animal companion	✓											
AC1w	Involved in group activities	✓											
AC1x	Involvement patterns: None of Above	✓											
AC1y	Unknown customary routine	✓											
A2	Room Number	✓	✓	✓	✓	✓	✓						
A3a	Last day of MDS observation period	✓	✓	✓	✓	✓	✓					✓	✓
A3b	Original/corrected copy of form	✓	✓	✓		✓	✓						
A4a	Date of Reentry	✓	✓	✓	✓	✓	✓		✓				
A4b	Admitted from (at Reentry)								✓				
A5	Marital Status	✓	✓	✓	✓								
A6	Medical Record No.	✓	✓	✓	✓	✓	✓	✓	✓				
A7a	Medicaid per diem	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
A7b	Medicare per diem	✓	✓	✓									
A7c	Medicare ancillary part A	✓	✓	✓									
A7d	Medicare ancillary part B	✓	✓	✓									
A7e	CHAMPUS per diem	✓	✓	✓									
A7f	VA per diem	✓	✓	✓									
A7g	Self or family pays for per diem	✓	✓	✓									
A7h	Medicaid resident liability or Medicare copay	✓	✓	✓									
A7i	Private insurance per diem	✓	✓	✓									
A7j	Other per diem	✓	✓	✓									
A9a	Legal guardian	✓	✓	✓									
A9b	Other legal oversight	✓	✓	✓									
A9c	Durable power attorney/health	✓	✓	✓									
A9d	Durable power attorney/financial	✓	✓	✓									
A9e	Family member responsible	✓	✓	✓									
A9f	Patient responsible for self	✓	✓	✓									
A9g	Responsibility/guardian: None of Above	✓	✓	✓									
A10a	Living will	✓	✓	✓									
A10b	Do not resuscitate	✓	✓	✓	✓								
A10c	Do not hospitalize	✓	✓	✓	✓								
A10d	Organ donation	✓	✓	✓									
A10e	Autopsy request	✓	✓	✓									
A10f	Feeding restrictions	✓	✓	✓									
A10g	Medication restrictions	✓	✓	✓									
A10h	Other treatment restrictions	✓	✓	✓									
A10i	Advanced directives: None of Above	✓	✓	✓									
B1	Comatose	✓	✓	✓	✓	✓	✓				✓	✓	✓
B2a	Short-term memory OK	✓	✓	✓	✓	✓	✓				✓	✓	✓
B2b	Long-term memory OK	✓	✓	✓	✓	✓	✓					✓	
B3a	Recall current season	✓	✓	✓	✓		✓						
B3b	Recall location of own room	✓	✓	✓	✓		✓						
B3c	Recall staff names/faces	✓	✓	✓	✓		✓						
B3d	Recall that he/she in nursing home	✓	✓	✓	✓		✓						
B3e	Recall: None of Above	✓	✓	✓	✓		✓						
B4	Cognitive Skills/Daily Decision Making	✓	✓	✓	✓	✓	✓				✓	✓	✓
B5a	Easily distracted	✓	✓	✓	✓	✓	✓					✓	✓
B5b	Periods of altered	✓	✓	✓	✓	✓	✓					✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	perception/awareness												
B5c	Episodes of disorganized speech	✓	✓	✓	✓	✓	✓					✓	✓
B5d	Periods of restlessness	✓	✓	✓	✓	✓	✓					✓	✓
B5e	Periods of lethargy	✓	✓	✓	✓	✓	✓					✓	✓
B5f	Mental function varies during day	✓	✓	✓	✓	✓	✓					✓	✓
B6	Change in Cognitive Status	✓	✓	✓								✓	
C1	Hearing	✓	✓	✓								✓	
C2a	Hearing aid present/used	✓	✓	✓									
C2b	Hearing aid present/not used regularly	✓	✓	✓									
C2c	Other receptive comm. techniques used	✓	✓	✓									
C2d	Communication devices: None of Above	✓	✓	✓									
C3a	Speech	✓	✓	✓									
C3b	Writing messages	✓	✓	✓									
C3c	Amer. sign language/Braille	✓	✓	✓									
C3d	Signs/gestures/sounds	✓	✓	✓									
C3e	Communication board	✓	✓	✓									
C3f	Other	✓	✓	✓									
C3g	Modes of expression: None of Above	✓	✓	✓									
C4	Making Self Understood	✓	✓	✓	✓	✓	✓			✓		✓	
C5	Speech Clarity	✓	✓	✓									
C6	Ability to Understand Others	✓	✓	✓	✓	✓	✓					✓	
C7	Change in Communication/Hearing	✓	✓	✓								✓	
D1	Vision	✓	✓	✓	✓							✓	
D2a	Side vision problems	✓	✓	✓								✓	
D2b	Sees halos/rings/ashes/curtains	✓	✓	✓									
D2c	Visual limitations: None of Above	✓	✓	✓									
D3	Visual Appliances	✓	✓	✓									
E1a	Negative statements	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
E1b	Repetitive questions	✓	✓	✓	✓	✓	✓			✓		✓	
E1c	Repetitive verbalizations	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1d	Persistent anger with self/others	✓	✓	✓	✓	✓	✓			✓		✓	
E1e	Self deprecation	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1f	Expression of unrealistic fears	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1g	Recurrent statements of	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	terrible future												
E1h	Repetitive health complaints	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1i	Repetitive anxious complaints/concerns	✓	✓	✓	✓	✓	✓			✓		✓	
E1j	Unpleasant mood in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1k	Insomnia/change in sleeping pattern	✓	✓	✓	✓	✓	✓			✓		✓	
E1l	Sad/pained/worried facial expressions	✓	✓	✓	✓	✓	✓			✓		✓	
E1m	Crying/tearfulness	✓	✓	✓	✓	✓	✓			✓		✓	✓
E1n	Repetitive physical movements	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
E1o	Withdrawal from activities of interest	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E1p	Reduced social interaction	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E2	Mood Persistence	✓	✓	✓	✓	✓	✓				✓	✓	✓
E3	Change in Mood	✓	✓	✓								✓	
E4aA	Wandering: Frequency	✓	✓	✓	✓	✓	✓			✓		✓	
E4aB	Wandering: Alterability	✓	✓	✓	✓	✓	✓						
E4bA	Verbal abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4bB	Verbal abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4cA	Physical abuse: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4cB	Physical abuse: Alterability	✓	✓	✓	✓	✓	✓						
E4dA	Socially inappropriate: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4dB	Socially inappropriate: Alterability	✓	✓	✓	✓	✓	✓						
E4eA	Resist care: Frequency	✓	✓	✓	✓	✓	✓			✓	✓	✓	
E4eB	Resist care: Alterability	✓	✓	✓	✓	✓	✓						
E5	Change in Behavioral Symptoms	✓	✓	✓								✓	
F1a	At ease interacting with others	✓	✓	✓									
F1b	At ease doing planned/structured activities	✓	✓	✓									
F1c	At ease doing self-initiated activities	✓	✓	✓									
F1d	Establishes own goals	✓	✓	✓								✓	
F1e	Pursues involvement in life of facility	✓	✓	✓									
F1f	Accepts invitations to most group activities	✓	✓	✓									
F1g	Initiative/involvement: None of Above	✓	✓	✓									
F2a	Covert/open conflict with staff	✓	✓	✓								✓	
F2b	Unhappy with roommate	✓	✓	✓								✓	

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
F2c	Unhappy with other residents	✓	✓	✓									✓
F2d	Open conflict/anger with family/friends	✓	✓	✓									✓
F2e	Absence of contact with family/friends	✓	✓	✓									
F2f	Recent loss family/friend	✓	✓	✓									
F2g	Does not easily adjust to routine change	✓	✓	✓									
F2h	Unsettled relationships: None of Above	✓	✓	✓									
F3a	Strong identification with past roles	✓	✓	✓									✓
F3b	Sadness/anger over lost roles/status	✓	✓	✓									✓
F3c	Perceives daily routine very different	✓	✓	✓									✓
F3d	Past roles: None of Above	✓	✓	✓									
G1aA	Bed mobility: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1aB	Bed mobility: Support Provided	✓	✓	✓	✓		✓				✓		
G1bA	Transfer: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1bB	Transfer: Support Provided	✓	✓	✓	✓		✓				✓		
G1cA	Walk in room: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1cB	Walk in room: Support Provided	✓	✓	✓	✓		✓						
G1dA	Walk in corridor: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1dB	Walk in corridor: Support Provided	✓	✓	✓	✓		✓						
G1eA	Locomotion on unit: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1eB	Locomotion on unit: Support Provided	✓	✓	✓	✓		✓						
G1fA	Locomotion off unit: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1fB	Locomotion off unit: Support Provided	✓	✓	✓	✓		✓						
G1gA	Dressing: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓
G1gB	Dressing: Support Provided	✓	✓	✓	✓		✓						
G1hA	Eating: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1hB	Eating: Support Provided	✓	✓	✓	✓		✓						
G1iA	Toilet: Self-Performance	✓	✓	✓	✓	✓	✓				✓	✓	✓
G1iB	Toilet: Support Provided	✓	✓	✓	✓		✓				✓		
G1jA	Personal hygiene: Self-Performance	✓	✓	✓	✓	✓	✓					✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
G1jB	Personal hygiene: Support Provided	✓	✓	✓	✓		✓						
G2A	Bathing: Self-Performance	✓	✓	✓	✓	✓	✓					✓	
G2B	Bathing: Support Provided	✓	✓	✓									
G3a	Balance while standing	✓	✓	✓	✓		✓						
G3b	Balance while sitting	✓	✓	✓	✓		✓					✓	
G4aA	Neck: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4aB	Neck: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4bA	Arm: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4bB	Arm: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4cA	Hand: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4cB	Hand: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4dA	Leg: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4dB	Leg: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4eA	Foot: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4eB	Foot: Voluntary movement	✓	✓	✓	✓	✓	✓						
G4fA	Other: Range of motion	✓	✓	✓	✓	✓	✓					✓	
G4fB	Other: Voluntary movement	✓	✓	✓	✓	✓	✓						
G5a	Cane/walker/crutch	✓	✓	✓									
G5b	Wheeled self	✓	✓	✓	✓								
G5c	Other person wheeled	✓	✓	✓									
G5d	Wheelchair for primary locomotion	✓	✓	✓									
G5e	Modes of locomotion: None of Above	✓	✓	✓									
G6a	Bedfast all or most of the time	✓	✓	✓	✓	✓	✓					✓	✓
G6b	Bed rails for bed mobility/transfer	✓	✓	✓	✓	✓	✓						
G6c	Lifted manually	✓	✓	✓									
G6d	Lifted mechanically	✓	✓	✓									
G6e	Transfer aid	✓	✓	✓									
G6f	Modes of transfer: None of Above	✓	✓	✓		✓	✓						
G7	Task Segmentation	✓	✓	✓	✓		✓						
G8a	Resident--increased independence capability	✓	✓	✓									✓
G8b	Staff--increased independence capability	✓	✓	✓									✓
G8c	Resident slow performing tasks/activity	✓	✓	✓									
G8d	Morning to evening difference in ADLs	✓	✓	✓									
G8e	ADL rehab potential: None of Above	✓	✓	✓									

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
G9	Change in ADL Function	✓	✓	✓									
H1a	Bowel continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H1b	Bladder continence	✓	✓	✓	✓	✓	✓				✓	✓	✓
H2a	Bowel elimination pattern regular	✓	✓	✓									
H2b	Constipation	✓	✓	✓								✓	
H2c	Diarrhea	✓	✓	✓	✓		✓						
H2d	Fecal impaction	✓	✓	✓	✓	✓	✓				✓	✓	
H2e	Bowel elimination pattern: None of Above	✓	✓	✓		✓	✓						
H3a	Any scheduled toileting plan	✓	✓	✓	✓	✓	✓			✓	✓		
H3b	Bladder retraining program	✓	✓	✓	✓	✓	✓			✓	✓		
H3c	External (condom) catheter	✓	✓	✓	✓	✓	✓					✓	
H3d	Indwelling catheter	✓	✓	✓	✓	✓	✓				✓	✓	✓
H3e	Intermittent catheter	✓	✓	✓								✓	
H3f	Did not use toilet/commode/urinal	✓	✓	✓									
H3g	Pads/briefs used	✓	✓	✓								✓	
H3h	Enemas/irrigation	✓	✓	✓									
H3i	Ostomy present	✓	✓	✓	✓	✓	✓				✓		✓
H3j	Appliances and programs: None of Above	✓	✓	✓		✓	✓						
H4	Change in Urinary Continence	✓	✓	✓									
I1a	Diabetes mellitus	✓	✓	✓	✓		✓			✓			✓
I1b	Hyperthyroidism	✓	✓	✓									
I1c	Hypothyroidism	✓	✓	✓									
I1d	Arteriosclerotic heart disease (ASHD)	✓	✓	✓	✓								
I1e	Cardiac dysrhythmias	✓	✓	✓									
I1f	Congestive heart failure	✓	✓	✓	✓								
I1g	Deep vein thrombosis	✓	✓	✓									
I1h	Hypertension	✓	✓	✓									
I1i	Hypotension	✓	✓	✓								✓	
I1j	Peripheral vascular disease	✓	✓	✓	✓							✓	✓
I1k	Other cardiovascular disease	✓	✓	✓									
I1l	Arthritis	✓	✓	✓									
I1m	Hip fracture	✓	✓	✓	✓		✓						
I1n	Missing limb	✓	✓	✓									
I1o	Osteoporosis	✓	✓	✓									
I1p	Pathological bone fracture	✓	✓	✓									
I1q	Alzheimer's disease	✓	✓	✓									
I1r	Aphasia	✓	✓	✓	✓		✓			✓			

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
I1s	Cerebral palsy	✓	✓	✓	✓		✓			✓			
I1t	Cerebrovascular accident (stroke)	✓	✓	✓	✓		✓						
I1u	Dementia other than Alzheimer's	✓	✓	✓									
I1v	Hemiplegia/hemiparesis	✓	✓	✓	✓		✓			✓			
I1w	Multiple sclerosis	✓	✓	✓	✓		✓			✓			
I1x	Paraplegia	✓	✓	✓	✓								
I1y	Parkinson's disease	✓	✓	✓									
I1z	Quadriplegia	✓	✓	✓	✓		✓			✓			
I1aa	Seizure disorder	✓	✓	✓									
I1bb	Transient ischemic attack (TIA)	✓	✓	✓									
I1cc	Traumatic brain injury	✓	✓	✓									
I1dd	Anxiety disorder	✓	✓	✓									
I1ee	Depression	✓	✓	✓	✓		✓					✓	
I1ff	Manic depressive (bipolar disease)	✓	✓	✓	✓		✓				✓		
I1gg	Schizophrenia	✓	✓	✓	✓						✓		
I1hh	Asthma	✓	✓	✓	✓								
I1ii	Emphysema/COPD	✓	✓	✓	✓								
I1jj	Cataracts	✓	✓	✓								✓	
I1kk	Diabetic retinopathy	✓	✓	✓								✓	
I1ll	Glaucoma	✓	✓	✓								✓	
I1mm	Macular degeneration	✓	✓	✓									
I1nn	Allergies	✓	✓	✓									
I1oo	Anemia	✓	✓	✓									
I1pp	Cancer	✓	✓	✓									
I1qq	Renal failure	✓	✓	✓									
I1rr	Diseases: None of Above	✓	✓	✓			✓						
I2a	Antibiotic resistant infection	✓	✓	✓	✓		✓						
I2b	Clostridium difficile (c. diff.)	✓	✓	✓	✓		✓						
I2c	Conjunctivitis	✓	✓	✓	✓		✓						
I2d	HIV infection	✓	✓	✓	✓		✓						
I2e	Pneumonia	✓	✓	✓	✓		✓			✓			
I2f	Respiratory infection	✓	✓	✓	✓		✓						
I2g	Septicemia	✓	✓	✓	✓		✓			✓			
I2h	Sexually transmitted diseases	✓	✓	✓	✓		✓						
I2i	Tuberculosis	✓	✓	✓	✓		✓						
I2j	Urinary tract infection in last 30 days	✓	✓	✓	✓	✓	✓				✓	✓	✓
I2k	Viral hepatitis	✓	✓	✓	✓		✓						

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
I2l	Wound infection	✓	✓	✓	✓		✓						
I2m	Infections: None of Above	✓	✓	✓	✓	✓	✓						
I3a	Other diagnosis a	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3b	Other diagnosis b	✓	✓	✓	✓	✓	✓				✓	✓	✓
I3c	Other diagnosis c	✓	✓	✓							✓	✓	✓
I3d	Other diagnosis d	✓	✓	✓							✓	✓	✓
I3e	Other diagnosis e	✓	✓	✓							✓	✓	✓
J1a	Weight fluctuation 3+ lbs in 7 days	✓	✓	✓	✓		✓						✓
J1b	Inability to lie flat--shortness of breath	✓	✓	✓	✓		✓						
J1c	Dehydrated--output exceeds input	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1d	Insufficient fluid in last 3 days	✓	✓	✓	✓		✓						✓
J1e	Delusions	✓	✓	✓	✓		✓			✓			
J1f	Dizziness/vertigo	✓	✓	✓									✓
J1g	Edema	✓	✓	✓	✓		✓						
J1h	Fever	✓	✓	✓	✓		✓			✓		✓	
J1i	Hallucinations	✓	✓	✓	✓	✓	✓			✓	✓	✓	
J1j	Internal bleeding	✓	✓	✓	✓		✓			✓		✓	
J1k	Recurrent lung aspirations in last 90 days	✓	✓	✓	✓		✓						✓
J1l	Shortness of breath	✓	✓	✓	✓		✓						
J1m	Syncope (fainting)	✓	✓	✓									✓
J1n	Unsteady gait	✓	✓	✓	✓		✓						✓
J1o	Vomiting	✓	✓	✓	✓		✓			✓			
J1p	Problem conditions: None of Above	✓	✓	✓		✓	✓						
J2a	Pain: Frequency	✓	✓	✓	✓	✓	✓						✓
J2b	Pain: Intensity	✓	✓	✓	✓	✓	✓						✓
J3a	Back pain	✓	✓	✓									
J3b	Bone pain	✓	✓	✓									
J3c	Chest pain during usual activities	✓	✓	✓									
J3d	Headache	✓	✓	✓									
J3e	Hip pain	✓	✓	✓									
J3f	Incisional pain	✓	✓	✓									
J3g	Joint pain (other than hip)	✓	✓	✓									
J3h	Soft tissue pain (lesion)	✓	✓	✓									
J3i	Stomach pain	✓	✓	✓									
J3j	Other	✓	✓	✓									
J4a	Fell in past 30 days	✓	✓	✓	✓	✓	✓					✓	✓
J4b	Fell in past 31-180 days	✓	✓	✓	✓	✓	✓					✓	✓

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
J4c	Hip fracture in last 180 days	✓	✓	✓	✓	✓	✓					✓	✓
J4d	Other fracture in last 180 days	✓	✓	✓	✓	✓	✓					✓	
J4e	Accidents: None of Above	✓	✓	✓	✓	✓	✓						
J5a	Conditions/diseases lead to instability	✓	✓	✓	✓	✓	✓						
J5b	Resident experiencing acute episode/flare-up	✓	✓	✓	✓	✓	✓						
J5c	End-stage disease, 6 or fewer months to live	✓	✓	✓	✓	✓	✓					✓	✓
J5d	Stability of conditions: None of Above	✓	✓	✓	✓	✓	✓						
K1a	Chewing problem	✓	✓	✓	✓		✓						
K1b	Swallowing problem	✓	✓	✓	✓		✓						✓
K1c	Mouth pain	✓	✓	✓									✓
K1d	Oral problems: None of Above	✓	✓	✓			✓						
K2a	Height (inches)	✓	✓	✓	✓		✓						✓
K2b	Weight (pounds)	✓	✓	✓	✓		✓						✓
K3a	Weight loss	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
K3b	Weight gain	✓	✓	✓	✓	✓	✓						
K4a	Complains about taste of many foods	✓	✓	✓									✓
K4b	Regular complaints of hunger	✓	✓	✓									
K4c	Leaves 25%+ food uneaten at most meals	✓	✓	✓									✓
K4d	Nutritional problems: None of Above	✓	✓	✓									
K5a	Parenteral IV	✓	✓	✓	✓		✓			✓		✓	
K5b	Feeding tube	✓	✓	✓	✓	✓	✓			✓	✓	✓	
K5c	Mechanically altered diet	✓	✓	✓									✓
K5d	Syringe (oral feeding)	✓	✓	✓									✓
K5e	Therapeutic diet	✓	✓	✓									✓
K5f	Dietary supplement between meals	✓	✓	✓									
K5g	Plate guard, stabilized utensil, etc.	✓	✓	✓									
K5h	On a planned weight change program	✓	✓	✓	✓	✓	✓						
K5i	Nutritional approaches: None of Above	✓	✓	✓		✓	✓						
K6a	Total calories (%) received in last 7 days	✓	✓	✓	✓		✓			✓			
K6b	Average fluid intake (daily) in last 7 days	✓	✓	✓	✓		✓			✓			
L1a	Debris in mouth before bed	✓	✓	✓									✓

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
L1b	Has dentures or removable bridge	✓	✓	✓									
L1c	Some/all natural teeth lost	✓	✓	✓								✓	
L1d	Broken, loose, or carious teeth	✓	✓	✓								✓	
L1e	Inflamed/bleeding gums, oral abscesses, etc.	✓	✓	✓								✓	
L1f	Daily cleaning teeth/dentures or mouth care	✓	✓	✓								✓	
L1g	Oral status: None of Above	✓	✓	✓									
M1a	Ulcers: Stage 1	✓	✓	✓	✓	✓	✓			✓			
M1b	Ulcers: Stage 2	✓	✓	✓	✓	✓	✓			✓			
M1c	Ulcers: Stage 3	✓	✓	✓	✓	✓	✓			✓			
M1d	Ulcers: Stage 4	✓	✓	✓	✓	✓	✓			✓			
M2a	Pressure ulcer highest stage	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
M2b	Stasis ulcer highest stage	✓	✓	✓	✓	✓	✓						
M3	History of resolved ulcers	✓	✓	✓	✓							✓	✓
M4a	Abrasions, bruises	✓	✓	✓	✓		✓						
M4b	Burns (second or third degree)	✓	✓	✓	✓		✓			✓			
M4c	Open lesions other than ulcers, rashes, cuts	✓	✓	✓	✓		✓			✓			
M4d	Rashes--e.g., intertrigo, eczema, etc.	✓	✓	✓	✓		✓						
M4e	Skin desensitized to pain or pressure	✓	✓	✓	✓		✓					✓	
M4f	Skin tears or cuts (other than surgery)	✓	✓	✓	✓		✓						
M4g	Surgical wounds	✓	✓	✓	✓		✓			✓			
M4h	Other skin problems: None of Above	✓	✓	✓	✓		✓						
M5a	Pressure relieving device(s) for chair	✓	✓	✓	✓		✓			✓			
M5b	Pressure relieving device(s) for bed	✓	✓	✓	✓		✓			✓			
M5c	Turning/repositioning program	✓	✓	✓	✓		✓			✓			
M5d	Nutrition/hydration intervention	✓	✓	✓	✓		✓			✓			
M5e	Ulcer care	✓	✓	✓	✓		✓			✓			
M5f	Surgical wound care	✓	✓	✓	✓		✓			✓			
M5g	Application of dressings	✓	✓	✓	✓		✓			✓			
M5h	Application of ointments/medications	✓	✓	✓	✓		✓			✓			
M5i	Other preventative/protective skin care	✓	✓	✓	✓		✓						

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
M5j	Skin treatments: None of Above	✓	✓	✓	✓		✓						
M6a	Resident has one or more foot problems	✓	✓	✓	✓		✓						
M6b	Infection of foot--e.g., cellulitis, etc.	✓	✓	✓	✓		✓			✓			
M6c	Open lesions on foot	✓	✓	✓	✓		✓			✓			
M6d	Nails/calluses trimmed in last 90 days	✓	✓	✓	✓		✓						
M6e	Received preventative/protective foot care	✓	✓	✓	✓		✓						
M6f	Application of dressings	✓	✓	✓	✓		✓			✓			
M6g	Foot problems: None of Above	✓	✓	✓	✓		✓						
N1a	Awake in morning	✓	✓	✓	✓	✓	✓			✓	✓	✓	
N1b	Awake in afternoon	✓	✓	✓	✓	✓	✓			✓	✓		
N1c	Awake in evening	✓	✓	✓	✓	✓	✓			✓	✓		
N1d	Awake: None of Above	✓	✓	✓	✓	✓	✓				✓		
N2	Average Time Involved in Activities	✓	✓	✓	✓	✓	✓				✓	✓	
N3a	Own room	✓	✓	✓									
N3b	Day/activity room	✓	✓	✓									
N3c	Inside NH/off unit	✓	✓	✓									
N3d	Outside facility	✓	✓	✓									
N3e	Activity settings: None of Above	✓	✓	✓									
N4a	Cards/other games	✓	✓	✓									
N4b	Crafts/arts	✓	✓	✓									
N4c	Exercise/sports	✓	✓	✓									
N4d	Music	✓	✓	✓									
N4e	Reading/writing	✓	✓	✓									
N4f	Spiritual/religious activities	✓	✓	✓									
N4g	Trips/shopping	✓	✓	✓									
N4h	Walking/wheeling outdoors	✓	✓	✓									
N4i	Watching TV	✓	✓	✓									
N4j	Gardening or plants	✓	✓	✓									
N4k	Talking or conversing	✓	✓	✓									
N4l	Helping others	✓	✓	✓									
N4m	Activity preferences: None of Above	✓	✓	✓									
N5a	Type of activities involved in	✓	✓	✓									✓
N5b	Extent of involvement in activities	✓	✓	✓									✓
O1	Number of Medications	✓	✓	✓	✓	✓	✓				✓		

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
O2	New Medications	✓	✓	✓									
O3	Injections (number days)	✓	✓	✓	✓		✓			✓			
O4a	Antipsychotic	✓	✓	✓	✓	✓	✓				✓	✓	
O4b	Antianxiety	✓	✓	✓	✓	✓	✓				✓	✓	
O4c	Antidepressants	✓	✓	✓	✓	✓	✓				✓	✓	
O4d	Hypnotic	✓	✓	✓	✓	✓	✓				✓		
O4e	Diuretic	✓	✓	✓	✓	✓	✓					✓	
P1aa	Chemotherapy	✓	✓	✓	✓		✓			✓			
P1ab	Dialysis	✓	✓	✓	✓		✓			✓			
P1ac	IV medication	✓	✓	✓	✓		✓			✓			
P1ad	Intake/output	✓	✓	✓	✓		✓						
P1ae	Monitoring acute medical condition	✓	✓	✓	✓		✓						
P1af	Ostomy care	✓	✓	✓	✓		✓						
P1ag	Oxygen therapy	✓	✓	✓	✓		✓			✓			
P1ah	Radiation	✓	✓	✓	✓		✓			✓			
P1ai	Suctioning	✓	✓	✓	✓		✓			✓			
P1aj	Tracheostomy care	✓	✓	✓	✓		✓			✓			
P1ak	Transfusions	✓	✓	✓	✓		✓			✓			
P1al	Ventilator or respirator	✓	✓	✓	✓		✓			✓			
P1am	Alcohol/drug treatment program	✓	✓	✓	✓		✓						
P1an	Alzheimer's/dementia special care unit	✓	✓	✓	✓		✓						
P1ao	Hospice care	✓	✓	✓	✓		✓						✓
P1ap	Pediatric unit	✓	✓	✓	✓		✓						
P1aq	Respite care	✓	✓	✓	✓		✓						
P1ar	Training in community skills	✓	✓	✓	✓		✓						
P1as	Special treatments: None of Above	✓	✓	✓	✓		✓						
P1baA	Speech therapy: # days	✓	✓	✓	✓		✓			✓			
P1baB	Speech therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bbA	Occupational therapy: # days	✓	✓	✓	✓		✓			✓			
P1bbB	Occupational therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bcA	Physical therapy: # days	✓	✓	✓	✓		✓			✓			
P1bcB	Physical therapy: total # minutes	✓	✓	✓	✓		✓			✓			
P1bdA	Respiratory therapy: # days	✓	✓	✓	✓		✓			✓			
P1bdB	Respiratory therapy: total # minutes	✓	✓	✓	✓		✓						
P1beA	Psychotherapy: # days	✓	✓	✓	✓		✓						
P1beB	Psychotherapy: total #	✓	✓	✓	✓		✓						

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		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
	minutes												
P2a	Special behavioral symptom evaluation program	✓	✓	✓									
P2b	Evaluation by licensed MH specialist	✓	✓	✓									
P2c	Group therapy	✓	✓	✓									
P2d	Resident-specific changes in environment	✓	✓	✓									
P2e	Reorientation--e.g., cueing	✓	✓	✓									
P2f	Intervention programs: None of Above	✓	✓	✓									
P3a	Nursing rehab: Range of motion (passive)	✓	✓	✓	✓		✓			✓			
P3b	Nursing rehab: Range of motion (active)	✓	✓	✓	✓		✓			✓			
P3c	Nursing rehab: Splint or brace assistance	✓	✓	✓	✓		✓			✓			
P3d	Nursing rehab: Bed mobility	✓	✓	✓	✓		✓			✓			
P3e	Nursing rehab: Transfer	✓	✓	✓	✓		✓			✓			
P3f	Nursing rehab: Walking	✓	✓	✓	✓		✓			✓			
P3g	Nursing rehab: Dressing or grooming	✓	✓	✓	✓		✓			✓			
P3h	Nursing rehab: Eating or swallowing	✓	✓	✓	✓		✓			✓			
P3i	Nursing rehab: Amputation/prosthesis care	✓	✓	✓	✓		✓			✓			
P3j	Nursing rehab: Communication	✓	✓	✓	✓		✓			✓			
P3k	Nursing rehab: Other	✓	✓	✓	✓		✓						
P4a	Full bed rails on all sides of bed	✓	✓	✓	✓	✓	✓						
P4b	Other types of side rails used	✓	✓	✓	✓	✓	✓						
P4c	Trunk restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓
P4d	Limb restraint	✓	✓	✓	✓	✓	✓				✓	✓	✓
P4e	Chair prevents rising	✓	✓	✓	✓	✓	✓				✓	✓	✓
P5	Hospital Stays	✓	✓	✓									
P6	Emergency Room (ER) Visits	✓	✓	✓									
P7	Physician Visits	✓	✓	✓	✓		✓			✓			
P8	Physician Orders	✓	✓	✓	✓		✓			✓			
P9	Abnormal Lab Values	✓	✓	✓									
Q1a	Resident wishes to return to community	✓	✓	✓	✓								
Q1b	Support person positive toward discharge	✓	✓	✓									
Q1c	Stay projected to be of short duration	✓	✓	✓	✓								

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
Q2	Overall Change in Care Needs	✓	✓	✓	✓	✓	✓						
R1a	Participate in assessment: Resident	✓	✓	✓									
R1b	Participate in assessment: Family	✓	✓	✓									
R1c	Participate in assessment: Significant other	✓	✓	✓									
R2b	Date RN Coordinator Signed Assessment as Complete	✓	✓	✓	✓	✓	✓						
R3a	Code for Resident Discharge Disposition							✓					
R3b	Optional State Discharge Code							✓					
R4	Discharge Date							✓					
S	Section S. Supplement-- State Specific												
T1aA	Recreation therapy: # of days												
T1aB	Recreation therapy: Total # minutes												
T1b	Ordered Therapies				✓						✓		
T1c	Ordered therapy: Estimated days until day 15				✓						✓		
T1d	Ordered therapy: Estimated minutes until day 15				✓						✓		
T2a	Furthest distance walked												
T2b	Time walked without sitting down												
T2c	Self-performance in walking												
T2d	Walking support provided												
T2e	Parallel bars used												
T3MDCR	Medicare Case Mix Group				✓								
T3STATE	State Case Mix Group				✓								
U01RA	Med 01--Route of Administration (RA)												
U01FR	Med 01--Frequency (Freq)												
U01AA	Med 01--Amount Administered (AA)												
U01PR	Med 01--PRN-n												
U01NDC	Med 01--NDC Code												
U02RA	Med 02--Route of Administration (RA)												
U02FR	Med 02--Frequency (Freq)												
U02AA	Med 02--Amount Administered (AA)												
U02PR	Med 02--PRN-n												

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
U02NDC	Med 02--NDC Code												
U03RA	Med 03--Route of Administration (RA)												
U03FR	Med 03--Frequency (Freq)												
U03AA	Med 03--Amount Administered (AA)												
U03PR	Med 03--PRN-n												
U03NDC	Med 03--NDC Code												
U04RA	Med 04--Route of Administration (RA)												
U04FR	Med 04--Frequency (Freq)												
U04AA	Med 04--Amount Administered (AA)												
U04PR	Med 04--PRN-n												
U04NDC	Med 04--NDC Code												
U05RA	Med 05--Route of Administration (RA)												
U05FR	Med 05--Frequency (Freq)												
U05AA	Med 05--Amount Administered (AA)												
U05PR	Med 05--PRN-n												
U05NDC	Med 05--NDC Code												
U06RA	Med 06--Route of Administration (RA)												
U06FR	Med 06--Frequency (Freq)												
U06AA	Med 06--Amount Administered (AA)												
U06PR	Med 06--PRN-n												
U06NDC	Med 06--NDC Code												
U07RA	Med 07--Route of Administration (RA)												
U07FR	Med 07--Frequency (Freq)												
U07AA	Med 07--Amount Administered (AA)												
U07PR	Med 07--PRN-n												
U07NDC	Med 07--NDC Code												
U08RA	Med 08--Route of Administration (RA)												
U08FR	Med 08--Frequency (Freq)												
U08AA	Med 08--Amount Administered (AA)												
U08PR	Med 08--PRN-n												
U08NDC	Med 08--NDC Code												
U09RA	Med 09--Route of Administration (RA)												

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
U09FR	Med 09--Frequency (Freq)												
U09AA	Med 09--Amount Administered (AA)												
U09PR	Med 09--PRN-n												
U09NDC	Med 09--NDC Code												
U10RA	Med 10--Route of Administration (RA)												
U10FR	Med 10--Frequency (Freq)												
U10AA	Med 10--Amount Administered (AA)												
U10PR	Med 10--PRN-n												
U10NDC	Med 10--NDC Code												
U11RA	Med 11--Route of Administration (RA)												
U11FR	Med 11--Frequency (Freq)												
U11AA	Med 11--Amount Administered (AA)												
U11PR	Med 11--PRN-n												
U11NDC	Med 11--NDC Code												
U12RA	Med 12--Route of Administration (RA)												
U12FR	Med 12--Frequency (Freq)												
U12AA	Med 12--Amount Administered (AA)												
U12PR	Med 12--PRN-n												
U12NDC	Med 12--NDC Code												
U13RA	Med 13--Route of Administration (RA)												
U13FR	Med 13--Frequency (Freq)												
U13AA	Med 13--Amount Administered (AA)												
U13PR	Med 13--PRN-n												
U13NDC	Med 13--NDC Code												
U14RA	Med 14--Route of Administration (RA)												
U14FR	Med 14--Frequency (Freq)												
U14AA	Med 14--Amount Administered (AA)												
U14PR	Med 14--PRN-n												
U14NDC	Med 14--NDC Code												
U15RA	Med 15--Route of Administration (RA)												
U15FR	Med 15--Frequency (Freq)												
U15AA	Med 15--Amount Administered (AA)												

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
U15PR	Med 15--PRN-n												
U15NDC	Med 15--NDC Code												
U16RA	Med 16--Route of Administration (RA)												
U16FR	Med 16--Frequency (Freq)												
U16AA	Med 16--Amount Administered (AA)												
U16PR	Med 16--PRN-n												
U16NDC	Med 16--NDC Code												
U17RA	Med 17--Route of Administration (RA)												
U17FR	Med 17--Frequency (Freq)												
U17AA	Med 17--Amount Administered (AA)												
U17PR	Med 17--PRN-n												
U17NDC	Med 17--NDC Code												
U18RA	Med 18--Route of Administration (RA)												
U18FR	Med 18--Frequency (Freq)												
U18AA	Med 18--Amount Administered (AA)												
U18PR	Med 18--PRN-n												
U18NDC	Med 18--NDC Code												
VA01a	Delirium: Triggered	✓	✓										
VA01b	Delirium: Proceed with care	✓	✓										
VA02a	Cognitive loss: Triggered	✓	✓										
VA02b	Cognitive loss: Proceed with care	✓	✓										
VA03a	Visual function: Triggered	✓	✓										
VA03b	Visual function: Proceed with care	✓	✓										
VA04a	Communication: Triggered	✓	✓										
VA04b	Communication: Proceed with care	✓	✓										
VA05a	ADL function: Triggered	✓	✓										
VA05b	ADL function: Proceed with care	✓	✓										
VA06a	Urinary incontinence: Triggered	✓	✓										
VA06b	Urinary incontinence: Proceed with care	✓	✓										
VA07a	Psychosocial well-being: Triggered	✓	✓										
VA07b	Psychosocial well-being: Proceed with care	✓	✓										
VA08a	Mood state: Triggered	✓	✓										

MDS Item	Description	Item Required on Record Type								Item Included in Application			
		Full			PPS	Quarterly		Tracking		RG	QI	RP	QM
		A	Y	N	P	M	RQ	D	R				
VA08b	Mood state: Proceed with care	✓	✓										
VA09a	Behavior symptoms: Triggered	✓	✓										
VA09b	Behavior symptoms: Proceed with care	✓	✓										
VA10a	Activities: Triggered	✓	✓										
VA10b	Activities: Proceed with care	✓	✓										
VA11a	Falls: Triggered	✓	✓										
VA11b	Falls: Proceed with care	✓	✓										
VA12a	Nutritional status: Triggered	✓	✓										
VA12b	Nutritional status: Proceed with care	✓	✓										
VA13a	Feeding tubes: Triggered	✓	✓										
VA13b	Feeding tubes: Proceed with care	✓	✓										
VA14a	Dehydration: Triggered	✓	✓										
VA14b	Dehydration: Proceed with care	✓	✓										
VA15a	Dental care: Triggered	✓	✓										
VA15b	Dental care: Proceed with care	✓	✓										
VA16a	Pressure ulcers: Triggered	✓	✓										
VA16b	Pressure ulcers: Proceed with care	✓	✓										
VA17a	Psychotropic drug use: Triggered	✓	✓										
VA17b	Psychotropic drug use: Proceed with care	✓	✓										
VA18a	Physical restraints: Triggered	✓	✓										
VA18b	Physical restraints: Proceed with care	✓	✓										
VB2	RAP Assessment Signature Date	✓	✓										
VB4	RAP Care Plan Signature Date	✓	✓										
W1	National Provider ID	✓	✓	✓	✓	✓	✓	✓	✓				
W2a	Influenza vaccine received in facility	✓	✓	✓	✓	✓	✓	✓					✓
W2b	Reason influenza vaccine not received	✓	✓	✓	✓	✓	✓	✓					
W3a	Resident up to date with PPV status	✓	✓	✓	✓	✓	✓	✓					✓
W3b	Reason PPV not received	✓	✓	✓	✓	✓	✓	✓					
FILLER1	Filler (future use)												
PRIOR_AA1a	Prior Rec: First name	✓	✓	✓	✓	✓	✓	✓	✓				

MDS Item	Description	Item Required on Record Type								Item Included			
		Full			PPS	Quarterly		Tracking		in Application			
		A	Y	N	P	M	RQ	D	R	RG	QI	RP	QM
PRIOR_AA1c	Prior Rec: Last name	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA2	Prior Rec: Gender	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA3	Prior Rec: Birthdate	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA5a	Prior Rec: Social security number	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8a	Prior Rec: Primary assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_AA8b	Prior Rec: Supplemental assessment reason	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A3a	Prior Rec: Assessment reference date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A4a	Prior Rec: Reentry date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_R4	Prior Rec: Discharge date	✓	✓	✓	✓	✓	✓	✓	✓				
PRIOR_A3b	Prior Rec: Original/corrected copy of form												
HCFA_OTHR	HCFA Other Required Information												
MCR_GP	Medicare Recomputed Case Mix Group												
MCR_VR	Medicare Recomputed Case Mix Version												
MCR_CMI	Medicare Recomputed Case Mix Index												
MCD_GP	Medicaid Recomputed Case Mix Group												
MCD_VR	State Medicaid Recomputed Case Mix Version												
MCD_CMI	State Medicaid Recomputed Case Mix Index												
FILLER2	Blank Filler												
DATA_END	End of Data Terminator Code	✓	✓	✓	✓	✓	✓	✓	✓				
CRG_RTN	Carrage Return (ASCII 013)	✓	✓	✓	✓	✓	✓	✓	✓				
LN_FD	Line Feed (ASCII 010)	✓	✓	✓	✓	✓	✓	✓	✓				