

MDS 3.0 Item Set Change History for October 2020 Version 1.18.0

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

Version 1.18.0 Changes

Section A Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Footer	Version incremented to 1.18.0 with an effective date 10/01/2020	X	X	X	X	X	X	X	X	X	X
A0300A	Item and responses added: A0300. Optional State Assessment Complete only if A0200 = 1 A. Is this assessment for state payment purposes only? 0. No → Skip to and complete A0310, Type of Assessment 1. Yes	na	na	na	na	na	na	na	na	X	X

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A0300A	Skip pattern added for "No" response: 0. No → Skip to and complete A0310, Type of Assessment	X	X	X	X	X	X	X	X	na	na
A0300A	Response added: 1. Yes	na	na	na	X	na	na	na	X	na	na
A0300A	Instructional language added: Complete only if A0200 = 1	na	na	na	na	na	na	X	na	na	na
A0300B	Item and responses added: A0300B. Assessment type 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment 5. Other payment assessment	X	X	X	X	X	X	na	X	X	X
A0310A	Item and responses added: A0310A. 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 quarterly assessment 99. None of the above	na	na	na	na	na	na	X	na	na	na
A0310B	Item and responses added: A0310B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above	na	na	na	na	na	na	X	na	na	na
A0310F	Item and responses added: A0310F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above	na	na	na	na	na	na	X	na	na	na
A0310G1	Instructional language deleted in option 1: (Assessment not required at this time)	na	na	na	na	na	na	na	na	na	X
A0310H	Item and responses added: A0310H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes	na	na	na	na	na	na	X	X	na	na
A1000	Item and responses deleted	X	X	X	X	X	X	X	X	X	X

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A1005	New item and responses added: A1005. Ethnicity Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply A. No, not of Hispanic, Latino/a, or Spanish origin B. Yes, Mexican, Mexican American, Chicano/a C. Yes, Puerto Rican D. Yes, Cuban E. Yes, another Hispanic, Latino, or Spanish origin X. Resident unable to respond	X	X	X	X	X	X	X	X	X	X
A1010	New item and responses added: A1010. Race What is your race? Check all that apply A. White B. Black or African American C. American Indian or Alaska Native D. Asian Indian E. Chinese F. Filipino G. Japanese H. Korean I. Vietnamese J. Other Asian K. Native Hawaiian L. Guamanian or Chamorro M. Samoan N. Other Pacific Islander X. Resident unable to respond	X	X	X	X	X	X	X	X	X	X
A1100	Items and responses deleted	X	X	X	na	X	X	X	X	X	X
A1110	New items and responses added: A1110. Language A. What is your preferred language? B. Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine	X	X	X	na	X	X	X	X	X	X

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A1250	<p>New item and responses added: A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01 Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond</p> <p>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</p>	X	X	na	na	na	X	na	na	na	na
A1250	<p>New item and responses added: A1250. Transportation Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond</p> <p>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</p>	na	na	na	na	na	na	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A1270	<p>New item and responses added: A1270. Transportation (Discharge) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310H = 1 Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond</p> <p>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</p>	X	X	X	na	na	X	na	na	na	na
A1270	<p>New item and responses added: A1270. Transportation (Discharge) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond</p> <p>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</p>	na	na	na	na	X	na	na	na	na	na

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A1270	<p>New item and responses added: A1270. Transportation (Discharge) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Do not complete if A0310G = 2 Check all that apply A. Yes, it has kept me from medical appointments or from getting my medications B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need C. No X. Resident unable to respond</p> <p>© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.</p>	na	na	na	na	na	na	na	na	X	X
A1800	Item deleted	X	X	X	X	X	X	na	na	X	X
A1805	<p>New item and responses added: A1805. Entered From 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) 08. Intermediate Care Facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 99. Not listed</p>	X	X	X	X	X	X	na	na	X	X
A2100	Item deleted	X	X	X	X	X	X	na	na	X	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A2105	<p>New item and responses added: A2105. Discharge Status Complete only if A0310F = 10, 11, or 12 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 07. Inpatient Psychiatric Facility (psychiatric hospital or unit) 08. Intermediate Care Facility (ID/DD facility) 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 13. Deceased 99. Not listed</p>	X	X	X	X	X	X	na	na	X	X
A2121	<p>New item and responses added: A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge Complete only if A0310H = 1 At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge 1. Yes - Current reconciled medication list provided to the subsequent provider</p>	X	X	X	na	na	X	na	na	X	na
A2121	<p>New item and responses added: A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent provider? 0. No - Current reconciled medication list not provided to the subsequent provider → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge 1. Yes - Current reconciled medication list provided to the subsequent provider</p>	na	na	na	na	X	na	na	na	na	X

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A2122	<p>New item and responses added: A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider. Route of Transmission Check all that apply A. Electronic Health Record B. Health Information Exchange Organization C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other methods (e.g., texting, email, CDs)</p>	X	X	X	na	X	X	na	na	X	X
A2123	<p>New item and responses added: A2123. Provision of Current Reconciled Medication List to Resident at Discharge Complete only if A0310H = 1 At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Assessment Reference Date for Significant Correction 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver</p>	X	X	na	na	na	X	na	na	na	na
A2123	<p>New item and responses added: A2123. Provision of Current Reconciled Medication List to Resident at Discharge Complete only if A0310H = 1 At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2300, Assessment Reference Date 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver</p>	na	na	X	na	na	na	na	na	X	na
A2123	<p>New item and responses added: A2123. Provision of Current Reconciled Medication List to Resident at Discharge At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregiver? 0. No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2300, Assessment Reference Date 1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver</p>	na	na	na	na	X	na	na	na	na	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
A2124	New item and responses added: A2124. Route of Current Reconciled Medication List Transmission to Resident Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver. Route of Transmission Check all that apply A. Electronic Health Record (e.g., electronic access to patient portal) B. Health Information Exchange Organization C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other methods (e.g., texting, email, CDs)	X	X	X	na	X	X	na	na	X	X
A2400	Instructional language deleted: Complete only if A0310G = 0.	X	na	na	na	na	na	na	na	na	na
A2400	Skip pattern changed in the "No" response: 0. No → Skip to B0100, Comatose	na	na	na	na	X	na	na	na	na	na

Section B Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
B0100	Item and responses added: B0100. Comatose Persistent vegetative state/no discernible consciousness 0. No → Continue to B1320, Health Literacy (Discharge) 1. Yes → Skip to GG 0130, Self-Care	na	na	na	na	X	na	na	na	na	na
B0100	Skip pattern changed in the "Yes" response: 1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities	X	X	na	na	na	X	na	na	X	na
B0100	Skip patterns changed: 0. No → Continue to B1320, Health Literacy (Discharge) 1. Yes → Skip to GG0115, Functional Limitation in Range of Motion	na	na	X	na	na	na	na	na	na	na
B0100	Skip patterns changed: 0. No → Continue to B1320, Health Literacy (Discharge) 1. Yes → Skip to GG0130, Self-Care	na	na	na	na	na	na	na	na	na	X

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B1300	<p>New item and responses added: B1300. Health Literacy Complete only if A0310B = 01 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond</p> <p>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p>	X	X	na	na	na	X	na	na	na	na
B1300	<p>New item and responses added: B1300. Health Literacy How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond</p> <p>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p>	na	na	na	na	na	na	na	na	X	na
B1320	<p>New item and responses added: B1320. Health Literacy (Discharge) Complete only if A0310H = 1 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond</p> <p>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p>	X	X	X	na	na	X	na	na	na	na

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B1320	<p>New item and responses added: B1320. Health Literacy (Discharge) Do not complete if A0310G = 2 How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond</p> <p>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p>	na	na	na	na	na	na	na	na	X	X
B1320	<p>B1320. Health Literacy (Discharge) How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond</p> <p>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</p>	na	na	na	na	X	na	na	na	na	na

Section C Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
C0100	Item deleted	na	na	X	na	na	na	na	na	na	X
C0100	<p>Skip pattern changed in the "No" response: 0. No (resident is rarely/never understood) → Skip to C0600, Should the Staff Assessment for Mental Status be Conducted?</p>	X	X	na	na	na	X	X	X	X	na
C0120	<p>New item and responses added: C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted? (Discharge) Attempt to conduct interview with all residents. Complete only if (A0310F = 10 or 11 and A0310G = 1) or (A0310H = 1) 0. No (resident is rarely/never understood) → Skip to C1320, Signs and Symptoms of Delirium (Discharge) 1. Yes → Continue to C0220, Repetition of Three Words (Discharge)</p>	X	X	na	na	na	na	na	na	na	na

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C0120	New item and responses added: C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted? (Discharge) If A0310G = 2 skip to C0700. Otherwise, attempt to conduct interview with all residents. 0. No (resident is rarely/never understood) → Skip to C0600, Should the Staff Assessment for Mental Status be Conducted? 1. Yes → Continue to C0220, Repetition of Three Words (Discharge)	na	na	X	na	na	na	na	na	na	na
C0120	New item and responses added: C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted? (Discharge) Attempt to conduct interview with all residents. 0. No (resident is rarely/never understood) → Skip to C1320, Signs and Symptoms of Delirium (Discharge) 1. Yes → Continue to C0220, Repetition of Three Words (Discharge)	na	na	na	na	X	na	na	na	na	na
C0120	New item and responses added: C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted? (Discharge) Attempt to conduct interview with all residents. Do not complete if A0310G = 2 0. No (resident is rarely/never understood) → Skip to C1320, Signs and Symptoms of Delirium (Discharge) 1. Yes → Continue to C0220, Repetition of Three Words (Discharge)	na	na	na	na	na	X	na	na	X	na
C0120	New item and responses added: C0120. Should Brief Interview for Mental Status (C0220-C0520) be Conducted? (Discharge) Attempt to conduct interview with all residents. Do not complete if A0310G = 2 0. No (resident is rarely/never understood) → Skip to C0600, Should the Staff Assessment for Mental Status be Conducted? 1. Yes → Continue to C0220, Repetition of Three Words (Discharge)	na	na	na	na	na	na	na	na	na	X
C0200	Item deleted	na	na	X	na	na	na	na	na	na	X
C0220	New item and responses added: Brief Interview for Mental Status (BIMS) (Discharge) C0220. Repetition of Three Words (Discharge) Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words." Number of words repeated after first attempt 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.	X	X	X	na	X	X	na	na	X	X
C0300	Item deleted	na	na	X	na	na	na	na	na	na	X

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C0320	New items and responses added: C0320. Temporal Orientation (Discharge) (orientation to year, month, and day) Ask resident: "Please tell me what year it is right now." A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct Ask resident: "What month are we in right now?" B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days Ask resident: "What day of the week is today?" C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct	X	X	X	na	X	X	na	na	X	X
C0400	Item deleted	na	na	X	na	na	na	na	na	na	X
C0420	New items and responses added: C0420. Recall (Discharge) 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. A. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required	X	X	X	na	X	X	na	na	X	X
C0500	Item deleted	na	na	X	na	na	na	na	na	na	X
C0520	New item added: C0520. BIMS Summary Score (Discharge) Add scores for questions C0220-C0420 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview	X	X	X	na	X	X	na	na	X	X
C0600	Item header changed to: Should the Staff Assessment for Mental Status be Conducted?	X	na	na	na	na	na	na	na	na	na
C0600	Skip pattern in "No" response changed to: 0. No → Skip to C1320, Signs and Symptoms of Delirium (Discharge)	na	na	X	na	na	na	na	na	na	X
C0700	Instructional language changed to: Do not conduct if Brief Interview for Mental Status was completed.	X	X	na	na	na	X	na	na	na	na

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C0700	Instructional language changed to: Do not conduct if Brief Interview for Mental Status (C0220-C0520) was completed	na	na	X	na	na	na	na	na	na	X
C1310	Item and footnote deleted	na	na	X	na	na	na	na	na	na	X
CAM footnote after C1310	Wording of the CAM footnote changed to: Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.	X	X	X	na	na	X	na	na	X	na
C1320	New items and responses added: C1320. Signs and Symptoms of Delirium (from CAM©) (Discharge) Complete only if A0310F = 10 or 11 or if A0310H = 1 Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes Enter Codes in Boxes B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? 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)? D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria? <ul style="list-style-type: none"> • vigilant - startled easily to any sound or touch • lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch • stuporous - very difficult to arouse and keep aroused for the interview • comatose - could not be aroused Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	X	X	na	na	na	X	na	na	na	na

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C1320	<p>New items and responses added: C1320. Signs and Symptoms of Delirium (from CAM©) (Discharge) Complete only if A0310H = 1 Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record. A. Acute Onset Mental Status Change Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes Enter Codes in Boxes B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said? 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)? D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • 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 <p>Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	na	na	na	na	na	na	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
C1320	<p>New items and responses added: C1320. Signs and Symptoms of Delirium (from CAM©) (Discharge) Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record</p> <p>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</p> <p>Enter Codes in Boxes</p> <p>B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?</p> <p>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)?</p> <p>D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?</p> <ul style="list-style-type: none"> • 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 <p>Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)</p>	na	na	X	na	X	na	na	na	na	X
CAM footnote after C1320	<p>Wording of CAM footnote changed to: Adapted from: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assessment Method. Copyright 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission.</p>	X	X	X	na	X	X	na	na	X	X

Section D Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
D0100	Item deleted	na	na	X	na	na	na	na	na	na	X
D0100	<p>Language in the "Yes" response changed to: 1. Yes → Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)</p>	X	X	na	na	na	X	na	X	X	na
D0120	<p>New item and responses added: D0120. Should Resident Mood Interview be Conducted? (Discharge) - Attempt to conduct interview with all residents Complete only if (A0310F = 10 or 11 and A0310G = 1) or (A0310H = 1) 0. No (resident is rarely/never understood) → Skip to D0720, Social Isolation (Discharge) 1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9©) (Discharge)</p>	X	X	na	na	na	na	na	na	na	na

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D0120	New item and responses added: D0120. Should Resident Mood Interview be Conducted? (Discharge) If A0310G = 2 skip to E0100. Otherwise, attempt to conduct interview with all residents 0. No (resident is rarely/never understood) → Skip to D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV) 1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9©) (Discharge)	na	na	X	na	na	na	na	na	na	na
D0120	New item and responses added: D0120. Should Resident Mood Interview be Conducted? (Discharge) - Attempt to conduct interview with all residents 0. No (resident is rarely/never understood) → Skip to D0720, Social Isolation (Discharge) 1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9©) (Discharge)	na	na	na	na	X	na	na	na	na	na
D0120	New item and responses added: D0120. Should Resident Mood Interview be Conducted? (Discharge) - Attempt to conduct interview with all residents Do not complete if A0310G = 2 0. No (resident is rarely/never understood) → Skip to D0720, Social Isolation (Discharge) 1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9©) (Discharge)	na	na	na	na	na	X	na	na	X	na
D0120	New item and responses added: D0120. Should Resident Mood Interview be Conducted? (Discharge) Attempt to conduct interview with all residents. Do not complete if A0310G = 2 0. No (resident is rarely/never understood) → Skip to D0500-D0600, Staff Assessment of Resident Mood (PHQ-9-OV) 1. Yes → Continue to D0170, Resident Mood Interview (PHQ-2 to 9©) (Discharge)	na	na	na	na	na	na	na	na	na	X

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D0150	<p>New items and responses added: D0150. Resident Mood Interview (PHQ-2 to 9©) 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.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p> <p>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)</p> <p>Enter Scores in Boxes</p> <p>A. Little interest or pleasure in doing things B. Feeling down, depressed, or hopeless</p> <p>If either D0150A2 or D0150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview.</p> <p>C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way</p>	X	X	na	na	na	X	na	X	X	na
D0160	<p>New item added: D0160. Total Severity Score Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</p>	X	X	na	na	na	X	na	X	X	na
Copyright	<p>Copyright footnote added: Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.</p>	X	X	na	na	na	X	na	X	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
D0170	<p>New items and responses added: D0170. Resident Mood Interview (PHQ-2 to 9©) (Discharge) 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.</p> <p>1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)</p> <p>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)</p> <p>Enter Scores in Boxes</p> <p>A. Little interest or pleasure in doing things B. Feeling down, depressed, or hopeless If either D0170A2 or D0170B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview. C. Trouble falling or staying asleep, or sleeping too much D. Feeling tired or having little energy E. Poor appetite or overeating F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down G. Trouble concentrating on things, such as reading the newspaper or watching television H. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual I. Thoughts that you would be better off dead, or of hurting yourself in some way</p>	X	X	X	na	X	X	na	na	X	X
D0180	<p>New item added: D0180. Total Severity Score (Discharge) Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 02 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).</p>	X	X	X	na	X	X	na	na	X	X
D0200	<p>Items and responses deleted (Note that these items remain on the OSA only.)</p>	X	X	X	na	na	X	na	X	X	X
D0300	<p>Item deleted (Note that this item remains on the OSA only.)</p>	X	X	X	na	na	X	na	X	X	X
D0500	<p>Instructional language changed to: Do not conduct if Resident Mood Interview was completed.</p>	X	X	na	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
D0500	Instructional language changed to: Do not conduct if Resident Mood Interview (D0170-D0180) was completed	na	na	X	na	na	na	na	na	na	X
D0500	Instructional language changed to: Do not conduct if Resident Mood Interview (D0150-D0160) was completed.	na	na	na	na	na	na	na	X	X	na
Copyright footnote	Copyright footnote changed to: *Copyright © Pfizer Inc. All rights reserved. Reproduced with permission.	X	X	X	na	na	X	na	X	X	X
D0700	New item and responses added: D0700. Social Isolation Complete only if A0310B = 1 How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond	na	na	na	na	na	X	na	na	na	na
D0700	New item and responses added: D0700. Social Isolation How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond	X	X	na	na	na	na	na	na	X	na
D0720	New item and responses added: D0720. Social Isolation (Discharge) Do not complete if A0310G = 2 How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond	X	X	X	na	na	X	na	na	X	X
D0720	New item and responses added: D0720. Social Isolation (Discharge) How often do you feel lonely or isolated from those around you? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 9. Resident unable to respond	na	na	na	na	X	na	na	na	na	na

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Section F Item

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
F0700	Language in the "No" response changed to: Skip to and complete GG0100, Prior Functioning: Everyday Activities	X	na	na	na	na	na	na	na	na	na

Section G Items

Items	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Note: All Section G items have been retired from all assessments except the OSA. The following items remain on the OSA: G0110A1, G0110A2, G0110B1, G0110B2, G0110H1, G0110H2, G0110I1, and G0110I2.											

Section GG Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0100	Language changed for clarity (highlighted words added or changed): Coding: 3. Independent - Resident completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper. 2. Needed Some Help - Resident needed partial assistance from another person to complete any activities. 1. Dependent - A helper completed all the activities for the resident. 8. Unknown 9. Not Applicable Enter Codes in Boxes A. Self Care: Code the resident's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	X	X	na	na	na	X	na	na	X	na
GG0100	Instructional language deleted: Complete only if A0310B = 01	na	na	na	na	na	na	na	na	X	na
GG0110	Instructional language deleted: Complete only if A0310B = 01	na	na	na	na	na	na	na	na	X	na
GG0115A and GG0115B	New items and responses added: GG0115. Functional Limitation in Range of Motion Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days Coding: 0. No impairment 1. Impairment on one side 2. Impairment on both sides Enter Codes in Boxes A. Upper extremity (shoulder, elbow, wrist, hand) B. Lower extremity (hip, knee, ankle, foot)	X	X	X	na	na	na	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0120A–D and GG0120Z	New items and responses added: GG0120. Mobility Devices Check all that were normally used in the last 7 days A. Cane/crutch B. Walker C. Wheelchair (manual or electric) D. Limb prosthesis Z. None of the above were used	X	X	X	na	na	na	na	na	na	na
GG0130	Instructional language changed on discharge items to: Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04	X	X	X	na	X	X	na	na	X	X
GG0130	Instructional language deleted: Complete only if A0310B = 01	na	X	na	na	na	na	na	na	X	na
GG0130	New items and responses added for "Performance in the last 7 days": GG0130. Self-Care (Assessment period is the last 7 days) Complete only if A0310A = 01-06 Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. 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 and/or touching/steadying and/or contact guard 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 - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns	na	na	na	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0130	<p>New items and responses added for "Performance in the last 7 days": GG0130. Self-Care (Assessment period is the last 7 days) Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. 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 and/or touching/steadying and/or contact guard 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 - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns</p>	X	X	X	na	na	na	na	na	na	na
GG0130A6	<p>New item added: A6 Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.</p>	X	X	X	na	na	X	na	na	na	na
GG0130B6	<p>New item added: B6. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.</p>	X	X	X	na	na	X	na	na	na	na
GG0130C6	<p>New item added: C6. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</p>	X	X	X	na	na	X	na	na	na	na
GG0130E6	<p>New item added: E6. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.</p>	X	X	X	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0130F6	New item added: F6. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.	X	X	X	na	na	X	na	na	na	na
GG0130G6	New item added: G6. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.	X	X	X	na	na	X	na	na	na	na
GG0130H6	New item added: H6. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.	X	X	X	na	na	X	na	na	na	na
GG0130I6	New item added: I6. Personal Hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).	X	X	X	na	na	X	na	na	na	na
GG0170	Instructional language changed on discharge items to: Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04	X	X	X	na	X	X	na	na	X	X
GG0170C	Language changed to remove "with feet flat on the floor": C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support.	X	X	X	na	X	X	na	X	X	X
GG0170M	Language changed to remove "and/" on admission items: M. 1 step (curb): The ability to go up and down a curb or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object	X	X	na	na	na	X	na	na	X	na
GG0170M	Language changed to remove "and/" on discharge items: M. 1 step (curb): The ability to go up and down a curb or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object	X	X	X	na	X	X	na	na	X	X
GG0170Q3	Skip pattern changed in the "No" response to: 0. No → Skip to GG0130, Self-Care (Assessment period is the last 7 days)	X	X	X	na	na	X	na	na	na	na
GG0170Q3	Language changed in "No" response to: 0. No → Skip to J0220, Should Pain Assessment Interview be Conducted? (Discharge)	na	na	na	na	X	na	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0170	<p>New items and responses added for "Performance in the last 7 days": GG0170. Mobility (Assessment period is the last 7 days) Complete only if A0310A = 01-06 Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. 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 and/or touching/steadying and/or contact guard 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 - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns</p>	na	na	na	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0170	<p>New items and responses added for "Performance in the last 7 days": GG0170. Mobility (Assessment period is the last 7 days) Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason. 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 and/or touching/steadying and/or contact guard 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 - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88. Not attempted due to medical condition or safety concerns</p>	X	X	X	na	na	na	na	na	na	na
GG0170A6	<p>New item added: A6. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.</p>	X	X	X	na	na	X	na	na	na	na
GG0170B6	<p>New item added: B6. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.</p>	X	X	X	na	na	X	na	na	na	na
GG0170C6	<p>New item added: C6. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with no back support.</p>	X	X	X	na	na	X	na	na	na	na
GG0170D6	<p>New item added: D6. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</p>	X	X	X	na	na	X	na	na	na	na
GG0170E6	<p>New item added: E6. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).</p>	X	X	X	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
GG0170F6	New item added: F6. Toilet transfer: The ability to get on and off a toilet or commode.	X	X	X	na	na	X	na	na	na	na
GG0170FF6	New item added: FF6. Tub/Shower transfer: The ability to get in and out of a tub/shower.	X	X	X	na	na	X	na	na	na	na
GG0170I6	New item added: I6. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If performance in the last 7 days is coded 07, 09, 10, or 88 → Skip to GG0170Q6, Does the resident use a wheelchair and/or scooter?	X	X	X	na	na	X	na	na	na	na
GG0170J6	New item added: J6. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	X	X	X	na	na	X	na	na	na	na
GG0170K6	New item added: K6. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	X	X	X	na	na	X	na	na	na	na
GG0170Q6	New item added: Q6. Does the resident use a wheelchair and/or scooter? 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns	X	X	X	na	na	X	na	na	na	na
GG0170R6	New item added: R6. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.	X	X	X	na	na	X	na	na	na	na
GG0170RR6	New item added: RR6. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	X	X	X	na	na	X	na	na	na	na
GG0170S6	New item added: S6. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.	X	X	X	na	na	X	na	na	na	na
GG0170SS6	New item added: SS6. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	X	X	X	na	na	X	na	na	na	na

Section I Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
I0020	Instructional language changed to: Complete only if A0310B = 01	na	na	na	na	na	X	na	na	na	na
I0020	Instructional language deleted: Complete only if A0310B = 01 or 08	na	na	na	na	na	na	na	na	X	na
I7900	Item added: None of Above I7900. None of the above active diagnoses within the last 7 days	na	X	X	na	na	X	na	na	X	X

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Section J Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J0200	Item deleted	na	na	X	na	na	na	na	na	na	X
J0220	New item and responses added: J0220. Should Pain Assessment Interview be Conducted? (Discharge) Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) Do not complete if A0310G = 2 0. No (resident is rarely/never understood) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes → Continue to J0320, Pain Presence (Discharge)	X	X	na	na	na	X	na	na	X	na
J0220	New item and responses added: J0220. Should Pain Assessment Interview be Conducted? (Discharge) If resident is comatose or if A0310G = 2, skip to J1100, Shortness of Breath (dyspnea). Otherwise, attempt to conduct interview with all residents 0. No (resident is rarely/never understood) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes → Continue to J0320, Pain Presence (Discharge)	na	na	X	na	na	na	na	na	na	X
J0220	New item and responses added: J0220. Should Pain Assessment Interview be Conducted? (Discharge) Attempt to conduct interview with all residents. If resident is comatose, skip to J1800, Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) 0. No (resident is rarely/never understood) → Skip to J1800, Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) 1. Yes → Continue to J0320, Pain Presence (Discharge)	na	na	na	na	X	na	na	na	na	na
J0300	Item deleted	na	na	X	na	na	na	na	na	na	X
J0300	Language changed in “Yes” response to: 1. Yes → Continue to J0410, Pain Frequency	X	X	na	na	na	na	na	na	X	na
J0320	New item and responses added: J0320. Pain Presence (Discharge) Ask resident: “Have you had pain or hurting at any time in the last 5 days?” 0. No → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes → Continue to J0420, Pain Frequency (Discharge) 9. Unable to answer → Skip to J1100, Shortness of Breath (dyspnea)	X	na	X	na	na	na	na	na	na	X
J0320	New item and responses added: J0320. Pain Presence (Discharge) Ask resident: “Have you had pain or hurting at any time in the last 5 days?” 0. No → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes → Continue to J0550, Pain Effect on Sleep (Discharge) 9. Unable to answer → Skip to J1100, Shortness of Breath (dyspnea)	na	X	na	na	na	X	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J0320	New item and responses added: J0320. Pain Presence (Discharge) Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1800, Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS) 1. Yes → Continue to J0550, Pain Effect on Sleep (Discharge) 9. Unable to answer → Skip to J1800, Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)	na	na	na	na	X	na	na	na	na	na
J0400	Item deleted	X	X	X	na	na	X	na	na	na	X
J0410	New item and responses added: J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer	X	X	na	na	na	X	na	na	X	na
J0420	New item and responses added: J0420. Pain Frequency (Discharge) Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer	X	na	X	na	na	na	na	na	na	X
J0500A and J0500B	Items deleted	X	X	X	na	na	X	na	na	X	X
J0510	New item and responses added: J0510. Pain Effect on Sleep Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer	X	X	na	na	na	X	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J0520	<p>New item and responses added: J0520. Pain Interference with Therapy Activities Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer</p>	X	X	na	na	na	X	na	na	X	na
J0530	<p>New item and responses added: J0530. Pain Interference with Day-to-Day Activities Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer</p>	X	X	na	na	na	X	na	na	X	na
J0550	<p>New item and responses added: J0550. Pain Effect on Sleep (Discharge) Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer</p>	X	X	X	na	X	X	na	na	X	X
J0560	<p>New item and responses added: J0560. Pain Interference with Therapy Activities (Discharge) Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer</p>	X	X	X	na	X	X	na	na	X	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
J0570	New item and responses added: J0570. Pain Interference with Day-to-Day Activities (Discharge) Ask resident: "Over the past 5 days, how often have you limited your day-to-day activities (excluding rehabilitation therapy sessions) because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer	X	X	X	na	X	X	na	na	X	X
J0700	Instructional language changed to: 0. No (J0410 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea) 1. Yes (J0410 = 9) → Continue to J0800, Indicators of Pain or Possible Pain	X	X	na	na	na	X	na	na	X	na
J1700	Instructional language changed to: Complete only if A0310E = 1	na	na	na	na	na	na	na	na	X	na
J1800	Language in "No" response changed to: 0. No → Skip to K0520, Nutritional Approaches	na	na	na	na	X	na	na	na	na	na
J2000	Instructional language deleted: Complete only if A0310B = 01	na	na	na	na	na	na	na	na	X	na
J2100	Instructional language deleted: Complete only if A0310B = 01 or 08	na	na	na	na	na	na	na	na	X	na

Section K Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
K0510	Items and responses deleted (Note that K0510 items remain on the OSA.)	X	X	X	na	na	X	na	X	X	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
K0520	<p>New items and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply</p> <p>1. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B</p> <p>2. While Not a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank.</p> <p>3. While a Resident Performed while a resident of this facility and within the last 7 days</p> <p>4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply</p> <p>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</p>	X	X	na	na	na	X	na	na	X	na
K0520	<p>New items and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply</p> <p>3. While a Resident Performed while a resident of this facility and within the last 7 days</p> <p>4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply</p> <p>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</p>	na	na	X	na	na	na	na	na	na	na
K0520	<p>New items and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply</p> <p>4. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Check all that apply</p> <p>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</p>	na	na	na	na	X	na	na	na	na	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
K0520	New items and responses added: K0520. Nutritional Approaches Check all of the following nutritional approaches that apply 2. While Not a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 2 blank. 3. While a Resident Performed while a resident of this facility and within the last 7 days 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) Z. None of the above	na	na	na	na	na	na	na	X	na	na
K0710	Instructional language changed to: Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B	X	X	na	na	na	X	na	X	X	na

Section L Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
L0200Z	New response added: Z. None of the above were present.	na	X	na	na	na	X	na	na	na	X

Section M Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
M0210	Skip pattern for "No" response changed to: 0. No → Skip to N0425, High-Risk Drug Classes: Use and Indication (Discharge)	na	na	X	na	X	na	na	na	na	X
M0300G1	Skip pattern response changed to: If 0 → Skip to N0425, High-Risk Drug Classes: Use and Indication (Discharge)	na	na	X	na	X	na	na	na	na	X

Section N Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
N0300	Skip pattern changed to: Skip to N0415, High-Risk Drug Classes: Use and Indication	X	X	na	na	na	X	na	na	X	na
N0410	Item and responses deleted	X	X	X	na	na	X	na	na	X	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
N0415	<p>New items and responses added: N0415: High-Risk Drug Classes: Use and Indication</p> <p>1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class Check all that apply</p> <p>A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above</p>	X	X	na	na	na	X	na	na	X	na
N0425	<p>New items and responses added: N0425. High-Risk Drug Classes: Use and Indication (Discharge)</p> <p>Complete only if A0310F = 10 or 11 or A0310H = 1</p> <p>1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class Check all that apply</p> <p>A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above</p>	X	X	na	na	na	X	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
N0425	<p>New items and responses added: N0425. High-Risk Drug Classes: Use and Indication (Discharge)</p> <p>1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class Check all that apply</p> <p>A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above</p>	na	na	X	na	X	na	na	na	na	X
N0425	<p>New items and responses added: N0425: High-Risk Drug Classes: Use and Indication (Discharge)</p> <p>Complete only if A0310H = 1</p> <p>1. Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during the last 7 days or since admission/entry or reentry if less than 7 days</p> <p>2. Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class Check all that apply</p> <p>A. Antipsychotic B. Antianxiety C. Antidepressant D. Hypnotic E. Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin) F. Antibiotic G. Diuretic H. Opioid I. Antiplatelet J. Hypoglycemic (including insulin) Z. None of the above</p>	na	na	na	na	na	na	na	na	X	na
N2001	<p>Instructional language deleted: Complete only if A0310B = 01</p>	na	na	na	na	na	na	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
N2005	Instructional language deleted: Complete only if A0310H = 1	na	na	na	na	X	na	na	na	na	X

Section O Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
O0100	Items and responses deleted (Note that items remain on the OSA.)	X	X	X	na	na	X	na	X	X	X
O0110	New items and responses added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B b. While a Resident Performed while a resident of this facility and within the last 14 days c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other I1. Transfusions J1. Dialysis	X	X	na	na	na	X	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
	J2. Hemodialysis J3. Peritoneal dialysis K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above										
O0110	New items added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed b. While a Resident Performed while a resident of this facility and within the last 14 days c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy Care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other I1. Transfusions J1. Dialysis	na	na	X	na	na	na	na	na	na	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
	J2. Hemodialysis J3. Peritoneal dialysis K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above										
O0110	New items added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed c. At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C Cancer Treatments A1. Chemotherapy A2. IV A3. Oral A10. Other B1. Radiation Respiratory Treatments C1. Oxygen therapy C2. Continuous C3. Intermittent C4. High-concentration D1. Suctioning D2. Scheduled D3. As needed E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) G1. Non-invasive Mechanical Ventilator G2. BiPAP G3. CPAP Other H1. IV Medications H2. Vasoactive medications H3. Antibiotics H4. Anticoagulant H10. Other I1. Transfusions J1. Dialysis J2. Hemodialysis J3. Peritoneal dialysis	na	na	na	na	X	na	na	na	na	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
	K1. Hospice care M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) O1. IV Access O2. Peripheral O3. Midline O4. Central (e.g., PICC, tunneled, port) None of the Above Z1. None of the above										
O0110	New items added: O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were performed b. While a Resident Performed while a resident of this facility and within the last 14 days Cancer Treatments A1. Chemotherapy B1. Radiation Respiratory Treatments C1. Oxygen therapy D1. Suctioning E1. Tracheostomy care F1. Invasive Mechanical Ventilator (ventilator or respirator) Other H1. IV Medications I1. Transfusions J1. Dialysis M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions) None of the Above Z1. None of the above	na	na	na	na	na	na	na	X	na	na
O0300A	Language in "Yes" response changed to: 1. Yes → Skip to O0425, Part A Therapies (Discharge)	na	na	na	na	na	na	na	na	na	X
O0425	Header changed: O0425. Part A Therapies (Discharge)	X	X	X	na	X	X	na	na	X	X
O0425	Instructional language deleted: Complete only if A0310H = 1	na	na	na	na	X	na	na	na	na	X
O0430	Header changed: Distinct Calendar Days of Part A Therapy (Discharge)	X	X	X	na	X	X	na	na	X	X
O0430	Instructional language deleted: Complete only if A0310H = 1	na	na	na	na	X	na	na	na	na	X
O0600	Item and responses deleted	X	X	na	na	na	X	na	na	X	na
O0700	Item and responses deleted	X	X	na	na	na	X	na	na	X	na

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Section Q Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Q0100A, Q0100B, and Q0100C	Items and responses deleted	X	X	na	na	na	X	na	na	X	na
Q0110	New item and responses added: Q0110. Participation in Assessment and Goal Setting Identify all active participants in the assessment process Check all that apply A. Resident B. Family C. Significant other D. Legal guardian E. Other legally authorized representative Z. None of the above	X	X	na	na	na	X	na	na	X	na
Q0300A and Q0300B	Items and responses deleted	X	X	na	na	na	X	na	na	X	na
Q0310A and Q0310B	New items and responses added: Q0310. Resident's Overall Goal A. Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain B. Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	X	X	na	na	na	X	na	na	X	na
Q0400A	Item label, item description, and skip pattern in "Yes" response changed to: Q0400. Activities to Support Discharge Planning A. Is active discharge planning in progress for the resident to return to the community? 0. No 1. Yes → Skip to Q0610, Referral	X	X	na	na	na	X	na	na	X	na
Q0400A	Item label and item description changed to: Q0400. Activities to Support Discharge Planning A. Is active discharge planning in progress for the resident to return to the community? 0. No 1. Yes	na	na	X	na	na	na	na	na	na	X
Q0490	Item and responses deleted	X	X	na	na	na	X	na	na	X	na

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Q0495A and Q0495B	New items and responses added: Q0495. Resident's Preference for Frequency of Q0500B Administration A. Does the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than during comprehensive assessments only.) 1. No - then document in resident's clinical record and ask again only on the next comprehensive assessment 2. Yes 9. Unknown or uncertain B. Indicate information source for Q0495A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	X	X	na	na	na	X	na	na	X	na
Q0500	Item instructions changed to: Q0500. Return to Community B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain	X	X	na	na	na	X	na	na	X	na
Q0550A and Q0550B	Items and responses deleted	X	X	na	na	na	X	na	na	X	na
Q0600	Item and responses deleted	X	X	X	na	na	X	na	na	X	X
Q0610A	New item and responses added: Q0610. Referral A. Has a referral been made to the Local Contract Agency (LCA)? (Document reasons in resident's clinical record) 0. No - Referral needed 1. Yes - Referral made → Skip to V0100, Items From the Most Recent Prior OBRA or Scheduled PPS Assessment 2. Not Applicable - Referral not needed → Skip to V0100, Items From the Most Recent Prior OBRA or Scheduled PPS Assessment	X	na	na	na	na	na	na	na	na	na
Q0610A	New item and responses added: Q0610. Referral A. Has a referral been made to the Local Contact Agency (LCA)? (Document reasons in resident's clinical record) 0. No - Referral needed 1. Yes - Referral made → Skip to X0150, Type of Provider 2. Not applicable - Referral not needed → Skip to X0150, Type of Provider	na	X	X	na	na	X	na	na	X	X

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Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
Q0610B	New item and responses added: B. If a referral has not been made, please indicate reason why referral was not made 1. Facility does not know how or when to contact LCA 2. Discharge already in progress 9. None of the above	X	X	X	na	na	X	na	na	X	X

Section V Item

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
V0100E	Language changed to: Prior Assessment Resident Mood Interview (PHQ-2 to 9) Total Severity Score (D0160 value from prior assessment)	X	na	na	na	na	na	na	na	na	na

Section X Items

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
X0570	Language following item number changed to: X0570. Optional State Assessment (A300A on existing record to be modified/inactivated)	na	na	na	na	na	na	X	na	na	na
X0570	Instructional language added: Complete only if A300A = 1	X	X	X	X	X	X	X	X	na	na
X0570A	Item and responses added: X0570. Optional State Assessment (A300A on existing record to be modified/inactivated) Complete only if A300A = 1 A. Is this assessment for state payment purposes only? 0. No 1. Yes	na	na	na	na	na	na	na	na	X	X
X0570B	Item and responses added: B. Assessment type 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment 5. Other payment assessment	X	X	X	X	X	X	na	X	X	X
X0600	Instructional language added: Complete only if A300A = 0	X	X	X	X	X	X	na	X	na	na

**MDS 3.0 Item Set Change History
for October 2020
Version 1.18.0**

Item	Change Description	NC	NQ	ND	NT/ST	NPE	NP	OSA	IPA	SP	SD
X0600A, X0600B, and X0600F	Items and responses added: X0600. Type of Assessment (A0310 on existing record to be modified/inactivated) Complete only if A300A = 0 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. None of the above B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment Not PPS Assessment 99. None of the above F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above	na	na	na	na	na	na	X	na	na	na
X0600H	Item and responses added: H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes	na	na	na	na	na	na	X	X	na	na
X0700	Instructional language added: X0700. Date on existing record to be modified/inactivated - Complete one only	na	na	na	na	na	na	X	X	na	na
X0700A	Instructional language changed to: Complete only if X0600F = 99 or if X0570A = 1	X	X	X	X	X	X	X	X	X	X
X0700B and X0700C	Items added: B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12 Month Day Year C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01 Month Day Year	na	na	na	na	na	na	X	X	na	na