Track Changes
from Title Page v1.12
to Title Page v1.13

Chapter	Section	Page	Change
—	—	—	Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version ~~3.0~~ 1.13 October 2015

Track Changes
from TOC v1.12
to TOC v1.13

Chapter	Section	Page	Change
TOC	—	i	Page numbers changed in Chapter 2.
TOC	—	i–ii	Removed version numbers from chapters, sections, and appendices.

Track Changes
from Chapter 1 v1.12
to Chapter 1 v1.13

Chapter	Section	Page	Change
1	—	1-3	**Hendall Inc.** • Terresita Gayden • Anne Jones • Galen Snowden
1	—	1-3	Marianne Culihan, RN added to CMS Acknowledgements
1	—	1-4	Brandy Barnette, MBA, RN, CCM added to CMS Acknowledgements
1	—	1-3–1-4	Page length changed.
1	1.1	1-5	Healthcentric Advisors: The Holistic Approach to Transformational Change (HATCh™). CMS NH QIOSC Contract. Providence, RI. 2006. Available from ~~http://healthcentricadvisors.org/images/stories/documents/inhc.pdf~~ http://healthcentricadvisors.org/wp-content/uploads/2015/03/INHC_Final-Report_PtI-IV_121505_mam.pdf
1	1.2	1-6	The required subsets of data items for each MDS assessment and tracking document (e.g., Comprehensive, Quarterly, Discharge, Entry Tracking, PPS item sets) can be found in Appendix H.
1	1.3	1-6	While its primary purpose ~~is~~ as an assessment tool is ~~used~~ to identify resident care problems that are addressed in an individualized care plan, data collected from MDS assessments is also used for the Skilled Nursing Facility Prospective Payment System (SNF PPS) Medicare reimbursement system, many State Medicaid reimbursement systems, and monitoring the quality of care provided to nursing home residents.
1	1.8	1-15	The notice shown on page 1-~~14~~16 of this section meets the requirements of the Privacy Act of 1974 for nursing facilities.
1	1.8	1-18	**Legal Notice Regarding MDS 3.0** - Copyright 2011 United States of America and interRAI. This work may be freely used and distributed solely within the United States. Portions of the MDS 3.0 are under separate copyright protections; Pfizer Inc. holds the copyright for the PHQ-9 ~~and the Annals of Internal Medicine holds the copyright for the CAM. Both Pfizer Inc. and the Annals of Internal Medicine~~; Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. All rights reserved. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Both Pfizer Inc. and the Hospital Elder Life Program, LLC have granted permission to ~~freely~~ use these instruments in association with the MDS 3.0.

Track Changes
from Chapter 2 v1.12R
to Chapter 2 v1.13

Chapter	Section	Page	Change
2	2.3	2-4	— The completion and submission of OBRA and/or PPS assessments are a requirement for Medicare and/or Medicaid long-term care facilities~~; therefore,~~. However, even though OBRA does not apply until the provider is certified, facilities are required to conduct and complete resident assessments ~~are conducted~~ prior to certification as if the beds were already certified.* — Prior to certification, although the facility is conducting and completing assessments, these assessments are not technically OBRA required, but are required to demonstrate compliance with certification requirements. Since the data on these pre-certification assessments was collected and completed with an ARD/target date prior to the certification date of the facility, CMS does not have the authority to receive this into QIES ASAP. Therefore, these assessments cannot be submitted to the QIES ASAP system. — ~~Then a~~Assuming a survey is completed where the nursing home has been determined to be in substantial compliance, the facility will be certified effective the last day of the survey and can begin to submit OBRA and PPS required assessments to QIES ASAP.

Track Changes
from Chapter 2 v1.12R
to Chapter 2 v1.13

Chapter	Section	Page	Change
2	2.3	2-4	~~— NOTE: Even in situations where the facility's certification date is delayed due to the need for a resurvey, the facility must continue performing OBRA assessments according to the original schedule.~~ o For OBRA assessments, the assessment schedule is determined from the resident's actual date of admission. Please note, i~~I~~f a facility completes an Admission assessment prior to the certification date, there is no need to do another Admission assessment. The facility will simply continue~~s~~ with the next expected assessment according to the OBRA schedule, using the actual admission date as Day 1. Since the first assessment submitted will not be an Entry or OBRA Admission assessment, but a Quarterly, Discharge, etc., the facility may receive a sequencing warning message, but should still submit the required assessment. o **For PPS assessments, please note that Medicare cannot be billed for any care provided prior to the certification date.** Therefore, the facility must use the certification date as Day 1 of the covered Part A stay when establishing the Assessment Reference Date (ARD) for the Medicare Part A SNF PPS assessments. — *NOTE: Even in situations where the facility's certification date is delayed due to the need for a resurvey, the facility must continue conducting and completing resident assessments according to the original schedule.
2	2.3	2-5	o The assessment schedule for existing residents continues, and the facility continues to use the existing provider number. o Staff with QIES user IDs continue to use the same QIES user IDs.

Track Changes
from Chapter 2 v1.12R
to Chapter 2 v1.13

Chapter	Section	Page	Change
2	2.3	2-5	○ The new owner would complete an Admission assessment and Entry tracking record for all residents, thus code A0310F=01, A1600=date of ownership change, A1700=1 (admission), and A1800=02. ○ Staff who worked for the previous owner **cannot** use their previous QIES user IDs to submit assessments for the new owner as this is now a new facility. They **must** register for new user IDs for the new facility.
2	2.3–2.6	2-4–2-14	Page length changed.
2	2.6	2-17	• ~~If a resident goes to the hospital prior to completion of the OBRA Admission assessment, when the resident returns, the nursing home must consider the resident as a new admission.~~ The nursing home may not complete a Significant Change in Status Assessment until after an OBRA Admission assessment has been completed.
2	2.6	2-17–2-18	Page length changed.
2	2.6	2-21	A SCSA is required to be performed when a terminally ill resident enrolls in a hospice program ~~(Medicare Hospice or other structured hospice)~~(Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home.
2	2.6	2-24	The following text was moved from *Examples (SCSA)* to *Some Guidelines to Assist in Deciding If a Change Is Significant or Not*. • **Improvement in two or more of the following:** – Any improvement in an ADL physical functioning area where a resident is newly coded as Independent, Supervision, or Limited assistance since last assessment; – Decrease in the number of areas where Behavioral symptoms are coded as being present and/or the frequency of a symptom decreases; – Resident's decision making changes for the better; – Resident's incontinence pattern changes for the better; – Overall improvement of resident's condition.

Track Changes
from Chapter 2 v1.12R
to Chapter 2 v1.13

Chapter	Section	Page	Change
2	2.6	2-21–2-26	Page length changed.
2	2.9	2-46–2-49	Page length changed due to revised page formatting.
2	2.9	2-52	• In cases where a resident is discharged from the SNF ***on or prior to*** Day 7 of the COT observation period, then no COT OMRA is required. More precisely, in cases where the date coded for Item A2000 is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. If a SNF chooses to complete the COT OMRA in this situation, they may combine the COT OMRA with the Discharge assessment. In cases where the last day of the Medicare Part A benefit (the date used to code A2400C on the MDS) is prior to Day 7 of the COT observation period, then no COT OMRA is required. If the date listed in A2400C is on or after Day 7 of the COT observation period, then a COT OMRA would be required if all other conditions are met. Finally, in cases where the date used to code A2400C is equal to the date used to code A2000—that is, cases where the discharge from Medicare Part A is the same day as the discharge from the facility—and this date is on or prior to Day 7 of the COT observation period, then no COT OMRA is required. Facilities may choose to combine the COT OMRA with the Discharge assessment under the rules outlined for such combination in this chapter.
2	2.9	2-52–2-61	Page length changed due to revised content on 2-52.

Track Changes
from Chapter 3 Intro v1.10
to Chapter 3 Intro v1.13

Chapter	Section	Page	Change
3	3.2	3-2	• Check the MDS 3.0 Web site regularly for updates at: ~~http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp~~ http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.
3	3.2	3-2	• If you require further assistance, submit your question to your State RAI Coordinator listed in Appendix B: State Agency and CMS Regional Office RAI/MDS Contacts available on CMS' website: ~~http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp~~ http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.
3	3.2	3-3	• It will take time to go through all this material. Do it slowly and carefully without rushing. Discuss any clarifications, questions or issues with your State RAI Coordinator (see **Appendix B: State Agency and CMS Regional Office RAI/MDS Contacts** available on CMS' website: ~~http://www.cms.gov/NursingHomeQualityInits/45_NHQIMDS30TrainingMaterials.asp~~ http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html).
3	3.3	3-3	• ~~Unlike the MDS 2.0,~~ The standard look-back period for the MDS 3.0 is 7 days, unless otherwise stated.

Track Changes
from Chapter 3 Section A v1.12R
to Chapter 3 Section A v1.13

Chapter	Section	Page	Change
3	A0100	A-3	• Facilities must have a National Provider Identifier (NPI) and a CMS ~~Certified~~ Certification Number (CCN). • Enter the facility provider numbers: A. National Provider Identifier (NPI). B. CMS ~~Certified~~ Certification Number (CCN).
3	A2400	A-31	— Date of last day covered as recorded on the effective date from the ~~Generic Notice~~ Notice of Medicare Non-Coverage (NOMNC); or
3	A2400	A-32	**Examples** 1. Mrs. G. began receiving services under Medicare Part A on October 14, 2010. Due to her stable condition and ability to manage her medications and dressing changes, the facility determined that she no longer qualified for Part A SNF coverage and issued an Advanced Beneficiary Notice (ABN) and an ~~Generic Notice~~ NOMNC with the last day of coverage as November 23, 2010. Mrs. G. was discharged from the facility on November 24, 2010. Code the following on her Discharge assessment:

Track Changes
from Chapter 3 Section C v1.12
to Chapter 3 Section C v1.13

Chapter	Section	Page	Change
3	C1300	C-26	~~*Disclaimer: This protocol contains unauthorized portions, unauthorized modifications of, and incorrect references to the short Confusion Assessment Method (CAM) contained in "The Confusion Assessment Method (CAM) Training Manual and Coding Guide," © Hospital Elder Life Program, LLC 1988-2014. All Rights Reserved. This protocol was not approved, authorized, endorsed or reviewed by Hospital Elder Life Program, LLC or the original author of the CAM, Dr. Sharon K. Inouye, M.D., M.P.H., Institute for Aging Research at Hebrew SeniorLife, and all such parties disclaim all responsibility for and liabilities with respect to any use, publication, or implementation of this protocol.*~~ *Disclaimer: Adapted from Confusion Assessment Method. ©1988, 2003, Hospital Elder Life Program, LLC. Not to be reproduced without permission. All rights reserved.*

Track Changes
from Chapter 3 Section F v1.05
to Chapter 3 Section F v1.13

Chapter	Section	Page	Change
3	F0500	F-9	See Coding Instructions on page F-~~5~~4.

Track Changes
from Chapter 3 Section G v1.12
to Chapter 3 Section G v1.13

Chapter	Section	Page	Change
3	G0110	G-20	Added underline to "second criterion." 2. Mrs. J. normally completes all hygiene tasks independently. Three mornings during the 7-day look-back period, however, she was unable to brush and style her hair because of elbow pain, so a staff member did it for her. Coding: G0110J1 would be coded 3, extensive assistance. G0110J2 would be coded 2, one person physical assist. Rationale: A staff member had to complete part of the activity of personal hygiene for the resident 3 out of 7 days during the look-back period. The assistance, although non-weight-bearing, is considered full staff performance of the personal hygiene sub-task of brushing and styling her hair. Because this ADL sub-task was completed for the resident 3 times, but not every time during the last 7 days, it qualifies under the second criterion of the extensive assistance definition.

Track Changes
from Chapter 3 Section I v1.10
to Chapter 3 Section I v1.13

Chapter	Section	Page	Change
3	I	I-4	• If an individual is receiving aftercare following a hospitalization, ~~diagnosis is~~ a ~~V~~Z code may be assigned. Z codes cover situations where a patient requires continued care for healing, recovery, or long-term consequences of a disease when initial treatment for that disease has already been performed. When Z codes are used, another diagnosis for the related primary medical condition should be checked in items I0100–I7900 or entered in I8000. ICD-10-CM coding guidance with links to appendices can be found here: http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_050855.hcsp?dDocName=bok1_050855.
3	I	I-10	Coding: **Cerebrovascular ~~Vascular~~ Accident (CVA), Transient Ischemic Attack (TIA), or Stroke** item (I4500), would be checked.
3	I	I-4–I-10	Page length changed due to revised content on I-4.

Track Changes
from Chapter 3 Section K v1.12R
to Chapter 3 Section K v1.13

<table>
<tr><th>Chapter</th><th>Section</th><th>Page</th><th>Change</th></tr>
<tr><td>3</td><td>K0510</td><td>K-12</td><td>• ~~Guidelines on basic fluid and electrolyte replacement can be found online at http://guidelines.gov/content.aspx?id=15590&search=fluid+and+electrolyte+replacement+amda.~~</td></tr>
<tr><td>3</td><td>K0710</td><td>K-16</td><td>3. Mr. K. has been able to take some fluids orally; however, due to his progressing multiple sclerosis, his dysphagia is not allowing him to remain hydrated enough. Therefore, he received the following fluid amounts over the last 7 days via supplemental tube feedings while in the hospital and after he was admitted to the nursing home.
<table>
<tr><th colspan="2">While in the Hospital</th><th colspan="2">While in the Nursing Home</th></tr>
<tr><td>Mon.</td><td>400 cc</td><td>~~Mon.~~ Fri.</td><td>510 cc</td></tr>
<tr><td>Tues.</td><td>520 cc</td><td>~~Tues.~~ Sat.</td><td>520 cc</td></tr>
<tr><td>Wed~~s~~.</td><td>500 cc</td><td>~~Weds~~ Sun.</td><td>490 cc</td></tr>
<tr><td>Thurs.</td><td>480 cc</td><td></td><td></td></tr>
<tr><td>Total</td><td>1,900 cc</td><td>Total</td><td>1,520 cc</td></tr>
</table></td></tr>
</table>

Track Changes
from Chapter 3 Section M v1.12
to Chapter 3 Section M v1.13

Chapter	Section	Page	Change
3	M0210	M-5	• If a resident had a pressure ulcer that healed during the look-back period of the current assessment, ~~and was not present~~ but there was no documented pressure ulcer on the prior assessment, **code 0**.
3	M0300	M-6	4. A pressure ulcer with intact skin that is a suspected deep tissue injury (sDTI) should not be coded as a Stage 1 pressure ulcer. It should be coded as unstageable, as illustrated at ~~http://www.npuap.org/images/NPUAP-SuspectDTI.jpg~~ http://www.npuap.org/wp-content/uploads/2012/03/NPUAP-SuspectDTI.jpg.
3	M0300A	M-8	~~**Coding Tips**~~ • ~~If a resident had a pressure ulcer on the last assessment and it is now healed, complete **Healed Pressure Ulcers** item (M0900).~~ • ~~If a pressure ulcer healed during the look-back period, and was not present on prior assessment, **code 0**.~~
3	M1200	M-40, M-41	Revised page break at the bottom of page M-40 so that the sentence no longer breaks across pages midsentence.

Track Changes
from Chapter 3 Section N v1.12
to Chapter 3 Section N v1.13

Chapter	Section	Page	Change
3	N0410	N-8	Keep in mind that, for clinical purposes, it is important to document a resident's intake of such herbal and alternative medicine products elsewhere in the medical record and to monitor their potential effects as they can interact with medications the resident is currently taking. For more information consult the FDA website ~~http://www.fda.gov/food/dietarysupplements/consumerinformation/ucm110567.htm~~ http://www.fda.gov/food/dietarysupplements/usingdietarysupplements/.
3	N0410	N-9	Additional information on psychoactive medications can be found in the **Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth~~Fifth Edition** (**DSM-~~IV~~5**) (or subsequent editions) (~~http://www.psychiatryonline.com/resourceTOC.aspx?resourceID=1~~http://www.psychiatry.org/practice/dsm)
3	N0410	N-9	The Orange Book, ~~http://www.fda.gov/cder/ob/default.htm~~ http://www.accessdata.fda.gov/scripts/cder/ob/
3	N0410	N-9	The National Drug Code Directory, ~~http://www.fda.gov/cder/ob/default.htm~~ http://www.fda.gov/drugs/informationondrugs/ucm142438.htm

Track Changes
from Chapter 3 Section O v1.12
to Chapter 3 Section O v1.13

Chapter	Section	Page	Change
3	O0100	O-3	The Orange Book, ~~http://www.fda.gov/cder/ob/default.htm~~ http://www.accessdata.fda.gov/scripts/cder/ob/
3	O0300	O-11	[Centers for Disease Control and Prevention. (2012, May). *The Pink Book: Chapters: Epidemiology and Prevention of Vaccine Preventable Diseases (12th ed.).* Retrieved from http://www.cdc.gov/vaccines/pubs/pinkbook/index.html~~#chapters~~]
3	O0400	O-29–O-30	Page length changed due to formatting change on O-29.

Track Changes
from Chapter 3 Section Q v1.11
to Chapter 3 Section Q v1.13

Chapter	Section	Page	Change
3	Q	Q-1	Section Q of the MDS uses a person-centered approach ~~and~~ to ~~insure~~ ensure that all individuals have the opportunity to learn about home~~-~~ and community~~-~~based services and ~~have an opportunity~~ to receive long term care in the least restrictive setting possible.
3	Q0600	Q-20	**Section Q Point of Contact list for Local Contact Agencies:** ~~http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Long-Term-~~ ~~Services-and-Support/Balancing/Money-Follows-the-Person.html~~ http://medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/community-living/downloads/state-by-state-poc-list.pdf
3	Q0600	Q-21	• Several resources are available at the Return to Community web site at: ~~http://www.cms.gov/CommunityServices/10_CommunityLivingInitiative.asp#TopOfPage~~ http://medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/community-living/community-living-initiative.html.

Track Changes
from Chapter 3 Section X v1.12R
to Chapter 3 Section X v1.13

Chapter	Section	Page	Change
3	X0600	X-5	• If item A0310A was incorrect on an assessment that ~~we~~ was previously submitted and accepted by the ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7)~~and a new record with a new date must be submitted~~.
3	X0600	X-5	• If item A0310B was incorrect on an assessment that ~~we~~ was previously submitted and accepted by the ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7)~~and a new record with a new date must be submitted~~.
3	X0600	X-5	• If item A0310C was incorrect on an assessment that ~~we~~ was previously submitted and accepted by the ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7)~~and a new record with a new date must be submitted~~.
3	X0600	X-6	• If item A0310D was incorrect on an assessment that ~~we~~ was previously submitted and accepted by the ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7)~~and a new record with a new date must be submitted~~.
3	X0600	X-6	• If item A0310F was incorrect on an assessment that ~~we~~ was previously submitted and accepted by the ASAP system, then the original assessment must be modified or inactivated per the instructions in Chapter 5 (Section 5.7)~~and a new record with a new date must be submitted~~.

Track Changes
from Chapter 4 v1.10
to Chapter 4 v1.13

Chapter	Section	Page	Change
4	4.10	4-35	3. Frequent bowel incontinence as indicated by: **H0400 = 2 OR H0400 = 3**

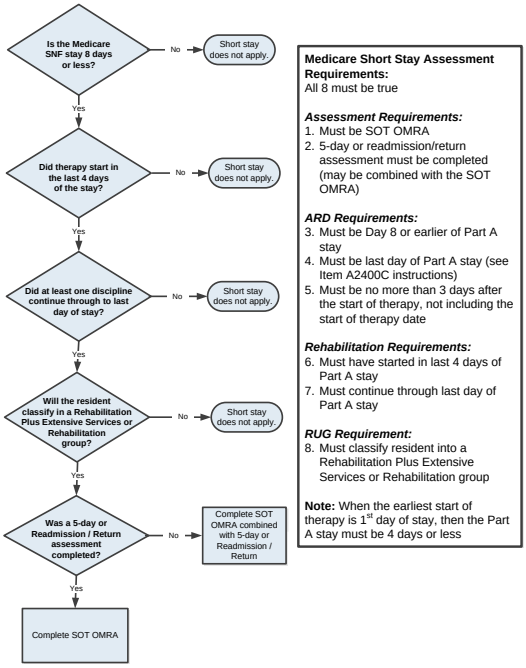
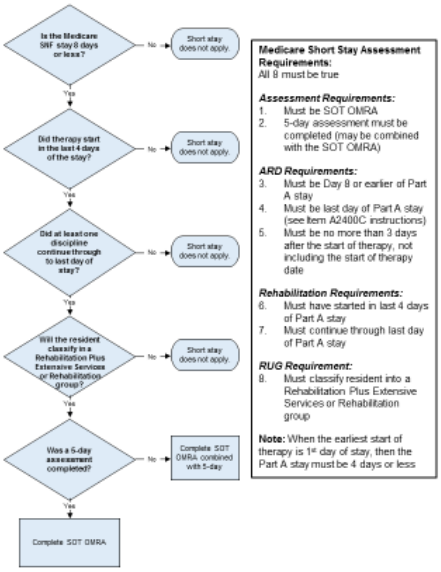
Track Changes
from Chapter 5 v1.12R
to Chapter 5 v1.13

Chapter	Section	Page	Change
5	5.1	5-2	Once communication is established with the QIES ASAP system, the provider can access the ~~CMS MDS Welcome Page~~ Welcome to the CMS QIES Systems for Providers page in the MDS system. This site allows providers to submit MDS assessment data and access various information sources such as Bulletins and Questions and Answers. The *Minimum Data Set (MDS) 3.0 Provider User's Guide* provides more detailed information about the MDS system. It is available on the Welcome to the CMS QIES Systems for Providers page and on the QTSO MDS 3.0 web site at https://www.qtso.com/mds30.html. When the transmission file is received by the QIES ASAP system, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards. MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by the QIES ASAP system for the same resident. The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report. All error and warning messages are detailed and explained in Section 5 of the *Minimum Data Set (MDS) 3.0 Provider User's Guide*.
5	5.1–5.8	5-2–5-16	Page length changed.
5	5.3	5-4	**Initial Submission Feedback.** For each file submitted, the submitter will receive confirmation that the file was received for processing and editing by the QIES ASAP system. This confirmation information includes the file submission identification number (ID) ~~as well as~~, the date and time the file was received for processing as well as the file name.
5	5.4	5-5	Detailed information on the validation edits and the error and warning messages is available in the MDS 3.0 Data Submission Specifications on the CMS MDS 3.0 web site and in Section 5 of the *Minimum Data Set (MD S) 3.0 Provider User's Guide* on the Welcome to the CMS QIES Systems for Providers page and on the QTSO MDS 3.0 web site.

Track Changes
from Chapter 5 v1.12R
to Chapter 5 v1.13

Chapter	Section	Page	Change
5	5.6	5-8	If an MDS assessment is found to have errors that incorrectly reflect the resident's status, then that assessment must be corrected. The correction process depends upon the type of error. MDS assessments that have not yet been accepted in the QIES ASAP system include records that have been submitted and rejected, ~~production records that were inadvertently submitted as test records,~~ or records that have not been submitted at all. These records can generally be corrected and retransmitted without any special correction procedures, since they were never accepted by the QIES ASAP system. The paper copy should be corrected according to standard procedures detailed below.
5	5.7	5-12	• An MDS 3.0 Manual Assessment Correction/Deletion Request is required to correct: — Unit Certification or Licensure Designation (Item A0410), — State-assigned facility submission ID (FAC_ID), — ~~Production/test code (PRODN_TEST_CD)~~ Test record submitted as a production record.
5	5.8	5-14	3. The record has the wrong ~~state_cd~~ state code or facility ID in the control Items STATE_CD or FAC_ID.
5	5.8	5-16	[1]Manual deletion request is required if test record submitted as production record, if record contains incorrect FAC_ID, or if record was submitted with an incorrect Unit Certification or Licensure Designation (A0410), for example sent in as Unit is Medicare and/or Medicaid certified (A0410 = 3) but should have been Unit is neither Medicare nor Medicaid certified but MDS data is required by the State (A0410 = 2). [2]Record has not been data entered, has not been submitted, or has been submitted and rejected by ASAP. [3]The event occurred if the record reflects an actual entry or discharge or if an assessment was actually performed for the resident. If a record was created in error (e.g., a Discharge assessment was created for a resident who was not actually discharged), then the event did not occur. [4]OBRA comprehensive assessments with A0310A = 01, 03, 04, 05 and Quarterly assessments with A0310~~B~~A = 02, 06.

Track Changes
from Chapter 6 v1.12R
to Chapter 6 v1.13

Chapter	Section	Page	Change
6	6.4	6-21	Removed all references to the Readmission/Return assessment from the Medicare Short Stay Assessment Algorithm. OLD:  NEW: 

Track Changes
from Chapter 6 v1.12R
to Chapter 6 v1.13

Chapter	Section	Page	Change
6	6.6	6-32–6-36	• [pg. 6-32] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 720 minutes or more • [pg. 6-33] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 500 minutes or more • [pg. 6-33] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 325 minutes or more • [pg. 6-33] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 150 minutes or more • [pg. 6-34] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 45 minutes or more • [pg. 6-35] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 720 minutes or more • [pg. 6-35] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 500 minutes or more • [pg. 6-36] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 325 minutes or more • [pg. 6-36] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 150 minutes or more • [pg. 6-36] Total Therapy Minutes (calculated on pages ~~6-25 – 6-28~~6-26–6-29) of 45 minutes or more
6	6.6	6-32–6-37	• [pg. 6-32] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of 144 minutes or more • [pg. 6-33] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 100 and 143 minutes • [pg. 6-33] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 65 and 99 minutes • [pg. 6-33] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 30 and 64 minutes • [pg. 6-34] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 15 and 29 minutes • [pg. 6-35] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of 144 minutes or more • [pg. 6-35] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 100 and 143 minutes • [pg. 6-36] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 65 and 99 minutes • [pg. 6-36] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 30 and 64 minutes • [pg. 6-37] Medicare Short Stay Average Therapy Minutes (see page ~~6-19~~6-20) of between 15 and 29 minutes

Track Changes
from Chapter 6 v1.12R
to Chapter 6 v1.13

Chapter	Section	Page	Change
6	6.6	6-32–6-37	2. [pg. 6-32] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-33] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-33] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-33] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-34] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-35] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-35] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-36] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-36] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":** 2. [pg. 6-37] **If the Medicare Short Stay Assessment Indicator (determined on page ~~6-206~~6-21) is "Yes":**

Track Changes
from Appendix C v1.09
to Appendix C v1.13

Chapter	Section	Page	Change
Ap. C	—	Ap. C-84	• Advancing Excellence in America's Nursing Homes Resources: ~~http://www.nhqualitycampaign.org/star_index.aspx?controls=resImplementationGuides~~ https://www.nhqualitycampaign.org/
Ap. C	—	Ap. C-84	• Alzheimer's Association Resources: http://www.alz.org/professionals_and_researchers_14899.asp~~#professional~~
Ap. C	—	Ap. C-84	• American Pain Society: ~~http://www.ampainsoc.org/pub/cp_guidelines.htm~~ http://americanpainsociety.org/
Ap. C	—	Ap. C-84	• American Society of Consultant Pharmacists Practice Resources: ~~http://www.ascp.com/articles/professional-development/clinical-practice-resources~~ https://ascp.com/practice-resources
Ap. C	—	Ap. C-84	• Association for Professionals in Infection Control and Epidemiology Practice Resources: ~~http://www.apic.org/AM/Template.cfm?Section=Practice~~ http://www.apic.org/Resources/Overview
Ap. C	—	Ap. C-84	• Centers for Disease Control and Prevention: Infection Control in Long-Term Care Facilities Guidelines: ~~http://www.cdc.gov/HAI/settings/ltc_settings.html~~ http://www.cdc.gov/longtermcare/prevention/index.html
Ap. C	—	Ap. C-84	• Improving Nursing Home Culture (CMS Special Study): ~~http://www.healthcentricadvisors.org/images/stories/documents/inhc.pdf~~ http://healthcentricadvisors.org/wp-content/uploads/2015/03/INHC_Final-Report_PtI-IV_121505_mam.pdf
Ap. C	—	Ap. C-85	Page break position changed due to revised hyperlinks on page Ap. C-84.

Track Changes
from Appendix G v1.12R
to Appendix G v1.13

Chapter	Section	Page	Change
Ap. G	—	Ap. G-1	Centers for Disease Control and Prevention: The Pink Book: Chapters: Epidemiology and Prevention of Vaccine Preventable Diseases, 12th ed. Available from http://www.cdc.gov/vaccines/pubs/pinkbook/index.html~~#chapters~~
Ap. G	—	Ap. G-2	Healthcentric Advisors: The Holistic Approach to Transformational Change (HATCh™). CMS NH QIOSC Contract. Providence, RI. 2006. Available from ~~http://healthcentricadvisors.org/images/stories/documents/inhc.pdf.~~ http://healthcentricadvisors.org/wp-content/uploads/2015/03/INHC_Final-Report_PtI-IV_121505_mam.pdf.