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#### **About this Guide**

SHP is pleased to provide skilled nursing facilities with the SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide—a complete side-by-side comparison of versions 1.19.1 and 1.20.1 of the MDS 3.0 Nursing Home Comprehensive (NC). Items that have been changed, added or removed between the two versions are indicated with color coding.

#### **Change Summary**

Open Full Change History on CMS.gov

Item #	Name	Change	Notes
<u>A0800</u>	Gender	Item Retired	
A0810	Sex	Item Added	
<u>A1250</u>	Transportation	Item Retired	
A1255	Transportation	Item Added	
<u>00390</u>	Therapy Services	Item Added	
<u>00400</u>	Therapies	Subitems Retired	A, B, C, D1, E, F
<u>00400</u>	Therapies	Subitems Changed	D2
<u>00420</u>	Distinct Calendar Days of Therapy	Item Retired	

#### **Using this Guide**

This guide is an excellent reference for anyone who works with the MDS and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to this new MDS and beyond.

**Note:** When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.



ETSHP

Developed by **Strategic Healthcare Programs** • www.SHPdata.com **←** v1.19.1 • OLD Identifier \_ Resident MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set **Section A - Identification Information** A0050. Type of Record **Add new record** → Continue to A0100, Facility Provider Numbers Modify existing record → Continue to A0100, Facility Provider Numbers Inactivate existing record → Skip to X0150, Type of Provider A0100. Facility Provider Numbers A. National Provider Identifier (NPI): B. CMS Certification Number (CCN): C. State Provider Number: A0200. Type of Provider Type of provider Nursing home (SNF/NF) Swing Bed A0310. Type of Assessment A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14)02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 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 E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 1. Yes F. Entry/discharge reporting 01. Entry tracking record10. Discharge assessment-return not anticipated Discharge assessment-return anticipated Death in facility tracking record 99. None of the above A0310 continued on next page

A //	4	_	$\sim 4$	
/V •	- V/ I	_		

Resident _	Identifier Date
	MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set
Section	on A - Identification Information
A0050.	Type of Record
Enter Code	<ol> <li>Add new record → Continue to A0100, Facility Provider Numbers</li> <li>Modify existing record → Continue to A0100, Facility Provider Numbers</li> <li>Inactivate existing record → Skip to X0150, Type of Provider</li> </ol>
A0100.	Facility Provider Numbers
	A. National Provider Identifier (NPI):
	B. CMS Certification Number (CCN):
	C. State Provider Number:
A0200.	Type of Provider
Enter Code	Type of provider  1. Nursing home (SNF/NF)  2. Swing Bed
A0310.	Type of Assessment
Enter Code	A. Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14)  02. Quarterly review assessment  03. Annual assessment  04. Significant change in status assessment  05. Significant correction to prior comprehensive assessment  06. Significant correction to prior quarterly assessment  99. None of the above
Enter Code	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
Enter Code	<ul> <li>E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</li> <li>0. No</li> <li>1. Yes</li> </ul>
Enter Code	F. Entry/discharge reporting  01. Entry tracking record  10. Discharge assessment - return not anticipated

A0310 continued on next page

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12. Death in facility tracking record

99. None of the above

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				<b>←</b> v1.19.1 • OLI
Resident		Identifier		Date
Section	on A - Identification Information			
A0310.	Type of Assessment - Continued			
Enter Code	<ul> <li>G. Type of discharge - Complete only if A0310F = 10 or 11</li> <li>1. Planned</li> <li>2. Unplanned</li> </ul>			
Enter Code	G1. Is this a SNF Part A Interrupted Stay?  0. No 1. Yes			
Enter Code	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes			
A0410.	Unit Certification or Licensure Designation			
Enter Code	<ol> <li>Unit is neither Medicare nor Medicaid certified and N</li> <li>Unit is neither Medicare nor Medicaid certified but M</li> <li>Unit is Medicare and/or Medicaid certified</li> </ol>	IDS data is not required by the State DS data is required by the State		
A0500.	Legal Name of Resident			
	A. First name:  C. Last name:		B.	Middle initial: Suffix:
A0600.	Social Security and Medicare Numbers			
	A. Social Security Number:  B. Medicare Number:			
A0700.	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid	recipient		
A0800.	Gender			
Enter Code	1. Male 2. Female			
A0900.	Birth Date			
	Month Day Year			

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Resident	Identifier	Date
Contin	an A. Idantification Information	
	on A - Identification Information	
A0310.	Type of Assessment - Continued  G. Type of discharge - Complete only if A0310F = 10 or 11	
Liner Code	1. Planned 2. Unplanned	
Enter Code	G1. Is this a SNF Part A Interrupted Stay?  0. No 1. Yes	
Enter Code	<ul><li>H. Is this a SNF Part A PPS Discharge Assessment?</li><li>0. No</li><li>1. Yes</li></ul>	
A0410.	Unit Certification or Licensure Designation	
Enter Code	<ol> <li>Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State</li> <li>Unit is neither Medicare nor Medicaid certified but MDS data is required by the State</li> <li>Unit is Medicare and/or Medicaid certified</li> </ol>	
A0500.	Legal Name of Resident	
	A. First name:  B. Middle initial:	
	C. Last name: D. Suffix:	
A0600.	Social Security and Medicare Numbers	
	A. Social Security Number:	
	B. Medicare Number:	
A0700.	Medicaid Number	
	Enter "+" if pending, "N" if not a Medicaid recipient	
A0810.	Sex	
Enter Code	1. Male 2. Female	
A0900.	Birth Date	
	Month Day Year	

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				<b>←</b> v1.19.1 • OLD
Resident		Identifier	Date	
Section	on	A - Identification Information		
A1005.	Eth	nnicity		
Are you o	f Hisp	panic, Latino/a, or Spanish origin?		
$\downarrow$	Che	eck all that apply		
	A.	No, not of Hispanic, Latino/a, or Spanish origin		
	В.	Yes, Mexican, Mexican American, Chicano/a		
	C.	Yes, Puerto Rican		
	D.	Yes, Cuban		
	E.	Yes, another Hispanic, Latino/a, or Spanish origin		
	X.	Resident unable to respond		
	Y.	Resident declines to respond		
A1010.				
What is yo				
	Che	eck all that apply		
	A.	White		
	В.	Black or African American		
	C.			
	D.	Asian Indian		
	E.			
	F.	Filipino		
	G.	Japanese		
	H.	Korean		
	I.	Vietnamese		
	J.	Other Asian		
	K.	Native Hawaiian		
	L.	Guamanian or Chamorro		
	М.	Samoan		
	N.	Other Pacific Islander		
	X.	Resident unable to respond		
	Y.	Resident declines to respond		
	Z.	None of the above		
A1110.		nguage		
Enter Code	A. B.	What is your preferred language?  Do you need or want an interpreter to communicate with a doctor or health care staff?  No No See		

				~
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О	п	11	м	170
г	ч		ь.	

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M	=	/ W	•	v i	-	w	ъ.	

A1005.	Ethnicity Are you of Hispanic, Latino/a, or Spanish origin?
<b>↓</b>	Check all that apply
П	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/a, or Spanish origin
	X. Resident unable to respond
П	Y. Resident declines to respond
A1010.	Race
	What is your race?
<b>\</b>	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
	Y. Resident declines to respond
	Z. None of the above
A1110.	Language
	A. What is your preferred language?
Enter Code	<ul> <li>B. Do you need or want an interpreter to communicate with a doctor or health care staff?</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>

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Resident			Identifier	← v1.19.1 • OL Date
Section	on .	A - Identification Information		
A1200.	Ma	rital Status		
Enter Code		<ol> <li>Never married</li> <li>Married</li> <li>Widowed</li> <li>Separated</li> <li>Divorced</li> </ol>		
		nsportation (from NACHC©)		ad for delity living 0
		sportation kept you from medical appointments, meetings, fA0310B = 01 <b>or</b> A0310G = 1 and A0310H = 1	work, or from getting things needs	ed for daily living?
1	•	ck all that apply		
		Yes, it has kept me from medical appointments or from ge	ting my medications	
	В.	Yes, it has kept me from non-medical meetings, appointment		hat I need
	C.		mo, work, or norm gotting timingo t	1000
		Resident unable to respond		
	Y.	Resident declines to respond		
and its resour	rces ai	sociation of Community Health Centers, Inc., Association of Asiar e proprietary information of NACHC and its partners, intended for art or whole without written consent from NACHC.		
A1300.	Op	ional Resident Items		
	A.	Medical record number:		
	В.	Room number:		
	_			
	C.	Name by which resident prefers to be addressed:	<del></del>	<del></del>
	_			
	D.	Lifetime occupation(s) - put "/" between two occupations	· -	
		admission Screening and Resident Review (I f A0310A = 01, 03, 04, or 05	ASRR)	
Enter Code		te resident currently considered by the state level II PA ted condition?  0. No → Skip to A1550, Conditions Related to ID/DD Sta  1. Yes → Continue to A1510, Level II Preadmission Scre  9. Not a Medicaid-certified unit → Skip to A1550, Cond	us ening and Resident Review (PASI	•
		el II Preadmission Screening and Resident R	eview (PASRR) Condition	5
Complete	only	f A0310A = 01, 03, 04, or 05		
	Che	ck all that apply		
	A.	Serious mental illness		
	B.	Intellectual Disability		
П	C	Other related conditions		

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<b>NEW</b>	- V I	.20.1 •	

Section	n A - Identification Inform	-4:		
		ation		
A1200.	Marital Status			
Enter Code	<ol> <li>Never married</li> <li>Married</li> <li>Widowed</li> <li>Separated</li> <li>Divorced</li> </ol>			
A1255.	<b>Transportation</b> Complete only if A0310B = 01 and A2300	minus A1900 is less tha	n 366 days	
Enter Code	In the past 12 months, has lack of reliable tr getting things needed for daily living?  0. Yes  1. No  7. Resident declines to respond  8. Resident unable to respond	ansportation kept you fro	om medical appointments, me	eetings, work or from
A1300.	Optional Resident Items			
	A. Medical record number:  B. Room number:  C. Name by which resident prefers to be a  D. Lifetime occupation(%) between			
A1500.	Preadmission Screening and Resid	ent Review (PASRR)		
Enter Code	Complete only if A0310A = 01, 03, 04, or 0 is the resident currently considered by the disability or a related condition?  0. No $\rightarrow$ Skip to A1550, Conditions Relations are continue to A1510, Level II Pr  9. Not a Medicaid-certified unit $\rightarrow$ Skip	state level II PASRR proc ated to ID/DD Status eadmission Screening and	Resident Review (PASRR) Cor	
A1510.	<b>Level II Preadmission S</b> Complete only if A0310A = 01, 03, 04, or 0		Resident Review	(PASRR) Condition
$\downarrow$	Check all that apply			
	A. Serious mental illness			
	B. Intellectual Disability			
	C. Other related conditions			

Transportation item has been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organizations (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit <a href="https://www.prapare.org">www.prapare.org</a>. Used with permission.



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			<b>←</b> v1.19.1 • OL
Resident _		Identifier	Date
Secti	ion A - Identification Information		
If the res	D. Conditions Related to ID/DD Status esident is 22 years of age or older, complete only if A0310A = 01 esident is 21 years of age or younger, complete only if A0310A = 01, 03	3, 04, or 05	
$\downarrow$	Check all conditions that are related to ID/DD status that were	manifested before age 22, ar	nd are likely to continue indefinitely
	ID/DD With Organic Condition		
	A. Down syndrome		
	B. Autism		
	C. Epilepsy		
	D. Other organic condition related to ID/DD		
	ID/DD Without Organic Condition		
	E. ID/DD with no organic condition		
_	No ID/DD		
	Z. None of the above		
	Recent Admission/Entry or Reentry into this Facility  D. Entry Date		
711000			
4.4=00	Month Day Year		
	). Type of Entry		
Enter Code	1. Admission 2. Reentry		
	2. Reently		
A1805	5. Entered From		
Enter Code	01. Home/Community (e.g., private home/apt., board/care, assist 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 of 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 organ 99. Not listed	or unit)	itional living, other
A1900	D. Admission Date (Date this episode of care in this fa	acility began)	
	Month Day Year		
	D. Discharge Date ete only if A0310F = 10, 11, or 12		
	Month Day Year		

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	identifier Date
Sectio	on A - Identification Information
A1550.	Conditions Related to ID/DD Status  If the resident is 22 years of age or older, complete only if A0310A = 01
	If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05
$\downarrow$	Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely
	ID/DD With Organic Condition
	A. Down syndrome
	B. Autism
	C. Epilepsy
	D. Other organic condition related to ID/DD
	ID/DD Without Organic Condition
	E. ID/DD with no organic condition
	No ID/DD
	Z. None of the above
	Most Recent Admission/Entry or Reentry into this Facility
A1600.	Entry Date
	Month Day Year
A1700.	Type of Entry
Enter Code	1. Admission
	2. Reentry
A1805.	Entered From
Enter Code	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)
	O4. Short-Term General Hospital (acute hospital, IPPS)  U5. Long-Term Care Hospital (LTCH)
	O6. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)  O6. Inpatient Rehabilitation Facility (IRF, free standing facility or unit)
	07. Inpatient Psychiatric Facility (psychiatric hospital or unit)
	<ul><li>08. Intermediate Care Facility (ID/DD facility)</li><li>09. Hospice (home/non-institutional)</li></ul>
	10. Hospice (institutional facility)
	To Troopies (medicalional result)
	11. Critical Access Hospital (CAH)
	The state of the s
<b>1</b> 1900.	<ul> <li>11. Critical Access Hospital (CAH)</li> <li>12. Home under care of organized home health service organization</li> <li>99. Not listed</li> </ul>
<b>1</b> 900.	<ul><li>11. Critical Access Hospital (CAH)</li><li>12. Home under care of organized home health service organization</li></ul>
M1900.	11. Critical Access Hospital (CAH)  12. Home under care of organized home health service organization  99. Not listed  Admission Date (Date this episode of care in this facility began)
	11. Critical Access Hospital (CAH)  12. Home under care of organized home health service organization  99. Not listed  Admission Date (Date this episode of care in this facility began)  ———————————————————————————————————
A1900. A2000.	11. Critical Access Hospital (CAH)  12. Home under care of organized home health service organization  99. Not listed  Admission Date (Date this episode of care in this facility began)  Month  Day  Year
	11. Critical Access Hospital (CAH)  12. Home under care of organized home health service organization  99. Not listed  Admission Date (Date this episode of care in this facility began)  ———————————————————————————————————

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#### SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Resident Identifier Date			
Section A - Identification Information	Resident _	Identifier	Date
A2105. Discharge Status Complete only if A0310F = 10, 11, or 12	Secti	on A - Identification Information	
01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge  02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (cute 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 → Skip to A2123, Provision of Current Reconciled Medication List to Resident at Discharge  A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge  Complete only if A0310H = 1 and A2105 = 02-12  At the time of discharge to another provider, did your facility provide the resident's current reconciled medication list to the subsequent	A2105.  Enter Code  provider?	Discharge Status  Complete only if A0310F = 10, 11, or 12  01. Home/Community (e.g., private home/apt., board/care, assisted livin arrangements) → Skip to A2123, Provision of Current Reconciled Me  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 → Skip to A2123, Provision of Current Reconciled Medical	dication List to Resident at Discharge
0. <b>No</b> - Current reconciled medication list not provided to the subsequent provider → Skip to A2200, Previous Assessment Reform Date for Significant Correction		Provision of Current Reconciled Medication List to Subseque Complete only if A0310H = 1 and A2105 = 02–12	uent Provider at Discharge
<ol> <li>Yes - Current reconciled medication list provided to the subsequent provider</li> <li>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.</li> <li>Complete only if A2121 = 1</li> </ol>	Enter Code	At the time of discharge to another provider, did your facility provide the residen subsequent provider?  0. No - Current reconciled medication list not provided to the subsequen Reference Date for Significant Correction  1. Yes - Current reconciled medication list provided to the subsequent p	nt provider → Skip to A2200, Previous Assessment
Check all that apply     Route of Transmission	A2122.	Route of Current Reconciled Medication List Transmission Indicate the route(s) of transmission of the current reconciled medication Complete only if A2121 = 1	
B. Health Information Exchange	\	Check all that apply	
C. Verbal (e.g., in-person, telephone, video conferencing)		Route of Transmission	
D. Paper-based (e.g., fax, copies, printouts)		A. Electronic Health Record	
E. Other methods (e.g., texting, email, CDs)		B. Health Information Exchange	
A2123. Provision of Current Reconciled Medication List to Resident at Discharge		C. Verbal (e.g., in-person, telephone, video conferencing)	
Complete only if A0310H = 1 and A2105 = 01, 99		D. Paper-based (e.g., fax, copies, printouts)	
Enter Code At the time of discharge, did your facility provide the resident's current reconciled medication list to the resident, family and/or caregive	r?	E. Other methods (e.g., texting, email, CDs)	
<ul> <li>No - Current reconciled medication list not provided to the resident, family and/or caregiver → Skip to A2200, Previous Asse Reference Date for Significant Correction</li> <li>Yes - Current reconciled medication list provided to the resident, family and/or caregiver</li> </ul>	A2123.	Provision of Current Reconciled Medication List to Residen Complete only if A0310H = 1 and A2105 = 01, 99	t at Discharge
	Enter Code	At the time of discharge, did your facility provide the resident's current reconcile and/or caregiver?  0. No - Current reconciled medication list not provided to the resident, far Assessment Reference Date for Significant Correction	•

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1. Yes - Current reconciled medication list provided to the resident, family and/or caregiver

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E SHP

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Resident _		Identifier	Date	
Secti	on	A - Identification Information		
Indicate	the ro	ute of Current Reconciled Medication List Transmission to Resident ute(s) of transmission of the current reconciled medication list to the resident/family/caregiver. if A2123 = 1		
↓ 0	Check	all that apply		
		Route of Transmission		
	A.	Electronic Health Record (e.g., electronic access to patient portal)		
	В.	Health Information Exchange		
	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)		
		evious Assessment Reference Date for Significant Correction if A0310A = 05 or 06		
		Month Day Year		
A2300	. As	sessment Reference Date		
	Ok	servation end date:  Month Day Year		
		<b>dicare Stay</b> if A0310G1 = 0		
Enter Code	A.	<ul> <li>Has the resident had a Medicare-covered stay since the most recent entry?</li> <li>No → Skip to B0100, Comatose</li> <li>Yes → Continue to A2400B, Start date of most recent Medicare stay</li> </ul>		
	B.	Start date of most recent Medicare stay:  Month Day Year		
	C.	End date of most recent Medicare stay - Enter dashes if stay is ongoing:  Month Day Year		

NEW • v1.20.1 →

Resident

Section	on A - Identification Information
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. Complete only if A2123 = 1
$\downarrow$	Check all that apply
	Route of Transmission
	A. Electronic Health Record (e.g., electronic access to patient portal)
	B. Health Information Exchange
	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)
<b>\2200</b> .	Previous Assessment Reference Date for Significant Correction  Complete only if A0310A = 05 or 06
	Month Day Year
2300.	Assessment Reference Date
	Observation end date:
2400.	Medicare Stay Complete only if A0310G1 = 0
nter Code	<ul> <li>A. Has the resident had a Medicare-covered stay since the most recent entry?</li> <li>0. No → Skip to B0100, Comatose</li> <li>1. Yes → Continue to A2400B, Start date of most recent Medicare stay</li> </ul>
	B. Start date of most recent Medicare stay:
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:    Month   Day   Year

Identifier

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

ETSHP

Date

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Resident	Identifier Date
Look	back period for all items is 7 days unless another time frame is indicated
Section	on B - Hearing, Speech, and Vision
B0100.	Comatose
Enter Code	Persistent vegetative state/no discernible consciousness  0. No → Continue to B0200, Hearing  1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities
B0200.	Hearing
Enter Code	Ability to hear (with hearing aid or hearing appliances if normally used)  0. Adequate - no difficulty in normal conversation, social interaction, listening to TV  1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)  2. Moderate difficulty - speaker has to increase volume and speak distinctly  3. Highly impaired - absence of useful hearing
B0300.	Hearing Aid
Enter Code	Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes
B0600.	Speech Clarity
Enter Code	Select best description of speech pattern  0. Clear speech - distinct intelligible words  1. Unclear speech - slurred or mumbled words  2. No speech - absence of spoken words
B0700.	Makes Self Understood
Enter Code	Ability to express ideas and wants, consider both verbal and non-verbal expression  0. Understood  1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time  2. Sometimes understood - ability is limited to making concrete requests  3. Rarely/never understood
B0800.	Ability To Understand Others
Enter Code	Understanding verbal content, however able (with hearing aid or device if used)  0. Understands - clear comprehension  1. Usually understands - misses some part/intent of message but comprehends most conversation  2. Sometimes understands - responds adequately to simple, direct communication only  3. Rarely/never understands
B1000.	
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)  0. Adequate - sees fine detail, such as regular print in newspapers/books  1. Impaired - sees large print, but not regular print in newspapers/books  2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects  3. Highly impaired - object identification in question, but eyes appear to follow objects  4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects
B1200.	
Enter Code	Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision 0. No 1. Yes

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Resident

	Look back period for all items is 7 days unless another time frame is indicated
Section	on B - Hearing, Speech, and Vision
B0100.	Comatose
Enter Code	Persistent vegetative state/no discernible consciousness  0. No → Continue to B0200, Hearing  1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities
B0200.	Hearing
Enter Code	Ability to hear (with hearing aid or hearing appliances if normally used)  0. Adequate - no difficulty in normal conversation, social interaction, listening to TV  1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)  2. Moderate difficulty - speaker has to increase volume and speak distinctly  3. Highly impaired - absence of useful hearing
B0300.	Hearing Aid
Enter Code	Hearing aid or other hearing appliance used in completing B0200, Hearing  0. No  1. Yes
B0600.	Speech Clarity
Enter Code	Select best description of speech pattern  0. Clear speech - distinct intelligible words  1. Unclear speech - slurred or mumbled words  2. No speech - absence of spoken words
B0700.	Makes Self Understood
Enter Code	Ability to express ideas and wants, consider both verbal and non-verbal expression  0. Understood  1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time  2. Sometimes understood - ability is limited to making concrete requests  3. Rarely/never understood
B0800.	Ability To Understand Others
Enter Code	Understanding verbal content, however able (with hearing aid or device if used)  0. Understands - clear comprehension  1. Usually understands - misses some part/intent of message but comprehends most conversation  2. Sometimes understands - responds adequately to simple, direct communication only  3. Rarely/never understands
B1000.	Vision
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)  0. Adequate - sees fine detail, such as regular print in newspapers/books  1. Impaired - sees large print, but not regular print in newspapers/books  2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects  3. Highly impaired - object identification in question, but eyes appear to follow objects  4. Severely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects
B1200.	Corrective Lenses
Enter Code	Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision  0. No  1. Yes

Identifier

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#### SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Section B - Hearing, Speech, and Vision  B1300. Health Literacy Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1  Enter Code  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	Resident	Identifier	Date
Complete only if A0310B = 01 or A0310G = 1 and 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?  O. Never  1. Rarely 2. Sometimes	Section B - Hearing, Speech, and Vision	1	
pharmacy?  0. Never 1. Rarely 2. Sometimes	•		
3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	pharmacy?  0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond	d instructions, pamphlets, or other written mater	rial from your doctor or

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NEW • v1.20.1 →

Resident	Iden	tifier	Date
Section	on B - Hearing, Speech, and V	ision	
B1300.	Health Literacy Complete only if A0310B = 01 or A0310G = 1 a	nd A0310H = 1	
Enter Code	How often do you need to have someone help you wor pharmacy?  0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	nen you read instructions, pamphlets, or other written	material from your doctor

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sident	Identifier _	← v1.19.1 • OI  Date
	n C - Cognitive Patterns	- Sulv
	Should Brief Interview for Mental Status (C0200-C0500) be Conducted? conduct interview with all residents	
Enter Code	<ul> <li>No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for the Staff</li></ul>	or Mental Status
Brief I	nterview for Mental Status (BIMS)	
C0200.	Repetition of Three Words	
Enter Code	Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all 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	l three.
	After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a p the words up to two more times.	piece of furniture"). You may repeat
C0300.	Temporal Orientation (orientation to year, month, and day)	
Enter Code	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	
Enter Code	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	
Enter Code	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	
C0400.	Recall	
Enter Code	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	
Enter Code	B. Able to recall "blue"  0. No - could not recall  1. Yes, after cueing ("a color")  2. Yes, no cue required	
Enter Code	C. Able to recall "bed"  0. No - could not recall  1. Yes, after cueing ("a piece of furniture")  2. Yes, no cue required	
C0500.	BIMS Summary Score	
Enter Score	Add scores for questions C0200-C0400 and fill in total score (00-15) Enter 99 if the resident was unable to complete the interview	
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NEW • v1.20.1 →

Resident

0100.	Should Brief Interview for Mental Status (C0200–C0500) be Conducted?  Attempt to conduct interview with all residents
nter Code	<ul> <li>No (resident is rarely/never understood) → Skip to and complete C0700–C1000, Staff Assessment for Mental Status</li> <li>Yes → Continue to C0200, Repetition of Three Words</li> </ul>
	Brief Interview for Mental Status (BIMS)
C0200.	Repetition of Three Words
Enter Code	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.
C0300.	Temporal Orientation (orientation to year, month, and day)
Enter Code	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
Enter Code	Ask resident: "What month are we in right now?"  B. Able to report correct month
	O. Missed by > 1 month or no answer  Missed by 6 days to 1 month  Accurate within 5 days
Enter Code	Ask resident: "What day of the week is today?"  C. Able to report correct day of the week
	Incorrect or no answer     Correct
C0400.	Recall
Enter Code	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"  O. No - could not recall  Yes, after cueing ("something to wear")  Yes, no cue required
Enter Code	B. Able to recall "blue"  0. No - could not recall  1. Yes, after cueing ("a color")  2. Yes, no cue required
Enter Code	C. Able to recall "bed"  0. No - could not recall  1. Yes, after cueing ("a piece of furniture")  2. Yes, no cue required
C0500.	BIMS Summary Score
Enter Score	Add scores for questions C0200–C0400 and fill in total score (00–15)

Identifier

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E SHP

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Resident		Identifier	Date
Section	on C - Cognitive Patterns		
C0600.	Should the Staff Assessment for Mental Status (C	0700 - C1000) be Conducted?	
Enter Code	<ol> <li>No (resident was able to complete Brief Interview for N</li> <li>Yes (resident was unable to complete Brief Interview for N</li> </ol>		
Staff As	sessment for Mental Status		
Do not co	nduct if Brief Interview for Mental Status (C0200-C0500) was com	pleted	
C0700.	Short-term Memory OK		
Enter Code	Seems or appears to recall after 5 minutes  0. Memory OK  1. Memory problem		
C0800.	Long-term Memory OK		
Enter Code	Seems or appears to recall long past 0. Memory OK 1. Memory problem		
C0900.	Memory/Recall Ability		
$\downarrow$	Check all that the resident was normally able to recall		
	A. Current season		
	B. Location of own room		
	C. Staff names and faces		
	D. That they are in a nursing home/hospital swing bed		
	Z. None of the above were recalled		
C1000.	Cognitive Skills for Daily Decision Making		
Enter Code	Made decisions regarding tasks of daily life  0. Independent - decisions consistent/reasonable  1. Modified independence - some difficulty in new situa  2. Moderately impaired - decisions poor; cues/supervisia  3. Severely impaired - never/rarely made decisions		
Deliriur	n		
C1310.	Signs and Symptoms of Delirium (from CAM©)		
Code afte	er completing Brief Interview for Mental Status or Staff Assessmen	nt, and reviewing medical record	
A. Acut	e Onset Mental Status Change		
Enter Code	Is there evidence of an acute change in mental status from the 0. No 1. Yes	e resident's baseline?	
1. Bo	ehavior not present ehavior continuously present, does not fluctuate ehavior present, fluctuates (comes and goes, changes in severit	<b>(</b> )	
Enter Code in Boxes ↓	is .		
	B. Inattention - Did the resident have difficulty focusing attention what was being said?		
	<ul> <li>Disorganized Thinking - Was the resident's thinking disorged flow of ideas, or unpredictable switching from subject to sub</li> <li>Altered Level of Consciousness - Did the resident have a</li> </ul>	ject)?	-
	<ul> <li>vigilant - startled easily to any sound or touch</li> <li>lethargic - repeatedly dozed off when being asked questions</li> <li>stuporous - very difficult to arouse and keep aroused for the</li> <li>comatose - could not be aroused</li> </ul>	, but responded to voice or touch	,
Adapted from	: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion Assess	ment Method. Copyright 2003, Hospital Elder Life Pr	ogram, LLC. Not to be reproduced
without permit MDS 3.0 N	ursing Home Comprehensive (NC) Version 1.19.1 Effective	0/01/2024	Page 11 of 58

NEW • v1.20.1 →

Resident

C0600.	Should the Staff Assessment for Mental Status (C0700–C1000) be Conducted?
Enter Code	<ul> <li>No (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium</li> <li>Yes (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK</li> </ul>
	Staff Assessment for Mental Status
Do not co	nduct if Brief Interview for Mental Status (C0200–C0500) was completed
C0700.	Short-term Memory OK
Enter Code	Seems or appears to recall after 5 minutes  0. Memory OK  1. Memory problem
C0800.	Long-term Memory OK
Enter Code	Seems or appears to recall long past  0. Memory OK  1. Memory problem
C0900.	Memory/Recall Ability
1	Check all that the resident was normally able to recall
	A. Current season
	B. Location of own room
	C. Staff names and faces
	D. That they are in a nursing home/hospital swing bed
	Z. None of the above were recalled
C1000.	Cognitive Skills for Daily Decision Making
Enter Code	Made decisions regarding tasks of daily life  0. Independent - decisions consistent/reasonable  1. Modified independence - some difficulty in new situations only  2. Moderately impaired - decisions poor; cues/supervision required  3. Severely impaired - never/rarely made decisions

Identifier

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E SHP

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tesident		Identifier	Data	<b>←</b> v1.19.1 • OLD
	on C - Cognitive Patterns		Date	
Section	on C - Cognitive Patterns			
	Should the Staff Assessment for Mental Status	(C0700 - C1000) be Cond	lucted?	
Enter Code	No (resident was able to complete Brief Interview for the com			
	Yes (resident was unable to complete Brief Intervie	w for Mental Status) → Continu	a to Cu700, Short-term Memory	UK
Staff As	ssessment for Mental Status			
Do not co	onduct if Brief Interview for Mental Status (C0200-C0500) was o	completed		
C0700.	Short-term Memory OK			
Enter Code	Seems or appears to recall after 5 minutes  0. Memory OK  1. Memory problem			
C0800.	Long-term Memory OK			
Enter Code	Seems or appears to recall long past 0. Memory OK 1. Memory problem			
C0900.	Memory/Recall Ability			
$\downarrow$	Check all that the resident was normally able to recall			
	A. Current season			
	B. Location of own room			
	C. Staff names and faces			
	D. That they are in a nursing home/hospital swing bed			
	Z. None of the above were recalled			
C1000.	Cognitive Skills for Daily Decision Making			
Enter Code	Made decisions regarding tasks of daily life  0. Independent - decisions consistent/reasonable  1. Modified independence - some difficulty in new si  2. Moderately impaired - decisions poor; cues/super  3. Severely impaired - never/rarely made decisions			
Deliriur	m			
C1310.	Signs and Symptoms of Delirium (from CAM©)			
Code afte	er completing Brief Interview for Mental Status or Staff Assess	ment, and reviewing medical rec	ord	
A. Acut	e Onset Mental Status Change			
Enter Code	Is there evidence of an acute change in mental status from 0. No 1. Yes	m the resident's baseline?		
1. <b>B</b>	ehavior not present ehavior continuously present, does not fluctuate ehavior present, fluctuates (comes and goes, changes in sev	verity)		
Enter Code in Boxes ↓_				
	B. Inattention - Did the resident have difficulty focusing att what was being said?	ention, for example, being easily	distractible or having difficulty k	eeping track of
	C. Disorganized Thinking - Was the resident's thinking dis	sorganized or incoherent (rambling	ng or irrelevant conversation, un	clear or illogical
	flow of ideas, or unpredictable switching from subject to  D. Altered Level of Consciousness - Did the resident hav  vigilant - startled easily to any sound or touch  lethargic - repeatedly dozed off when being asked quest  stuporous - very difficult to arouse and keep aroused for	ve altered level of consciousness tions, but responded to voice or touc		wing criteria?
	■ comatose - could not be aroused			
dapted from	n: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusion As: ission.	sessment Method. Copyright 2003, I	Hospital Elder Life Program, LLC. N	ot to be reproduced
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Resident Identifier Date					
Section C - Cognitive Patt	erns				
Delirium					
C1310. Signs and Symptoms of De Code after completing Brief In		(from CAM®) for Mental Status or Staff Assessment, and reviewing medical record			
	Is there evidence of an acute change in mental status from the resident's baseline?  0. No				
Coding:	$\downarrow$	Enter Codes in Boxes			
Behavior not present     Behavior continuously present, does		<b>B. Inattention</b> - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?			
not fluctuate  2. Behavior present, fluctuates (comes and goes, changes in severity)		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)?			
		<ul> <li>D. Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria?</li> <li>vigilant - startled easily to any sound or touch</li> <li>lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch</li> <li>stuporous - very difficult to arouse and keep aroused for the interview</li> <li>comatose - could not be aroused</li> </ul>			

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ET SHP

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Resident	Identifier	Date	- VI.19.1 • OL
Section D - Mood			
D0100. Should Resident Mood Interview be Con	nducted? - Attempt to conduct interview with all	residents	
	ip to and complete D0500-D0600, Staff Assessme erview (PHQ-2 to 9©)	ent of Resident Mood (F	PHQ-9-OV)
D0150. Resident Mood Interview (PHQ-2 to 9©)			
Say to resident: "Over the last 2 weeks, have yo If symptom is present, enter 1 (yes) in column 1, Symptom Pre If yes in column 1, then ask the resident: "About how often If Read and show the resident a card with the symptom frequence 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) 2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days)	sence. have you been bothered by this?"		2. Symptom Frequency
<ol> <li>7-11 days (half or more of the days)</li> <li>12-14 days (nearly every day)</li> </ol>		↓ Enter Scores	
A Little internet on all course in deiner things			
A. Little interest or pleasure in doing things     B. Feeling down, depressed, or hopeless			
B. Feeling down, depressed, or hoperess		Ш	
If both D0150A1 and D0150B1 are coded 9, OR both D0150	A2 and D0150B2 are coded 0 or 1, END the PH	Q interview; otherwis	e, continue.
C. Trouble falling or staying asleep, or sleeping	g too much	П	
D. Feeling tired or having little energy		$\overline{}$	一一
E. Poor appetite or overeating			
F. Feeling bad about yourself - or that you are family down	a failure or have let yourself or your		
G. Trouble concentrating on things, such as retelevision	ading the newspaper or watching		
H. Moving or speaking so slowly that other peo opposite - being so fidgety or restless that y more than usual			
I. Thoughts that you would be better off dead,	or of hurting yourself in some way		
D0160. Total Severity Score			
Add scores for all frequency responses in Colur Enter 99 if unable to complete interview (i.e., Sympton)	nn 2, Symptom Frequency. Total score must be be om Frequency is blank for 3 or more required item	etween 00 and 27. ns).	

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esident	Identifier		Date	
Section	on D - Mood			
O0100.	Should Resident Mood Interview be Conducte Attempt to conduct interview with all residents	d?		
nter Code	No (resident is rarely/never understood) → Skip to a     Mood (PHQ-9-OV)      Continue to POATO Posident Mood Interview	·	t of Resident	
	1. Yes → Continue to D0150, Resident Mood Interview	v (PHQ-2 to 9°)		
D0150.	Resident Mood Interview (PHQ-2 to 9°)			
If sympto	esident: "Over the last 2 weeks, have you been bothered by om is present, enter 1 (yes) in column 1, Symptom Presence. column 1, then ask the resident: "About how often have you be d show the resident a card with the symptom frequency choices	en bothered by this?"	uency.	
	1. Symptom Presence	2. Symptom Frequen	су	
<b>0. No</b> (e	nter 0 in column 2)	0. Never or 1 day		
1. Yes (6	enter 0–3 in column 2)	1. 2–6 days (several days)		
9. No re	esponse (leave column 2 blank)	2. 7–11 days (half or more of the days)		
		3. 12–14 days (nearly every day)		
		Enter Scores in Boxes	1. Symptom Presence	2. Sympton Frequency
A. Lit	tle interest or pleasure in doing things			
В. <i>F</i> е	eling down, depressed, or hopeless			
f both D	0150A1 and D0150B1 are coded 9, OR both D0150A2 and D01	50B2 are coded 0 or 1, END the PHQ interview;	otherwise, o	ontinue.
C. Tro	ouble falling or staying asleep, or sleeping too much			
D. Fee	eling tired or having little energy			
E. Po	or appetite or overeating			
F. <i>F</i> ee	eling bad about yourself - or that you are a failure or have l	et yourself or your family down		
G. Tro	ouble concentrating on things, such as reading the newspa	per or watching television		
	oving or speaking so slowly that other people could have no the opposite - being so fidgety or restless that you have be			
I. The	oughts that you would be better off dead, or of hurting you	rself in some way		
D0160.	Total Severity Score			
Enter Score	Add scores for all frequency responses in Column 2, Sy Enter 99 if unable to complete interview (i.e., Symptom Freq		n 00 and 27.	
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0C 2 0 Nu	rsing Home Comprehensive (NC) Version 1.20.1 Effective 10/0	1/2025		Page 13 of





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ident		Identifier	Date	<b>←</b> v1.19.1 • O
Section D -	Mood		Date	
	sessment of Resident Mood (PHQ-9-C) sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was completed to the complete sident Mood Interview (D0150-D0160) was comple			
f symptom is preser Then move to colum 1. <b>Symptom P</b> 0. <b>No</b> (ente	weeks, did the resident have any of the t, enter 1 (yes) in column 1, Symptom Presence. In 2, Symptom Frequency, and indicate symptom fresence or 0 in column 2) er 0-3 in column 2)		haviors?	
2. Symptom Fi	equency		1.	2.
0. <b>Never</b> 0	or 1 day s (several days)		Symptom	Symptom
	<b>ys</b> (half or more of the days)		Presence	Frequency
	ays (nearly every day)		↓ Enter Scores	in Boxes↓
A. Little interest o	or pleasure in doing things			
3. Feeling or app	earing down, depressed, or hopeless			
C. Trouble falling	or staying asleep, or sleeping too much			
). Feeling tired o	r having little energy			
. Poor appetite	or overeating			
. Indicating that	they feel bad about self, are a failure, or have l	let self or family down		
6. Trouble conce	ntrating on things, such as reading the newspa	aper or watching television		
H. Moving or spe being so fidge	aking so slowly that other people have noticed by or restless that they have been moving arou	. Or the opposite - nd a lot more than usual		
. States that life	isn't worth living, wishes for death, or attempt	s to harm self		
J. Being short-te	mpered, easily annoyed			
	everity Score			
Add score	res for all frequency responses in Column 2, Sy	ymptom Frequency. Total score mu	ust be between 00 and 30.	
00700. Social I	solation			
0. 1. 2. 3. 4.	n do you feel lonely or isolated from those around y Never Rarely Sometimes Often Always Resident declines to respond Resident unable to respond	you?		

A 1 1	4.6		-	A 4	
$N \vdash 1$	$\Lambda I$	1/1	٠,	ไไว	

esident	Identifier _	[	Date	
Section	n D - Mood			
D0500.	Staff Assessment of Resident Mood (PHQ- Do not conduct if Resident Mood Interview (D0150	•		
If symptom	ast 2 weeks, did the resident have any of the following is present, enter 1 (yes) in column 1, Symptom Presence. e to column 2, Symptom Frequency, and indicate symptom	problems or behaviors?		
	1. Symptom Presence	2. Symptom Frequen	су	
0. No (ent	er 0 in column 2)	0. Never or 1 day		
<b>1. Yes</b> (en	ter 0–3 in column 2)	1. 2-6 days (several days)		
		2. 7–11 days (half or more of the days)		
		3. 12–14 days (nearly every day)		
		Enter Scores in Boxes	1. Symptom Presence	2. Sympto Frequence
A. Little	e interest or pleasure in doing things			
B. Feeli	ing or appearing down, depressed, or hopeless			
C. Trou	ble falling or staying asleep, or sleeping too much			
D. Feeli	ing tired or having little energy			
E. Poor	appetite or overeating			
F. Indic	cating that they feel bad about self, are a failure, or hav	re let self or family down		
G. Trou	ble concentrating on things, such as reading the news	spaper or watching television		
	ing or speaking so slowly that other people have notice ne opposite - being so fidgety or restless that they have			
I. State	es that life isn't worth living, wishes for death, or atten	npts to harm self		
J. Bein	g short-tempered, easily annoyed			
D0600.	Total Severity Score			
Enter Score	Add scores for all frequency responses in Column 2,	Symptom Frequency. Total score must be between	n 00 and 30.	
D0700.	Social Isolation			
	How often do you feel lonely or isolated from those around  0. Never  1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	you?		

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sident			Identifier	<b>←</b> v1.19.1 • OLD  Date
	on	E - Behavior	Idonaldi	
		tential Indicators of Psychosis		
		all that apply		
		Hallucinations (perceptual experiences in t	the absence of real external sensory stimuli)	
		<b>Delusions</b> (misconceptions or beliefs that a	<u> </u>	
	Z.		is in my note, contrary to reality)	
		Symptoms		
		navioral Symptom - Presence & Fre	eauencv	
		of symptoms and their frequency	, , , , , , , , , , , , , , , , , , , ,	
1. <b>B</b> e 2. <b>B</b> e	ehavi ehavi	or not exhibited or of this type occurred 1 to 3 days or of this type occurred 4 to 6 days, but les or of this type occurred daily	ss than daily	
Enter Code Enter Code		,.	toward others (e.g., hitting, kicking, pushing	, scratching, grabbing, abusing others sexually)
	В.	Verbal behavioral symptoms directed tov	ward others (e.g., threatening others, screar	ning at others, cursing at others)
Enter Code	C.	Other behavioral symptoms not directed rummaging, public sexual acts, disrobing in disruptive sounds)	toward others (e.g., physical symptoms suc public, throwing or smearing food or bodily v	ch as hitting or scratching self, pacing, vastes, or verbal/vocal symptoms like screaming,
E0300.	Ove	erall Presence of Behavioral Symp	toms	
Enter Code	Wei	re any behavioral symptoms in questions I  0. No → Skip to E0800, Rejection of Caro  1. Yes → Considering all of E0200, Beha		below
E0500.	-	pact on Resident		
		any of the identified symptom(s):		
Enter Code	A.	Put the resident at significant risk for phy 0. No 1. Yes	ysical illness or injury?	
Enter Code	B.	Significantly interfere with the resident's 0. No 1. Yes	care?	
Enter Code	C.	Significantly interfere with the resident's 0. No 1. Yes	participation in activities or social interac	ctions?
E0600.	lmp	pact on Others		
		any of the identified symptom(s):		
Enter Code	A.	Put others at significant risk for physical 0. No 1. Yes	injury?	
Enter Code	B.	Significantly intrude on the privacy or act 0. No 1. Yes	tivity of others?	
Enter Code	C.	Significantly disrupt care or living enviro 0. No	nment?	

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- 10	_ v	W -	v	 w		

Resident		Identifier	Date
Section	on E - Behavior		
E0100.	Potential Indicators of Psyc	chosis	
<b>↓</b>	Check all that apply		
		periences in the absence of real external sens	ory stimuli)
		beliefs that are firmly held, contrary to reality)	
Pohovio	Z. None of the above		
	Polyanianal Summtons Broad	anas and Francisco	
E0200.	Behavioral Symptom - Pres Note presence of symptoms and		
	Coding:	↓ Enter Codes in Boxes	
0. Behav	ior not exhibited	A. Physical behavioral symptom pushing, scratching, grabbing,	ns directed toward others (e.g., hitting, kicking,
1. Behav 3 days	ior of this type occurred 1 to		directed toward others (e.g., threatening others,
	ior of this type occurred 4 to 6 but less than daily	screaming at others, cursing at	others)
• .	ior of this type occurred daily	such as hitting or scratching se	not directed toward others (e.g., physical symptom If, pacing, rummaging, public sexual acts, disrobing food or bodily wastes, or verbal/vocal symptoms like
E0300.	Overall Presence of Behavi	oral Symptoms	
Enter Code	<ol> <li>No → Skip to E0800, Reje</li> </ol>	n questions E0200 coded 1, 2, or 3? ection of Care - Presence and Frequency E0200, Behavioral Symptoms - Presence and	Frequency, answer E0500 and E0600 below
E0500.	Impact on Resident Did any of the identified sympton	n(s):	
Enter Code	Put the resident at significant     No     Yes	t risk for physical illness or injury?	
Enter Code	Significantly interfere with the control of th	ne resident's care?	
Enter Code	C. Significantly interfere with the control of the	ne resident's participation in activities or s	ocial interactions?
E0600.	Impact on Others Did any of the identified sympton	n(s):	
Enter Code	A. Put others at significant risk     0. No     1. Yes	for physical injury?	
Enter Code	B. Significantly intrude on the p 0. No 1. Yes	orivacy or activity of others?	
Enter Code	C. Significantly disrupt care or 0. No 1. Yes	living environment?	

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Date

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Resident	Identifier Date
Section	on E - Behavior
E0800.	Rejection of Care - Presence & Frequency
Enter Code	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.  0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily
E0900.	Wandering - Presence & Frequency
Enter Code	Has the resident wandered?  0. Behavior not exhibited → Skip to E1100, Change in Behavior or Other Symptoms  1. Behavior of this type occurred 1 to 3 days  2. Behavior of this type occurred 4 to 6 days, but less than daily  3. Behavior of this type occurred daily
E1000.	Wandering - Impact
Enter Code	A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?
	0. <b>No</b> 1. <b>Yes</b>
Enter Code	<ul> <li>B. Does the wandering significantly intrude on the privacy or activities of others?</li> <li>0. No</li> <li>1. Yes</li> </ul>
	Change in Behavior or Other Symptoms all of the symptoms assessed in items E0100 through E1000
Enter Code	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or Scheduled PPS)?  0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment

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Resident

Section	on E - Behavior
E0800.	Rejection of Care - Presence and Frequency
Enter Code	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with resident values, preferences, or goals.  0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily
E0900.	Wandering - Presence and Frequency
Enter Code	Has the resident wandered?  0. Behavior not exhibited → Skip to E1100, Change in Behavior or Other Symptoms  1. Behavior of this type occurred 1 to 3 days  2. Behavior of this type occurred 4 to 6 days, but less than daily  3. Behavior of this type occurred daily
E1000.	Wandering - Impact
Enter Code	<ul> <li>A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?</li> <li>0. No</li> <li>1. Yes</li> </ul>
Enter Code	<ul> <li>B. Does the wandering significantly intrude on the privacy or activities of others?</li> <li>0. No</li> <li>1. Yes</li> </ul>
E1100.	Change in Behavior or Other Symptoms Consider all of the symptoms assessed in items E0100 through E1000
Enter Code	How does resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or Scheduled PPS)?  0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment

Identifier

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esident		Identifier Date	
Section	F - Preferences for Custor	nary Routine and Activities	
F0300. Sh If resident is un	nould Interview for Daily and Activity Prenable to complete, attempt to complete interview with	rferences be Conducted? - Attempt to interview all reside th family member or significant other	nts able to communicate.
Enter Code	<ul> <li>No (resident is rarely/never understood <u>and</u> baily and Activity Preferences</li> <li>Yes → Continue to F0400, Interview for Dail</li> </ul>	amily/significant other not available) $ ightharpoonup$ Skip to and complete F(	0800, Staff Assessment of
E0400 Int	erview for Daily Preferences	y i foldronoco	
	the response options and say: "While you are in	this facility"	
Coding:	Time year are m	une ruemiyii	
1. Very in 2. Somew	nportant what important ery important	<ul> <li>4. Not important at all</li> <li>5. Important, but can't do or no choice</li> <li>9. No response or non-responsive</li> </ul>	
Enter Codes in			
<i>A.</i>	how important is it to you to choose what cloth	es to wear?	
<i>В.</i>	how important is it to you to take care of your p	personal belongings or things?	
c.	how important is it to you to choose between a	tub bath, shower, bed bath, or sponge bath?	
D.	how important is it to you to have snacks avail	able between meals?	
E.	how important is it to you to choose your own	bedtime?	
F.	how important is it to you to have your family o	r a close friend involved in discussions about your ca	re?
G.	how important is it to you to be able to use the	phone in private?	
П н.	how important is it to you to have a place to loc	ck your things to keep them safe?	
F0500. Inte	erview for Activity Preferences		
Show resident	the response options and say: "While you are	in this facility"	
<ol><li>Somev</li></ol>	nportant what important ry important Boxes	<ul> <li>4. Not important at all</li> <li>5. Important, but can't do or no choice</li> <li>9. No response or non-responsive</li> </ul>	
А.	how important is it to you to have books, news	papers, and magazines to read?	
В.	how important is it to you to listen to music yo	u like?	
c.	how important is it to you to be around animals	s such as pets?	
D.	how important is it to you to keep up with the r	ews?	
E.	how important is it to you to do things with gro	ups of people?	
F.	how important is it to you to do your favorite a	ctivities?	
G.	how important is it to you to go outside to get to	resh air when the weather is good?	
	how important is it to you to participate in relig	-	
	ily and Activity Preferences Primary Re		
Enter Code	licate primary respondent for Daily and Activity Pr 1. Resident 2. Family or significant other (close friend or	other representative)	@
Ш	<ol><li>Interview could not be completed by resident</li></ol>	ent or family/significant other ("No response" to 3 or more items)	
IDS 3.0 Nursin	ng Home Comprehensive (NC) Version 1.19.1 I	Effective 10/01/2024	Page 16 of 58

——————————————————————————————————————	and Activity Preferences be Conducted? ts able to communicate. If resident is unable to complete, attempt to complete interview nt other
Assessment of Daily and  1. Yes → Continue to F0400	ver understood <u>and</u> family/significant other not available) → Skip to and complete F0800, Staff I Activity Preferences 0, Interview for Daily Preferences
F0400. Interview for Daily Prefers Show resident the response of	rences options and say: "While you are in this facility"
Coding:	↓ Enter Codes in Boxes
Very important     Somewhat important	A. how important is it to you to choose what clothes to wear?
3. Not very important	B. how important is it to you to take care of your personal belongings or things?
<ul><li>4. Not important at all</li><li>5. Important, but can't do or no choice</li></ul>	C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?
9. No response or non-responsive	D. how important is it to you to have snacks available between meals?
	E. how important is it to you to choose your own bedtime?
	F. how important is it to you to have your family or a close friend involved in discussions about your care?
	G. how important is it to you to be able to use the phone in private?
	H. how important is it to you to have a place to lock your things to keep them safe
F0500. Interview for Activity Pre	ferences options and say: "While you are in this facility"
Coding:	↓ Enter Codes in Boxes
1. Very important	A. how important is it to you to have books, newspapers, and magazines to read?
2. Somewhat important	A. how important is it to you to have books, newspapers, and magazines to read?  B. how important is it to you to listen to music you like?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> <li>Important, but can't do or no choice</li> </ol>	B. how important is it to you to listen to music you like?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> </ol>	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> <li>Important, but can't do or no choice</li> </ol>	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?  D. how important is it to you to keep up with the news?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> <li>Important, but can't do or no choice</li> </ol>	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?  D. how important is it to you to keep up with the news?  E. how important is it to you to do things with groups of people?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> <li>Important, but can't do or no choice</li> </ol>	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?  D. how important is it to you to keep up with the news?  E. how important is it to you to do things with groups of people?  F. how important is it to you to do your favorite activities?
<ol> <li>Somewhat important</li> <li>Not very important</li> <li>Not important at all</li> <li>Important, but can't do or no choice</li> <li>No response or non-responsive</li> </ol>	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?  D. how important is it to you to keep up with the news?  E. how important is it to you to do things with groups of people?  F. how important is it to you to do your favorite activities?  G. how important is it to you to go outside to get fresh air when the weather is good?  H. how important is it to you to participate in religious services or practices?
2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive  7. Total Control of the cont	B. how important is it to you to listen to music you like?  C. how important is it to you to be around animals such as pets?  D. how important is it to you to keep up with the news?  E. how important is it to you to do things with groups of people?  F. how important is it to you to do your favorite activities?  G. how important is it to you to go outside to get fresh air when the weather is good?  H. how important is it to you to participate in religious services or practices?

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Resident		Identifier Date
Secti	on	F - Preferences for Customary Routine and Activities
F0700.	Sh	ould the Staff Assessment of Daily and Activity Preferences be Conducted?
Enter Code		<ol> <li>No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities</li> <li>Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences</li> </ol>
F0800.	Sta	ff Assessment of Daily and Activity Preferences
		Interview for Daily and Activity Preferences (F0400-F0500) was completed
Residen	t Pref	ers:
C	heck	all that apply
	A.	Choosing clothes to wear
	В.	Caring for personal belongings
	C.	Receiving tub bath
	D.	Receiving shower
	E.	Receiving bed bath
	F.	Receiving sponge bath
	G.	Snacks between meals
	Н.	Staying up past 8:00 p.m.
	l.	Family or significant other involvement in care discussions
	J.	Use of phone in private
	K.	Place to lock personal belongings
	L.	Reading books, newspapers, or magazines
	M.	Listening to music
	N.	Being around animals such as pets
	0.	Keeping up with the news
	P.	Doing things with groups of people
	Q.	Participating in favorite activities
	R.	Spending time away from the nursing home
	S.	Spending time outdoors
	T.	Participating in religious activities or practices
	Z.	None of the above

Resident		Identifier Date	e
Soction	n E	E Profesences for Customary Pouting and Activities	
		F - Preferences for Customary Routine and Activities	
F0700.	Sho	ould the Staff Assessment of Daily and Activity Preferences be Conducted?	
Enter Code		<ul> <li>No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by reside other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities</li> <li>Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences</li> </ul>	not completed by
F0800.		taff Assessment of Daily and Activity Preferences o not conduct if Interview for Daily and Activity Preferences (F0400–F0500) was completed	
	Res	esident Prefers:	
$\downarrow$	Che	heck all that apply	
	A.	. Choosing clothes to wear	
	B.	. Caring for personal belongings	
	C.	. Receiving tub bath	
	D.	. Receiving shower	
	E.	. Receiving bed bath	
	F.	Receiving sponge bath	
	G.	. Snacks between meals	
	H.	. Staying up past 8:00 p.m.	
	I.	Family or significant other involvement in care discussions	
	J.	Use of phone in private	
	K.	. Place to lock personal belongings	
	L.	. Reading books, newspapers, or magazines	
	M.	. Listening to music	
	N.	. Being around animals such as pets	
	0.	. Keeping up with the news	
	P.	Doing things with groups of people	
	Q.	. Participating in favorite activities	
	R.	. Spending time away from the nursing home	
	S.	. Spending time outdoors	
	T.	Participating in religious activities or practices	
	Z.	. None of the above	

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• 4:		Identifier Date
Section	on	GG - Functional Abilities
exacerba	ition, d	<b>Prior Functioning: Everyday Activities.</b> Indicate the resident's usual ability with everyday activities prior to the current illness, or injury or if A0310B = 01
without 2. <b>Need</b> perso	ut an led So on to c	ent - Resident completed all the activities by themself, with or assistive device, with no assistance from a helper.  ome Help - Resident needed partial assistance from another complete any activities.  nt - A helper completed all the activities for the resident.
Enter Code	es in	Boxes
	A.	<b>Self-Care:</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation or injury.
	В.	Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	C.	Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prio to the current illness, exacerbation, or injury.
	D.	<b>Functional Cognition:</b> Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.
Complete	only	Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury of A0310B = 01
Check all t ↓	that a	ipply
	A.	Manual wheelchair
	В.	Motorized wheelchair and/or scooter
	C.	Mechanical lift
	D.	Walker
	E.	Orthotics/Prosthetics
	Z.	None of the above
		unctional Limitation in Range of Motion
	limit	tation that interfered with daily functions or placed resident at risk of injury in the last 7 days
Coding: 0. No in 1. Impa 2. Impa	irmer	ment nt on one side nt on both sides
Enter Code	es in	Boxes
		Upper extremity (shoulder, elbow, wrist, hand)
Ď	Α.	
		Lower extremity (hip, knee, ankle, foot)
GG012	В.	Lower extremity (hip, knee, ankle, foot)  Mobility Devices
	В. <b>0. М</b>	• • • • • • • • • • • • • • • • • • • •
	В. <b>0. М</b>	Mobility Devices were normally used in the last 7 days
	B. <b>0. M</b> that w	Mobility Devices were normally used in the last 7 days  Cane/crutch
Check all t	B.  O. M that w	Mobility Devices were normally used in the last 7 days  Cane/crutch
Check all t	B.  O. M that w A. B.	Mobility Devices were normally used in the last 7 days  Cane/crutch  Walker  Wheelchair (manual or electric)

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Resident			Identifier	Date
- 41				
Section	on GG - Functional A	bilitie	es e	
GG0100.	<b>Prior Functioning: Everyda</b> Indicate the resident's usual abil Complete only if A0310B = 01			current illness, exacerbation, or injury
	Coding:	<b>↓</b>	Enter Codes in Boxes	
activitie	endent - Resident completed all the es by themself, with or without an re device, with no assistance from		toilet, or eating prior to the	ent's need for assistance with bathing, dressing, using the current illness, exacerbation, or injury.
	er.  d Some Help - Resident needed assistance from another person to	Ш		cion): Code the resident's need for assistance with walking without a device such as cane, crutch, or walker) prior to pation, or injury.
1. Depen	ete any activities.  dent - A helper completed all the es for the resident.			s need for assistance with internal or external stairs (with scane, crutch, or walker) prior to the current illness,
8. Unkno 9. Not Ap				de the resident's need for assistance with planning oping or remembering to take medication prior to the in, or injury.
GG0110.	Prior Device Use Indicate devices and aids used I Complete only if A0310B = 01	by the res	sident prior to the current illne	ess, exacerbation, or injury
$\downarrow$	Check all that apply			
	A. Manual wheelchair			
	B. Motorized wheelchair and/or	scooter		
	C. Mechanical lift			
	D. Walker			
	E. Orthotics/Prosthetics			
	Z. None of the above			
GG0115.	Functional Limitation in Ra	_		dent at risk of injury in the last 7 days
	Coding:	↓	Enter Codes in Boxes	
0. No imp	pairment		A. Upper extremity (shoulde	r, elbow, wrist, hand)
1. Impair	ment on one side			
2. Impair	ment on both sides	Ш	B. Lower extremity (hip, kne	e, ankle, foot)
GG0120.	<b>Mobility Devices</b>			
1	Check all that were normally used	d in the la	st 7 days	
	A. Cane/crutch			
	B. Walker			
	C. Wheelchair (manual or electric	c)		
	D. Limb prosthesis			
	Z. None of the above were used			

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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dmission		Resident	Identifier	Date
stay)		Section GO	G - Functional Abilities - Admission	
, ,	e 6-point scale. If activity was not attempted at	Comp	lete column 1 when A0310A = 01 or when A0310B = 01.	ne stay hegins on A1600
haceusa rasidant's parformance is un	pages or of poor quality opera according to		, -	• •
because resident's performance is di	isale of of poor quality, score according to			notice that the second of the
h no assistance from a helper.	of the control of the control of the control of the		Coding:	
I cues and/or touching/steadying and/ activity or intermittently.	or contact guard assistance as resident			
		Activities may be co	ompleted with or without assistive devices.	If activity was not attempted, code reason:
·	·	06. Independent	- Resident completes the activity by themself with no assistance from a help	per. 07. Resident refused
e of the effort to complete the activity.	. Or, the assistance of 2 or more helpers is			the resident did not perform this activity
of equipment, weather constraints)	ess, exacerbation, or injury.	touching/stead Assistance ma	dying and/or contact guard assistance as resident completes activity.  ay be provided throughout the activity or intermittently.	prior to the current illness, exacerbation, or injury  10. Not attempted due to environmental limitations (e.g., lack of equipment,
S				weather constraints)
				r lifts 88. Not attempted due to medical condition or safety concerns
		activity. Or, the	assistance of 2 or more helpers is required for the resident to complete the ac	tivity.
d and/or liquid to the mouth and swal	llow food and/or liquid once the meal is placed	Performance		
an teeth. Dentures (if applicable): The sing with use of equipment.	ability to insert and remove dentures into and			mouth and swallow food and/or liquid once the meal is
giene, adjust clothes before and after not managing equipment.	voiding or having a bowel movement. If			
washing, rinsing, and drying self (ex	cludes washing of back and hair). Does not			
ss above the waist; including fastene	rs, if applicable.			d drying self (excludes washing of back and hair). Does
ss below the waist, including fastener	rs; does not include footwear.	F. Up	oper body dressing: The ability to dress and undress above the waist; in	cluding fasteners, if applicable.
and take off socks and shoes or other	r footwear that is appropriate for safe mobility;	G. Lo	wer body dressing: The ability to dress and undress below the waist, in	cluding fasteners; does not include footwear.
/giene, including combing hair, shavir	ng, applying makeup, washing/drying face and			
				nd shoes or other footwear that is appropriate for safe
		I. Pe	rsonal hygiene: The ability to maintain personal hygiene, including com	bing hair, shaving, applying makeup, washing/drying
	the stay begins on A1600.  mission) for each activity using the because resident's performance is under the notation assistance from a helper. The sident completes activity. Helper as a cues and/or touching/steadying and activity or intermittently. For the effort, Helper lifts, holds, or sup that the effort is to complete the activity of the effort to complete the activity of the effort to complete the activity of equipment, weather constraints) and and/or liquid to the mouth and swall the total properties of equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.  The sing with use of equipment and after not managing equipment.	the stay begins on A1600.  mission) for each activity using the 6-point scale. If activity was not attempted at because resident's performance is unsafe or of poor quality, score according to h no assistance from a helper. The sident completes activity. Helper assists only prior to or following the activity. It cues and/or touching/steadying and/or contact guard assistance as resident activity or intermittently. The effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the end of the effort to complete the activity. Or, the assistance of 2 or more helpers is methics activity prior to the current illness, exacerbation, or injury. If equipment, weather constraints) and and/or liquid once the meal is placed on teeth. Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.	Section GC  with stay begins on A1600.  mission) for each activity using the 6-point scale. If activity was not attempted at  because resident's performance is unsafe or of poor quality, score according to  h no assistance from a helper, evention to activity of the event activity of the event activity of the event activity of the event activity of intermittenty. It causes and/or touching/steedying and/or contact guard assistance as resident activity or intermittenty. It causes and/or touching/steedying and/or contact guard assistance as resident activity or intermittenty. If the effort. Helper lifts, holds, or supports trunk or limbs and provides less than half the e of the effort to complete the activity. Or, the assistance of 2 or more helpers is  methis activity prior to the current illness, exacerbation, or injury.  If equipment, weather constraints)  and and/or liquid to the mouth and swallow food and/or liquid once the meal is placed  In teeth. Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and sing with use of equipment.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and single activity. Or, the sassabove the waist, including fasteners, if applicable.  In teeth, Dentures (if applicable): The ability to insert and remove dentures into and single activity.  In the effort to complete the activity, Or, the assistance as resident attempted at the set of equipment.  In the effort to complete the activity. Or, the activity and the set of equipment.  In the effort to complete the activity and th	Section GG - Functional Abilities - Admission  Because resident's performance is unsafe or of poor quality, score according to because resident's performance is unsafe or of poor quality, score according to because resident's performance is unsafe or of poor quality, score according to the cases and the cases are selected completes activity. Higher assists only prior to or following the activity. It is also according to a statement of the statement of the start of the stary (admission), code the readent to according to a statement of the start of the start of the start of the stary (admission), code the readent at susual performance at the start of the stary (admission), code the readent at the start of the stary (admission), code as admission and attended the start of the stary (admission), code as admission and attended the start of the stary (admission), code as admission and control the stary (admission), code as admission and control the stary (admission). Code a

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Resident	Identifier Date				
Section GG - Functional Ab	ilities - Admission	Resident _		Identifier	Date
<b>GG0170. Mobility</b> (Assessment period is the fir <b>Complete column 1 when A0310A = 01 or when A</b> When A0310B = 01, the stay begins on A2400B. Wh	A0310B = 01.	Sect	tion GG - Functional	Abilities - Admission	
, , ,	art of the stay (admission) for each activity using the 6-point scale. If activity was	not attempted at GG0170	Complete column 1 when A	riod is the first 3 days of the stay) <b>A0310A = 01 or when A0310B = 01.</b> begins on A2400B. When A0310B = 99, the sta	av hegins on A1600
Coding: Safety and Quality of Performance - If helper assis amount of assistance provided.	stance is required because resident's performance is unsafe or of poor quality, score ac		•	t the start of the stay (admission) for each activit	
Activities may be completed with or without assistive 06. Independent - Resident completes the activity	ity by themself with no assistance from a helper.			Coding:	
<ol> <li>Supervision or touching assistance - Help completes activity. Assistance may be provide</li> </ol>	s up or cleans up; resident completes activity. Helper assists only prior to or following the per provides verbal cues and/or touching/steadying and/or contact guard assistance as re- led throughout the activity or intermittently. LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides	resident Safety a performa		per assistance is required because resident's ore according to amount of assistance provided.	
the effort.	loes MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more	Activities	es may be completed with or without	assistive devices.	If activity was not attempted, code reason:
effort.	Resident does none of the effort to complete the activity. Or, the assistance of 2 or more	06. Ind	•	activity by themself with no assistance from a helper.	07. Resident refused
required for the resident to complete the activ		·	etup or clean-up assistance - Help elper assists only prior to or following	er sets up or cleans up; resident completes activity.  the activity.	09. Not applicable - Not attempted and the resident did not perform this activity
If activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident	dent did not perform this activity prior to the current illness, exacerbation, or injury.	tou		<ul> <li>Helper provides verbal cues and/or rd assistance as resident completes activity.</li> <li>It the activity or intermittently.</li> </ul>	prior to the current illness, exacerbation, or injury  10. Not attempted due to environmental
10. Not attempted due to environmental limita 88. Not attempted due to medical condition of	ations (e.g., lack of equipment, weather constraints)		artial/moderate assistance - Helpe olds, or supports trunk or limbs, but p	r does LESS THAN HALF the effort. Helper lifts, rovides less than half the effort.	limitations (e.g., lack of equipment, weather constraints)
1. Admission		or I	holds trunk or limbs and provides me		88. Not attempted due to medical condition or safety concerns
Performance Enter Codes in Boxes			•	ort. Resident does none of the effort to complete the elpers is required for the resident to complete the activity.	
<u> </u>	Il from him on book to left and right aids, and return to him on book on the had	1. Admission			
	Il from lying on back to left and right side, and return to lying on back on the bed.	Performanc	ice	ility to roll from lying on back to left and right side, an	d return to lying on back on the hed
B. Sit to lying: The ability to move from	m sitting on side of bed to lying flat on the bed.		A. Roll left and right. The ab	inity to foir from rying on back to left and right side, an	d return to tying on back on the bed.
C. Lying to sitting on side of bed: Th	ne ability to move from lying on the back to sitting on the side of the bed and with no bac	ck support.	B. Sit to lying: The ability to r	move from sitting on side of bed to lying flat on the be	d.
D. Sit to stand: The ability to come to	a standing position from sitting in a chair, wheelchair, or on the side of the bed.		C. Lying to sitting on side of back support.	<b>f bed:</b> The ability to move from lying on the back to si	itting on the side of the bed and with no
E. Chair/bed-to-chair transfer: The al	bility to transfer to and from a bed to a chair (or wheelchair).		D. Sit to stand: The ability to	come to a standing position from sitting in a chair, wh	neelchair, or on the side of the bed.
F. Toilet transfer: The ability to get on	and off a toilet or commode.		E. Chair/bed-to-chair transf	er: The ability to transfer to and from a bed to a chair	(or wheelchair).
FF. Tub/shower transfer: The ability to	get in and out of a tub/shower.				(
G. Car transfer: The ability to transfer fasten seat belt.	in and out of a car or van on the passenger side. Does not include the ability to open/clo	ose door or	F. Toilet transfer: The ability	to get on and off a toilet or commode.	
I. Walk 10 feet: Once standing, the ab 09, 10, or 88 → Skip to GG0170M,	bility to walk at least 10 feet in a room, corridor, or similar space. If admission performan 1 step (curb)	nce is coded 07,	FF. Tub/shower transfer: The	ability to get in and out of a tub/shower.	
J. Walk 50 feet with two turns: Once	standing, the ability to walk at least 50 feet and make two turns.		G. Car transfer: The ability to door or fasten seat belt.	transfer in and out of a car or van on the passenger	side. Does not include the ability to open/close
K. Walk 150 feet: Once standing, the a	ability to walk at least 150 feet in a corridor or similar space.			ng, the ability to walk at least 10 feet in a room, corrid s coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step	
			J. Walk 50 feet with two turn	ns: Once standing, the ability to walk at least 50 feet	and make two turns.
MDS 3.0 Nursing Homo Comprehensive (NC) Ver	roign 1 10 1 Effective 10/01/2024	Page 20 of 58	K. Walk 150 feet: Once stand	ling, the ability to walk at least 150 feet in a corridor o	r similar space.
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		MDS 3.0 N	Nursing Home Comprehensive (NC)	Version 1.20.1 Effective 10/01/2025	Page 21 of 59



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Date

GG0170. Complete When A031	. <b>M</b> c <b>colu</b> 10B =	GG - Functional Abilities - Admiss obility (Assessment period is the first 3 days of the stay)	sion	
Complete When A031 Code the r he start o	colu 10B =	phility (Assessment period is the first 3 days of the stay)	/1011	
he start o		imn 1 when A0310A = 01 or when A0310B = 01. = 01, the stay begins on A2400B. When A0310B = 99, the stay be	pegins on A1600.	
oding:	esid f the	lent's usual performance at the start of the stay (admission) e stay (admission), code the reason.	for each activity using the 6-poi	int scale. If activity was not attempted at
Safety and amount of a Activities m. 06. Ind. 05. Set 04. Supcom 03. Par the 02. Suffo 01. Depression of activity v. 07. Res	assis ay b epen up o pervi nplete tial/r effor ostar ort. cend uired was i sider	ality of Performance - If helper assistance is required because stance provided.  The completed with or without assistive devices.  The completed with or without assistive devices.  The completed with or without assistive devices.  The clean-up assistance - Helper sets up or cleans up; resident of the complete stance or cleans up; resident of the complete stance or cleans up; resident of the complete assistance or the complete the activity. Assistance may be provided throughout the activity of the complete assistance - Helper does LESS THAN HALF the left of the complete does activity.  The complete does are assistance or the complete the activity.  The complete does are assistance or complete the activity.  The complete does are assistance or complete the activity.	stance from a helper. completes activity. Helper assists of d/or touching/steadying and/or contribute intermittently. In the Helper lifts, holds, or supports to be effort. Helper lifts or holds trunk confort to complete the activity. Or, the	nly prior to or following the activity. Itact guard assistance as resident runk or limbs, but provides less than half or limbs and provides more than half the ne assistance of 2 or more helpers is
88. Not	atte	empted due to environmental limitations (e.g., lack of equipmempted due to medical condition or safety concerns	sit, weather constraints)	
er Codes in	Вохе	es		
<u> </u>	L.	Walking 10 feet on uneven surfaces: The ability to walk 10 fe	et on uneven or sloping surfaces (i	indoor or outdoor), such as turf or gravel.
	М.	<b>1 step (curb):</b> The ability to go up and down a curb and/or up a lf admission performance is coded 07, 09, 10, or $88 \rightarrow \text{Skip to}$	nd down one step. GG0170P, Picking up object	
	N.	<b>4 steps:</b> The ability to go up and down four steps with or without If admission performance is coded 07, 09, 10, or $88 \rightarrow \text{Skip to}$	ıt a rail. GG0170P, Picking up object	
	0.	12 steps: The ability to go up and down 12 steps with or withou	ıt a rail.	
		<b>Picking up object:</b> The ability to bend/stoop from a standing p the floor.	osition to pick up a small object, su	uch as a spoon, from
		Q1. Does the resident use a wheelchair and/or scooter?  0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with	two turns	
	R.	Wheel 50 feet with two turns: Once seated in wheelchair/scool	oter, the ability to wheel at least 50	feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter used.  1. Manual		
		Wheel 150 facts Once control in wheelshair/scenture the ability	to whool at locat 150 fact in a	idar ar aimilar angas
		Wheel 150 feet: Once seated in wheelchair/scooter, the ability  SS1. Indicate the type of wheelchair or scooter used.	to wheel at least 150 feet in a corri	idor or similar space.

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Resident

0001-0		
GG0170.	Mobility (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01 or when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay	ay begins on A1600.
	e resident's usual performance at the start of the stay (admission) for each activited at the start of the stay (admission), code the reason.	y using the 6-point scale. If activity was not
	Coding:	
•	nd <b>Quality of Performance</b> - If helper assistance is required because resident's nce is unsafe or of poor quality, score according to amount of assistance provided.	
Activities	may be completed with or without assistive devices.	If activity was not attempted, code reason:
06. Inde	<b>ependent</b> - Resident completes the activity by themself with no assistance from a helper.	07. Resident refused
	<b>up or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. per assists only prior to or following the activity.	09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation,
touc	pervision or touching assistance - Helper provides verbal cues and/or ching/steadying and/or contact guard assistance as resident completes activity. istance may be provided throughout the activity or intermittently.	or injury  10. Not attempted due to environmental
03. Part	tial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, ds, or supports trunk or limbs, but provides less than half the effort.	limitations (e.g., lack of equipment, weather constraints)
	ostantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts olds trunk or limbs and provides more than half the effort.	88. Not attempted due to medical condition or safety concerns
	<b>Dendent</b> - Helper does ALL of the effort. Resident does none of the effort to complete the vity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity	
. Admission Performance	Enter Codes in Boxes	
Admission Performance	Enter Codes in Boxes  L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.	sloping surfaces (indoor or outdoor), such as turf
Admission Performance	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or	p.
Admission Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one step.</li> </ul>	p. g up object
Admission Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stell fadmission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>N. 4 steps: The ability to go up and down four steps with or without a rail.</li> </ul>	p. g up object
Admission Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stelf admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> </ul>	p. g up object g up object
Admission Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stelf admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>O. 12 steps: The ability to go up and down 12 steps with or without a rail.</li> <li>P. Picking up object: The ability to bend/stoop from a standing position to pick up</li> </ul>	p. g up object g up object
Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stelf admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>O. 12 steps: The ability to go up and down 12 steps with or without a rail.</li> <li>P. Picking up object: The ability to bend/stoop from a standing position to pick up</li> <li>Q1. Does the resident use a wheelchair and/or scooter?</li> <li>Q. No → Skip to GG0130, Self Care - Discharge</li> </ul>	p. g up object g up object a small object, such as a spoon, from the floor.
Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stelf admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin O. 12 steps: The ability to go up and down 12 steps with or without a rail.</li> <li>P. Picking up object: The ability to bend/stoop from a standing position to pick up Q1. Does the resident use a wheelchair and/or scooter? <ul> <li>No → Skip to GG0130, Self Care - Discharge</li> <li>Yes → Continue to GG0170R, Wheel 50 feet with two turns</li> </ul> </li> <li>R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to</li> </ul>	p. g up object g up object a small object, such as a spoon, from the floor.
Performance	<ul> <li>L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or or gravel.</li> <li>M. 1 step (curb): The ability to go up and down a curb and/or up and down one stelf admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>N. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Pickin</li> <li>O. 12 steps: The ability to go up and down 12 steps with or without a rail.</li> <li>P. Picking up object: The ability to bend/stoop from a standing position to pick up</li> <li>Q1. Does the resident use a wheelchair and/or scooter?</li> <li>0. No → Skip to GG0130, Self Care - Discharge</li> <li>1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</li> <li>R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to RR1. Indicate the type of wheelchair or scooter used.</li> <li>1. Manual</li> </ul>	p. g up object g up object a small object, such as a spoon, from the floor.

Identifier

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Date

	e col	<b>Self-Care</b> (Assessment period is the last 3 days of the stay) <b>lumn 3 when A0310F = 10 or 11 or when A0310H = 1.</b> H = 1 and A2400C minus A2400B is greater than 2 <b>and</b> A2105 is not = 04, the stay ends on A2400C.
or all oth	ner Di	Discharge assessments, the stay ends on A2000.
ode the	resi ay, co	ident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the enc ode the reason.
mount o ctivities 06. In 05. So occ 03. Print occ 05. So occ 07. Ro of 07. Ro of 09. No 10. No octivities 07. Ro of 07. Ro of 07. Ro of 07. Ro of 07. Ro occ occ occ occ occ occ occ occ occ	f assimay depeetup uperv uperv upperv upple e effot ubsta fort. epen quire v wass eside ot ap	uality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to sistance provided.  **be completed with or without assistive devices.** endent - Resident completes the activity by themself with no assistance from a helper.  **or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.  **vision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident etes activity. Assistance may be provided throughout the activity or intermittently.  **I/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half ort.  **antial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the indent - 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 and for the resident to complete the activity.  **s not attempted, code reason:** ent refused applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. tempted due to environmental limitations (e.g., lack of equipment, weather constraints) tempted due to medical condition or safety concerns
erforman	ce	
er Codes	A. B.	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.  Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and
er Codes	Α.	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.  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.  Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If
er Codes	A.	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.  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.
er Codes	A. B.	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.  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.  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.  Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not
er Codes	A. B. C.	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.  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.  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.  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.  Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
er Codes	A.  B.  C.  F.	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.  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.  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.  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.  Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.  Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
er Codes	<ul><li>A.</li><li>B.</li><li>C.</li><li>E.</li><li>G.</li></ul>	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.  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.  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.  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.  Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.  Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.  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;

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Resident

GG0130.	Self-Care (Assessment period is the last 3 days of the stay)	
	Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.  When A0310H = 1 and A2400C minus A2400B is greater than 2 and A210.  For all other Discharge assessments, the stay ends on A2000.	5 is not = 04, the stay ends on A2400C.
	resident's usual performance at the end of the stay for each activity using the 6 l of the stay, code the reason.	-point scale. If an activity was not attempted
	Coding:	
-	d Quality of Performance - If helper assistance is required because resident's ace is unsafe or of poor quality, score according to amount of assistance provided.	
Activities r	may be completed with or without assistive devices.	If activity was not attempted, code reason
06. Inde	<b>pendent</b> - Resident completes the activity by themself with no assistance from a helper.	07. Resident refused
Helpe <b>04. Supe</b> touch	up or clean-up assistance - Helper sets up or cleans up; resident completes activity. er assists only prior to or following the activity.  ervision or touching assistance - Helper provides verbal cues and/or hing/steadying and/or contact guard assistance as resident completes activity.	09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury
03. Parti	stance may be provided throughout the activity or intermittently.  ial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, s, or supports trunk or limbs, but provides less than half the effort.	10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
02. Subs		99 Not attampted due to medical conditi
	stantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lift olds trunk or limbs and provides more than half the effort.	or safety concerns
or ho		or satety concerns
or ho	olds trunk or limbs and provides more than half the effort.  endent - Helper does ALL of the effort. Resident does none of the effort to complete the	or safety concerns
or ho  1. Deperativi	olds trunk or limbs and provides more than half the effort.  endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.	or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mode.	or safety concerns  or safety concerns  or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the effort. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the morplaced before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if apple)	or safety concerns  or safety concerns  or safety concerns  or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the more placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applinto and from the mouth, and manage denture soaking and rinsing with use of example into and from the mouth, and manage denture soaking and rinsing with use of example into and from the mouth.	or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the more placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if appling into and from the mouth, and manage denture soaking and rinsing with use of example in the complete items.  C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before managing an ostomy, include wiping the opening but not managing equipment.  E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drive the complete the effort.	or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the more placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if appling into and from the mouth, and manage denture soaking and rinsing with use of example in the complete into a significant to the more placed.  C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before managing an ostomy, include wiping the opening but not managing equipment.  E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and dranot include transferring in/out of tub/shower.	or safety concerns
or ho  10. Deperativi	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the more placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if appling into and from the mouth, and manage denture soaking and rinsing with use of example in the complete in the ability to maintain perineal hygiene, adjust clothes before managing an ostomy, include wiping the opening but not managing equipment.  E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and dranot include transferring in/out of tub/shower.  F. Upper body dressing: The ability to dress and undress above the waist; including the complete the effort.	or safety concerns  or saf

Identifier

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Resident	ldentifier	Date			
Section GG - Functional	Abilities - Discharge		Resident	ldentifier	Date
GG0170. Mobility (Assessment period is Complete column 3 when A0310F = 10 or 11	the last 3 days of the stay)  I or when A0310H = 1.		Section GG - Fun	ctional Abilities - Discharge	
When A0310H = 1 and A2400C minus A2400B For all other Discharge assessments, the stay of Code the resident's usual performance at the of the stay, code the reason.	B is greater than 2 <b>and</b> A2105 is not = 04, the stay ends on A240		Complete colum When A0310H =	ssment period is the last 3 days of the stay)  nn 3 when A0310F = 10 or 11 or when A0310H = 1.  1 and A2400C minus A2400B is greater than 2 and A2105 harge assessments, the stay ends on A2000.	is not = 04, the stay ends on A2400C.
	r assistance is required because resident's performance is unsat	e or of poor quality, score according to	Code the resident's usual per at the end of the stay, code the	rformance at the end of the stay for each activity using the 6-	point scale. If an activity was not attempted
amount of assistance provided.  Activities may be completed with or without ass  06. Independent - Resident completes the	sistive devices. • activity by themself with no assistance from a helper.		at the one or the stay, seeds th	Coding:	
<ul> <li>05. Setup or clean-up assistance - Helper</li> <li>04. Supervision or touching assistance - completes activity. Assistance may be p</li> <li>03. Partial/moderate assistance - Helper</li> </ul>	er sets up or cleans up; resident completes activity. Helper assist - Helper provides verbal cues and/or touching/steadying and/or oprovided throughout the activity or intermittently. does LESS THAN HALF the effort. Helper lifts, holds, or support	contact guard assistance as resident		nance - If helper assistance is required because resident's or quality, score according to amount of assistance provided.	If activity was not attempted, code reason:
the effort. 02. <b>Substantial/maximal assistance</b> - Hel	lper does MORE THAN HALF the effort. Helper lifts or holds trur	nk or limbs and provides more than half the		ompletes the activity by themself with no assistance from a helper.	
effort.  01. <b>Dependent</b> - Helper does ALL of the eff required for the resident to complete the	ffort. Resident does none of the effort to complete the activity. Or	, the assistance of 2 or more helpers is		tance - Helper sets up or cleans up; resident completes activity.	O7. Resident refused  O9. Not applicable - Not attempted and the resident did not perform this activity.
If activity was not attempted, code reason: 07. Resident refused	e activity. e resident did not perform this activity prior to the current illness,	evacerbation or injury	04. Supervision or touching touching/steadying and/or	g assistance - Helper provides verbal cues and/or contact guard assistance as resident completes activity.  ed throughout the activity or intermittently.	the resident did not perform this activity prior to the current illness, exacerbation, or injury  10. Not attempted due to environmental
10. Not attempted due to environmental 88. Not attempted due to medical conditi	<b>limitations</b> (e.g., lack of equipment, weather constraints)	exacerbation, or injury.		ance - Helper does LESS THAN HALF the effort. Helper lifts, r limbs, but provides less than half the effort.	limitations (e.g., lack of equipment, weather constraints)
3. Discharge				sistance - Helper does MORE THAN HALF the effort. Helper lifts d provides more than half the effort.	88. Not attempted due to medical condition or safety concerns
Performance Enter Codes in Boxes				ALL of the effort. Resident does none of the effort to complete the of 2 or more helpers is required for the resident to complete the activity.	
A. Roll left and right: The ability	to roll from lying on back to left and right side, and return to lying	g on back on the bed.	3. Discharge Performance Enter Codes in	ı Boxes	
B. Sit to lying: The ability to mov	ve from sitting on side of bed to lying flat on the bed.		A. Roll left and r	ight: The ability to roll from lying on back to left and right side, and	d return to lying on back on the bed.
C. Lying to sitting on side of be support.	ed: The ability to move from lying on the back to sitting on the sid	de of the bed and with no back	B. Sit to lying: The	he ability to move from sitting on side of bed to lying flat on the bed	d.
D. Sit to stand: The ability to con	me to a standing position from sitting in a chair, wheelchair, or or	the side of the bed.	C. Lying to sittin back support.	g on side of bed: The ability to move from lying on the back to sit	tting on the side of the bed and with no
E. Chair/bed-to-chair transfer:	The ability to transfer to and from a bed to a chair (or wheelchair	).	D. Sit to stand: T	The ability to come to a standing position from sitting in a chair, when	eelchair, or on the side of the bed.
F. Toilet transfer: The ability to g			E. Chair/bed-to-	chair transfer: The ability to transfer to and from a bed to a chair	(or wheelchair).
	ility to get in and out of a tub/shower.		F. Toilet transfer	r: The ability to get on and off a toilet or commode.	
G. Car transfer: The ability to trandoor or fasten seat belt.	insfer in and out of a car or van on the passenger side. Does not	include the ability to open/close	FF. Tub/shower tr	ransfer: The ability to get in and out of a tub/shower.	
I. Walk 10 feet: Once standing, t is coded 07, 09, 10, or 88 → S	the ability to walk at least 10 feet in a room, corridor, or similar s Skip to GG0170M, 1 step (curb)	pace. If discharge performance	G. Car transfer:	The ability to transfer in and out of a car or van on the passenger s	side. Does not include the ability to open/close
J. Walk 50 feet with two turns:	Once standing, the ability to walk at least 50 feet and make two	turns.	door or fasten	seat belt.	
K. Walk 150 feet: Once standing,	, the ability to walk at least 150 feet in a corridor or similar space	a.		Once standing, the ability to walk at least 10 feet in a room, corridor erformance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step	•
			J. Walk 50 feet w	vith two turns: Once standing, the ability to walk at least 50 feet a	and make two turns.
MDS 3.0 Nursing Home Comprehensive (NC	C) Version 1.19.1 Effective 10/01/2024	Page 23 of 58	K. Walk 150 feet:	: Once standing, the ability to walk at least 150 feet in a corridor or	r similar space.

• Back to Change Summary

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Resident	ldentifier	Date			
Section GG - Functio	onal Abilities - Discharge		Resident	Identifier	Date
GG0170. Mobility (Assessment pe Complete column 3 when A0310F = 10	10 or 11 or when A0310H = 1.		Section G	G - Functional Abilities - Discharge	
For all other Discharge assessments, the	A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C he stay ends on A2000.  Ince at the end of the stay for each activity using the 6-point scale. If an activity using the 6-point scale.		Comp When	lity (Assessment period is the last 3 days of the stay) blete column 3 when A0310F = 10 or 11 or when A0310H = 1. A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 of the Discharge assessments, the stay ends on A2000.	is not = 04, the stay ends on A2400C.
Coding: Safety and Quality of Performance - If amount of assistance provided.	If helper assistance is required because resident's performance is unsafe of	or of poor quality, score according to	Code the residen	t's usual performance at the end of the stay for each activity using the 6 stay, code the reason.	point scale. If an activity was not attempted
Activities may be completed with or with 06. Independent - Resident completed	etes the activity by themself with no assistance from a helper.			Coding:	
<ol> <li>Supervision or touching assist completes activity. Assistance ma</li> </ol>	<ul> <li>Helper sets up or cleans up; resident completes activity. Helper assists of stance - Helper provides verbal cues and/or touching/steadying and/or cornay be provided throughout the activity or intermittently.</li> </ul>	ntact guard assistance as resident		y of Performance - If helper assistance is required because resident's safe or of poor quality, score according to amount of assistance provided.	
the effort.	Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports t		Activities may be o	ompleted with or without assistive devices.	If activity was not attempted, code reason:
effort.	ace - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk	·	06. Independent	t - Resident completes the activity by themself with no assistance from a helper.	07. Resident refused
<ol> <li>Dependent - Helper does ALL of required for the resident to comp</li> </ol>	of the effort. Resident does none of the effort to complete the activity. Or, the plete the activity.	ne assistance of 2 or more helpers is		an-up assistance - Helper sets up or cleans up; resident completes activity. s only prior to or following the activity.	<b>09. Not applicable</b> - Not attempted and the resident did not perform this activity
If activity was not attempted, code rea	eason: I and the resident did not perform this activity prior to the current illness, ex	acorbation or injury	touching/stea	or touching assistance - Helper provides verbal cues and/or adying and/or contact guard assistance as resident completes activity. hay be provided throughout the activity or intermittently.	prior to the current illness, exacerbation, or injury  10. Not attempted due to environmental
10. Not attempted due to environn 88. Not attempted due to medical of	mental limitations (e.g., lack of equipment, weather constraints)	acerbation, or injury.		erate assistance - Helper does LESS THAN HALF the effort. Helper lifts, ports trunk or limbs, but provides less than half the effort.	<b>limitations</b> (e.g., lack of equipment, weather constraints)
3. Discharge				maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts cor limbs and provides more than half the effort.	88. Not attempted due to medical condition or safety concerns
Performance Enter Codes in Boxes			=	Helper does ALL of the effort. Resident does none of the effort to complete the e assistance of 2 or more helpers is required for the resident to complete the activity	
L. Walking 10 feet on une	neven surfaces: The ability to walk 10 feet on uneven or sloping surfaces	(indoor or outdoor), such as turf or gravel.	3. Discharge Performance	nter Codes in Boxes	
M. 1 step (curb): The abilit	lity to go up and down a curb and/or up and down one step. ce is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object			Valking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or gravel.	sloping surfaces (indoor or outdoor), such as turf
N. 4 steps: The ability to g	go up and down four steps with or without a rail. ce is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object			<b>step (curb):</b> The ability to go up and down a curb and/or up and down one sted discharge performance is coded 07, 09, 10, or $88 \rightarrow \text{Skip to GG0170P}$ , Picking	
O. 12 steps: The ability to	o go up and down 12 steps with or without a rail.			steps: The ability to go up and down four steps with or without a rail. discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking	y up object
P. Picking up object: The	e ability to bend/stoop from a standing position to pick up a small object, s	uch as a spoon, from the floor.	O. 12	2 steps: The ability to go up and down 12 steps with or without a rail.	
•	ent use a wheelchair and/or scooter?		P. P	icking up object: The ability to bend/stoop from a standing position to pick up	a small object, such as a spoon, from the floor.
1. Yes → Cor	p to H0100, Appliances ontinue to GG0170R, Wheel 50 feet with two turns		Enter Code Q	Does the resident use a wheelchair and/or scooter?	
	to turns: Once seated in wheelchair/scooter, the ability to wheel at least 50	) feet and make two turns.		<ol> <li>No → Skip to H0100, Appliances</li> <li>Yes → Continue to GG0170R. Wheel 50 feet with two turns</li> </ol>	
RR3. Indicate the type	pe of wheelchair or scooter used.				
1. Manual 2. Motorized	I			/heel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to	wheel at least 50 feet and make two turns.
S. Wheel 150 feet: Once s	seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corn	idor or similar space.	Enter Code R	R3. Indicate the type of wheelchair or scooter used.     Manual	
SS3. Indicate the type	e of wheelchair or scooter used.			2. Motorized	
1. Manual			S. W	/heel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least	150 feet in a corridor or similar space.
2. Motorized	<u> </u>		Enter Code S	S3. Indicate the type of wheelchair or scooter used.  1. Manual	
MDS 3.0 Nursing Home Comprehensiv	ive (NC) Version 1.19.1 Effective 10/01/2024	Page 24 of 58		2. Motorized	
			MDS 3.0 Nursing Ho	me Comprehensive (NC) Version 1.20.1 Effective 10/01/2025	Page 25 of 59





Date

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GG013	). S	elf-Care (Assessment period is the ARD plus 2 previous calendar days)
•		umn 5 when A0310A = 02 - 06 and A0310B = 99.
Sode the Coding:	resi	dent's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.
amount of Activities 06. In 05. Sec 04. Sec 03. Path 02. Sec 01. Definition of the control of th	f assi may depe etup dupervomple artial e effo ubsta fort.	ality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to stance provided. be completed with or without assistive devices.  ndent - Resident completes the activity by themself with no assistance from a helper.  or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.  vision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident tes activity. Assistance may be provided throughout the activity or intermittently.  Immoderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half wit.  Initial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the cleant - 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 defor the resident to complete the activity.
)7. <b>R</b> é	eside	not attempted, code reason: nt refused plicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
10. No 88. No 5. BRA/Inte	ot att ot att erim nce	empted due to environmental limitations (e.g., lack of equipment, weather constraints) empted due to medical condition or safety concerns es
10. No 88. No 5. DBRA/Inte	ot att ot att erim nce in Box	empted due to medical condition or safety concerns
10. No 88. No 5. OBRA/Inte	ot att ot att erim nce in Box	empted due to medical condition or safety concerns  es  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
10. No 88. No 5. DBRA/Inte	erim nce in Box	es  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.  Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and
10. No 88. No 5. OBRA/Inte	erim nce in Box A.	es  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.  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.  Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If
10. <b>N</b> o 88. <b>N</b> o	A.	es  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.  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.  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.  Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not
10. No 88. No 5. OBRA/Inte	B.	es  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.  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.  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.  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.
10. No 88. No 5. OBRA/Inte	A.  C.  F.	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.  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.  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.  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.  Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

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Resident

GG0130.	<b>Self-Care</b> (Assessment period is the ARD plus 2 previous calendar da Complete column 5 when A0310A = 02–06 and A0310B = 99.	ays)				
Code the	resident's usual performance for each activity using the 6-point scale. If an activi	ty was not attempted, code the reason.				
	Coding:					
•	d Quality of Performance - If helper assistance is required because resident's ce is unsafe or of poor quality, score according to amount of assistance provided.					
Activities n	may be completed with or without assistive devices.	If activity was not attempted, code reason				
06. Inde	<b>pendent</b> - Resident completes the activity by themself with no assistance from a helper.	07. Resident refused				
	<b>p or clean-up assistance</b> - Helper sets up or cleans up; resident completes activity. er assists only prior to or following the activity.	09. Not applicable - Not attempted and the resident did not perform this activity				
touch	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.  prior to the current illness or injury  10. Not attempted due to en					
03. Parti	Assistance may be provided throughout the activity or intermittently.  10. Not attempted due to environment of the second of the					
	stantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts olds trunk or limbs and provides more than half the effort.	88. Not attempted due to medical conditi or safety concerns				
or ho <b>Depe</b>		88. Not attempted due to medical condition or safety concerns				
or ho  O1. Deperactivit  OBRA/ Interim	olds trunk or limbs and provides more than half the effort.  Helper does ALL of the effort. Resident does none of the effort to complete the	•				
or ho  O1. Deperactivit  OBRA/ Interim	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.	or safety concerns				
or ho  O1. Deperactivit  OBRA/ Interim	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth	or safety concerns  a and swallow food and/or liquid once the meal				
or ho  O1. Deperactivit  OBRA/ Interim	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applications)	or safety concerns  a and swallow food and/or liquid once the meal able): The ability to insert and remove dentures				
or ho  O1. Deperactivit  OBRA/ Interim	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if application and from the mouth, and manage denture soaking and rinsing with use of equal to the control of the resident.  C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before	or safety concerns  and swallow food and/or liquid once the meal able): The ability to insert and remove dentures sipment.  and after voiding or having a bowel movement				
or ho  O1. Deperactivit  OBRA/ Interim	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicating into and from the mouth, and manage denture soaking and rinsing with use of equipment.  C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before managing an ostomy, include wiping the opening but not managing equipment.  E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying the opening but not managing.	or safety concerns  and swallow food and/or liquid once the meal able): The ability to insert and remove dentures uipment.  and after voiding or having a bowel movement ag self (excludes washing of back and hair). Do				
or ho  O1. Deperactivit  OBRA/ Interim	<ul> <li>A. Eating: The ability to use suitable items to clean teeth. Dentures (if application and from the mouth, and manage denture soaking and rinsing with use of equipment.</li> <li>C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before managing an ostomy, include wiping the best, including washing, rinsing, and drying not include transferring in/out of tub/shower.</li> </ul>	or safety concerns  a and swallow food and/or liquid once the meal able): The ability to insert and remove dentures uipment.  and after voiding or having a bowel movemen ag self (excludes washing of back and hair). Do ag fasteners, if applicable.				
or ho <b>Depe</b>	endent - Helper does ALL of the effort. Resident does none of the effort to complete the ty. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth placed before the resident.  B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicatint and from the mouth, and manage denture soaking and rinsing with use of equipartic contents and include wiping the opening but not managing equipment.  E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying not include transferring in/out of tub/shower.  F. Upper body dressing: The ability to dress and undress above the waist; including	or safety concerns  and swallow food and/or liquid once the meal able): The ability to insert and remove dentures suipment.  and after voiding or having a bowel movemen ag self (excludes washing of back and hair). Do ag fasteners, if applicable.  g fasteners; does not include footwear.				

Identifier

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Resident

# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

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Identifier \_\_\_



ode the		umn 5 when A0310A = 02 - 06 and A0310B = 99. dent's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.
ode trie	resid	dent's usual performance for each activity using the o-point scale. If an activity was not attempted, code the reason.
afety an mount of ctivities of the control of the c	depe etup of perv mple effo e effo ort. epende	pality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to istance provided.  **be completed with or without assistive devices.**  **endent - Resident completes the activity by themself with no assistance from a helper.*  **or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.   **vision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident sets activity. Assistance may be provided throughout the activity or intermittently.  **Immoderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half ort.  **antial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the dent - 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 add for the resident to complete the activity.
		s not attempted, code reason:
07. <b>Re</b> 09. <b>No</b> 10. <b>No</b>	side ot ap <sub>l</sub> ot att	ent refused  plicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury tempted due to environmental limitations (e.g., lack of equipment, weather constraints) tempted due to medical condition or safety concerns
5. DBRA/Inte Performan	ice	res
<u> </u>	A.	
	В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	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 and with no back support.
	D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F.	Toilet transfer: The ability to get on and off a toilet or commode.
	FF.	Tub/shower transfer: The ability to get in and out of a tub/shower.
	l.	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 GG0170Q5, Does the resident use a wheelchair and/or scooter?
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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	Identifier	Date
Section	on GG - Functional Abilities - OBRA/Interim	
GG0170.	Mobility (Assessment period is the ARD plus 2 previous calendar day Complete column 5 when A0310A = 02–06 and A0310B = 99.	/s)
Code the	resident's usual performance for each activity using the 6-point scale. If an activi	ty was not attempted, code the reason.
	Coding:	
•	d Quality of Performance - If helper assistance is required because resident's nee is unsafe or of poor quality, score according to amount of assistance provided.	
Activities i	may be completed with or without assistive devices.	If activity was not attempted, code reason:
06. Inde	pendent - Resident completes the activity by themself with no assistance from a helper.	07. Resident refused
O4. Supertouck Assistant	prorclean-up assistance - Helper sets up or cleans up; resident completes activity.  Her assists only prior to or following the activity.  Hervision or touching assistance - Helper provides verbal cues and/or hing/steadying and/or contact guard assistance as resident completes activity. Stance may be provided throughout the activity or intermittently.  Hial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts,	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)
02. Subsor ho	s, or supports trunk or limbs, but provides less than half the effort.  stantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts olds trunk or limbs and provides more than half the effort.  endent - Helper does ALL of the effort. Resident does none of the effort to complete the ity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.	88. Not attempted due to medical condition or safety concerns
. OBRA/ Interim	Enter Codes in Boxes	
Performance	A. 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.
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed	
	<ul> <li>B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed</li> <li>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.</li> </ul>	
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt	ing on the side of the bed and with no
	Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.	ing on the side of the bed and with no selchair, or on the side of the bed.
	<ul> <li>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.</li> <li>D. Sit to stand: The ability to come to a standing position from sitting in a chair, when</li> </ul>	ing on the side of the bed and with no selchair, or on the side of the bed.
	<ul> <li>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.</li> <li>D. Sit to stand: The ability to come to a standing position from sitting in a chair, whee</li> <li>E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (</li> </ul>	ing on the side of the bed and with no selchair, or on the side of the bed.
	<ul> <li>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.</li> <li>D. Sit to stand: The ability to come to a standing position from sitting in a chair, when the companient of t</li></ul>	ing on the side of the bed and with no elchair, or on the side of the bed.  or wheelchair).  r, or similar space. If performance in the last 7
	<ul> <li>C. Lying to sitting on side of bed: The ability to move from lying on the back to sitt back support.</li> <li>D. Sit to stand: The ability to come to a standing position from sitting in a chair, when the composition from sitting in a chair when the composition from a bed to a chair (a).</li> <li>F. Toilet transfer: The ability to get on and off a toilet or commode.</li> <li>FF. Tub/shower transfer: The ability to get in and out of a tub/shower.</li> <li>I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor.</li> </ul>	ing on the side of the bed and with no elchair, or on the side of the bed.  or wheelchair).  r, or similar space. If performance in the last 7 leelchair and/or scooter?

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es - OBRA/Interim is 2 previous calendar days) is = 99. by using the 6-point scale. If an activity was recovered because resident's performance is	
3 = 99. y using the 6-point scale. If an activity was r	
is required because resident's performance is	unsafe or of noor quality score according to
•	assists only prior to or following the activity. Id/or contact guard assistance as resident Apports trunk or limbs, but provides less than half Is trunk or limbs and provides more than half the
d not perform this activity prior to the current illi (e.g., lack of equipment, weather constraints) y concerns	ness, exacerbation, or injury
air and/or scooter?	
ces 3. Wheel 50 feet with two turns	
eated in wheelchair/scooter, the ability to wheel	at least 50 feet and make two turns.
or scooter used.	
hair/scooter, the ability to wheel at least 150 fe	et in a corridor or similar space.
r scooter used.	
	cleans up; resident completes activity. Helper a vides verbal cues and/or touching/steadying an aughout the activity or intermittently. THAN HALF the effort. Helper lifts, holds, or surprise that does none of the effort to complete the activity of anot perform this activity prior to the current illingle.g., lack of equipment, weather constraints) y concerns  air and/or scooter?  ces  by Wheel 50 feet with two turns  attending the ability to wheel or scooter used.

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Resident

Identifier	Dete
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#### Section GG - Functional Abilities - OBRA/Interim

**GG0170. Mobility** (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02–06 and A0310B = 99.

Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.

	Coding:	
	Quality of Performance - If helper assistance is required because resident's e is unsafe or of poor quality, score according to amount of assistance provided.	
Activities ma	ay be completed with or without assistive devices.	If activity was not attempted, code reason:
05. Setup Helper 04. Super touchir Assista 03. Partia holds, 02. Substa	or clean-up assistance - Helper sets up or cleans up; resident completes activity. or sassists only prior to or following the activity. vision or touching assistance - Helper provides verbal cues and/or ng/steadying and/or contact guard assistance as resident completes activity. ance may be provided throughout the activity or intermittently.  I/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, or supports trunk or limbs, but provides less than half the effort.  antial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts is trunk or limbs and provides more than half the effort.	<ul> <li>07. Resident refused</li> <li>09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury</li> <li>10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</li> <li>88. Not attempted due to medical conditions afety concerns</li> </ul>
•	dent - Helper does ALL of the effort. Resident does none of the effort to complete the . Or, the assistance of 2 or more helpers is required for the resident to complete the activity.  Enter Codes in Boxes  Q5. Does the resident use a wheelchair and/or scooter?	
	<ul> <li>0. No → Skip to H0100, Appliances</li> <li>1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</li> </ul>	
Enter Code	<ul> <li>R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to v</li> <li>RR5. Indicate the type of wheelchair or scooter used.</li> <li>1. Manual</li> <li>2. Motorized</li> </ul>	wheel at least 50 feet and make two turns.
Enter Code	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 1  SS5. Indicate the type of wheelchair or scooter used.  1. Manual 2. Motorized	50 feet in a corridor or similar space.

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Resident	Date
H0100. Appliances  ↓ Check all that apply	
↓ Check all that apply	
A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)	
□ B. External catheter	
C. Ostomy (including urostomy, ileostomy, and colostomy)	
☐ D. Intermittent catheterization	
Z. None of the above	
H0200. Urinary Toileting Program	
A. Has a trial of a toileting program (e.g., scheduled toileting, prompted void or reentry or since urinary incontinence was noted in this facility?  0. No → Skip to H0300, Urinary Continence  1. Yes → Continue to H0200B, Response  9. Unable to determine → Skip to H0200C, Current toileting program or trial	
B. Response - What was the resident's response to the trial program?  0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress	
C. Current toileting program or trial - Is a toileting program (e.g., scheduled toile used to manage the resident's urinary continence?  0. No 1. Yes	eting, prompted voiding, or bladder training) currently being
H0300. Urinary Continence	
Urinary continence - Select the one category that best describes the resident  O. Always continent O. Casionally incontinent (less than 7 episodes of incontinence) Frequently incontinent (7 or more episodes of urinary incontinence, but a Always incontinent (no episodes of continent voiding) Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or	,
H0400. Bowel Continence	
Bowel continence - Select the one category that best describes the resident  0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at a a lowest an always incontinent (no episodes of continent bowel movements) 9. Not rated, resident had an ostomy or did not have a bowel movement for a lowest and a lowest an always incontinent (no episodes of continent bowel movement for a lowest and a lowest a	,
H0500. Bowel Toileting Program	
Is a toileting program currently being used to manage the resident's bowel countries.  0. No 1. Yes	ntinence?
H0600. Bowel Patterns	
Enter Code Constipation present?	
0. No 1. Yes	

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Resident	Identifier	Date
Section	on H - Bladder and Bowel	
H0100.	Appliances	
<b>↓</b>	Check all that apply	
	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)	
	B. External catheter	
	C. Ostomy (including urostomy, ileostomy, and colostomy)	
	D. Intermittent catheterization	
	Z. None of the above	
H0200.	Urinary Toileting Program	
Enter Code	<ul> <li>A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training admission/entry or reentry or since urinary incontinence was noted in this facility?</li> <li>0. No → Skip to H0300, Urinary Continence</li> <li>1. Yes → Continue to H0200B, Response</li> <li>9. Unable to determine → Skip to H0200C, Current toileting program or trial</li> </ul>	ng) been attempted on
Enter Code	<ul> <li>B. Response - What was the resident's response to the trial program?</li> <li>0. No improvement</li> <li>1. Decreased wetness</li> <li>2. Completely dry (continent)</li> <li>9. Unable to determine or trial in progress</li> </ul>	
Enter Code	<ul> <li>Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding currently being used to manage the resident's urinary continence?</li> <li>No</li> <li>Yes</li> </ul>	or bladder training)
H0300.	Urinary Continence	
Enter Code	Urinary continence - Select the one category that best describes the resident  0. Always continent  1. Occasionally incontinent (less than 7 episodes of incontinence)  2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of a Always incontinent (no episodes of continent voiding)  9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the	<b>5</b> /
H0400.	Bowel Continence	
Enter Code	Bowel continence - Select the one category that best describes the resident  0. Always continent  1. Occasionally incontinent (one episode of bowel incontinence)  2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel incontinent (no episodes of continent bowel movements)  9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days	wel movement)
H0500.	Bowel Toileting Program	
Enter Code	Is a toileting program currently being used to manage the resident's bowel continence?  0. No 1. Yes	
H0600.	Bowel Patterns	
Enter Code	Constipation present?  0. No 1. Yes	

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Resident	Identifier	Date
Section I - Active Diagnoses		
<b>10020.</b> Indicate the resident's primary medical condition Complete only if A0310B = 01 or if state requires completion with an OBRA		
Indicate the resident's primary medical condition category the	nat best describes the primary reason for ad	mission
01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Spinal Cord Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions 10020B. ICD Code		

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Resident		Identifier D	ate
<b>9</b> 41		• 4 •	
Section	on I -	Active Diagnoses	
10020.		te the resident's primary medical condition category ete only if A0310B = 01 or if state requires completion with an OBRA assessment	
Enter Code	01. 02. 03. 04. 05. 06. 07. 08. 09. 10.	e the resident's primary medical condition category that best describes the primary reason for Stroke  Non-Traumatic Brain Dysfunction  Traumatic Spinal Cord Dysfunction  Traumatic Spinal Cord Dysfunction  Progressive Neurological Conditions Other Neurological Conditions  Amputation  Hip and Knee Replacement  Fractures and Other Multiple Trauma Other Orthopedic Conditions  Debility, Cardiorespiratory Conditions  Medically Complex Conditions	radmission
	I0020B.	ICD Code	
Active D	iagnos	ses in the last 7 days	
Check all	that appl	y.	
Diagnoses	listed in	parentheses are provided as examples and should not be considered as all-inclusive lists	
	Cancer		
	10100.	Cancer (with or without metastasis)	
	Heart/C	Circulation	
	10200.	Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)	
	10300.	Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)	
	10400.	Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart dise	ase (ASHD))
	10500.	Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism	n (PTE)
	10600.	Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)	
	10700.	Hypertension	
	10800.	Orthostatic Hypotension	
	10900.	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	
	Gastro	intestinal	
	I1100.	Cirrhosis	
	l1200.	Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)	
	I1300.	Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	
	Genito		
	l1400.	Benign Prostatic Hyperplasia (BPH)	
	11500.	Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)	
П	11550.	Neurogenic Bladder	
	11650.	Obstructive Uropathy	
		s in the last 7 days continued on next page	

• Back to Change Summary

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				<b>←</b> v1.19.1 • OLD
Resident		Identifier	Date	
Secti	on I - Active Diagnoses			
Diagnose Cancer	Diagnoses in the last 7 days - Check all that apples listed in parentheses are provided as examples and should no		sts	
∐ 	I0100. Cancer (with or without metastasis) rculation			
	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., brad I0400. Coronary Artery Disease (CAD) (e.g., angina, myoca I0500. Deep Venous Thrombosis (DVT), Pulmonary Embo I0600. Heart Failure (e.g., congestive heart failure (CHF) and I0700. Hypertension I0800. Orthostatic Hypotension I0900. Peripheral Vascular Disease (PVD) or Peripheral A	lycardias and tachycardias) ardial infarction, and atheroscleror blus (PE), or Pulmonary Thromb d pulmonary edema)		
Gastroir				
	I1100. Cirrhosis I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer I1300. Ulcerative Colitis, Crohn's Disease, or Inflammator		eptic ulcers)	
Genitou				
	I1400. Benign Prostatic Hyperplasia (BPH) I1500. Renal Insufficiency, Renal Failure, or End-Stage Re I1550. Neurogenic Bladder I1650. Obstructive Uropathy	enal Disease (ESRD)		
Infection	· ·			
	I1700. Multidrug-Resistant Organism (MDRO) I2000. Pneumonia I2100. Septicemia I2200. Tuberculosis I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS) I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) I2500. Wound Infection (other than foot)			
Metabol	ic			
	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nep I3100. Hyponatremia I3200. Hyperkalemia I3300. Hyperlipidemia (e.g., hypercholesterolemia) I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidis			
Musculo	oskeletal			
	I3700. Arthritis (e.g., degenerative joint disease (DJD), osteo I3800. Osteoporosis I3900. Hip Fracture - any hip fracture that has a relationship the trochanter and femoral neck) I4000. Other Fracture		. ,,	ures, and fractures of
Neurolo				
	I4200. Alzheimer's Disease I4300. Aphasia I4400. Cerebral Palsy I4500. Cerebrovascular Accident (CVA), Transient Ischem I4800. Non-Alzheimer's Dementia (e.g. Lewy body dementia as Pick's disease; and dementia related to stroke, Parkinson's	a, vascular or multi-infarct dement	ia; mixed dementia; frontoter	nporal dementia such
	irological Diagnoses continued on next page	1010110001		
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Resident _		Identifier Date
Secti	on I -	Active Diagnoses
Active D	Diagnos	es in the last 7 days - Continued
	Infection	ons
	I1700.	Multidrug-Resistant Organism (MDRO)
	12000.	Pneumonia
	I2100.	Septicemia
	12200.	Tuberculosis
	12300.	Urinary Tract Infection (UTI) (LAST 30 DAYS)
	12400.	Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
	12500.	Wound Infection (other than foot)
	Metabo	lic
	12900.	Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
	I3100.	Hyponatremia
	13200.	Hyperkalemia
	13300.	Hyperlipidemia (e.g., hypercholesterolemia)
	13400.	Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
	Muscu	oskeletal
	13700.	Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
	13800.	Osteoporosis
	13900.	<b>Hip Fracture</b> - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)
	I4000.	Other Fracture
	Neurol	ogical
	I4200.	Alzheimer's Disease
	I4300.	Aphasia
	14400.	Cerebral Palsy
	14500.	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
	14800.	<b>Non-Alzheimer's Dementia</b> (e.g. Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
	14900.	Hemiplegia or Hemiparesis
	15000.	Paraplegia
	I5100.	Quadriplegia
	15200.	Multiple Sclerosis (MS)
	15250.	Huntington's Disease
	15300.	Parkinson's Disease
	15350.	Tourette's Syndrome
	15400.	Seizure Disorder or Epilepsy
	15500.	Traumatic Brain Injury (TBI)
Active D	iagnoses	in the last 7 days continued on next page

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Resident		Identifier			Г	ate		v1.19.1 • OLD
	on I - Active Diagnoses							
	Diagnoses in the last 7 days - Check all that app es listed in parentheses are provided as examples and should n		lists					
Neurolo	gical - Continued							
	I4900. Hemiplegia or Hemiparesis I5000. Paraplegia I5100. Quadriplegia I5200. Multiple Sclerosis (MS) I5250. Huntington's Disease I5300. Parkinson's Disease I5350. Tourette's Syndrome I5400. Seizure Disorder or Epilepsy I5500. Traumatic Brain Injury (TBI)							
Nutrition	nal							
	<b>I5600. Malnutrition</b> (protein or calorie) or at risk for malnutrit	ion						
_	tric/Mood Disorder							
	I5700. Anxiety Disorder I5800. Depression (other than bipolar) I5900. Bipolar Disorder I5950. Psychotic Disorder (other than schizophrenia) I6000. Schizophrenia (e.g., schizoaffective and schizophren I6100. Post Traumatic Stress Disorder (PTSD)	iform disorders)						
Pulmon	ary							
	I6200. Asthma, Chronic Obstructive Pulmonary Disease (diseases such as asbestosis) I6300. Respiratory Failure	COPD), or Chronic Lung Dise	<b>ase</b> (e.g	., chron	iic bror	nchitis	and restr	ictive lung
Vision								
	16500. Cataracts, Glaucoma, or Macular Degeneration							
None of								
041	17900. None of the above active diagnoses within the last 7	7 days						
Other	I8000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the de	ecimal for the code in the approp	oriate bo	X.				
Α								
В.								
_								
D							$\prod$	
E								
F								
G								
Н								╛
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Resident		Identifier	Date
Section	on I -	Active Diagnoses	
Active D	iagnos	es in the last 7 days - Continued	
	Nutritio	onal	
	15600.	Malnutrition (protein or calorie) or at risk for malnutrition	
	Psychia	atric/Mood Disorder	
	15700.	Anxiety Disorder	
	15800.	Depression (other than bipolar)	
	15900.	Bipolar Disorder	
	15950.	Psychotic Disorder (other than schizophrenia)	
	16000.	Schizophrenia (e.g., schizoaffective and schizophreniform disorders)	
	I6100.	Post Traumatic Stress Disorder (PTSD)	
	Pulmor	nary	
	16200.	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g restrictive lung diseases such as asbestosis)	., chronic bronchitis and
	16300.	Respiratory Failure	
	Vision		
	16500.	Cataracts, Glaucoma, or Macular Degeneration	
	None o	f Above	
	17900.	None of the above active diagnoses within the last 7 days	
	Other		
	18000.	Additional active diagnoses  Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropr	iate box.
	A.		
	В.		
	C.		
	D.		
	E.		
	F.		
	G.		
	Н.		
	I.		
	J.		

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esident			Identifier	← v1.19.1 • OLD  Date
Section	on J ·	- Health Conditions		
	ne in the la <b>A. Re</b> 0.	ast 5 days, has the resident: eceived scheduled pain medicatio	residents, regardless of current pain level on regimen?	
Enter Code	0. 1.	Yes		
Enter Code	<b>C. Re</b> 0. 1.		ion for pain?	
		No (resident is rarely/never under	dent is comatose, skip to J1100, Shortness of Breath (derstood) → Skip to and complete J0800, Indicators of	` • •
Pain <i>F</i>	Asse	ssment Interview		
J0300.	Pain P	Presence		
Enter Code		No → Skip to J1100, Shortness of Yes → Continue to J0410, Pain I		
J0410.	Pain F	requency		
Enter Code	1. 2. 3.		<b>ve you experienced pain or hurting</b> over the last 5 o	days?"
J0510.	Pain E	Effect on Sleep		
Enter Code	1. 2. 3. 4. 8.	Rarely or not at all Occasionally Frequently Almost constantly Unable to answer	much of the time has pain made it hard for you to a	sleep at night?"
J0520.	Pain II	nterference with Therapy A	ctivities	
Enter Code	Ask resi 0. 1. 2. 3. 4. 8.	Does not apply - I have not rece Rarely or not at all Occasionally	often have you limited your participation in rehabi ceived rehabilitation therapy in the past 5 days	ilitation therapy sessions due to pain?"

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Resident	Identifier Date
Section	n J - Health Conditions
J0100.	Pain Management Complete for all residents, regardless of current pain level
Enter Code	At any time in the last 5 days, has the resident:  A. Received scheduled pain medication regimen?  0. No  1. Yes
Enter Code	<ul> <li>B. Received PRN pain medications OR was offered and declined?</li> <li>0. No</li> <li>1. Yes</li> </ul>
Enter Code	C. Received non-medication intervention for pain?  0. No  1. Yes
J0200.	Should Pain Assessment Interview be Conducted?  Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)
Enter Code	<ul> <li>No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain</li> <li>Yes → Continue to J0300, Pain Presence</li> </ul>
	Pain Assessment Interview
J0300.	Pain Presence
Enter Code	<ul> <li>Ask resident: "Have you had pain or hurting at any time in the last 5 days?"</li> <li>No → Skip to J1100, Shortness of Breath (dyspnea)</li> <li>Yes → Continue to J0410, Pain Frequency</li> <li>Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain</li> </ul>
J0410.	Pain Frequency
Enter Code	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
J0510.	Pain Effect on Sleep
Enter Code	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 8. Unable to answer
J0520.	Pain Interference with Therapy Activities
Enter Code	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  8. Unable to answer
D : A	ssment Interview continued on next nage

Pain Assessment Interview continued on next page

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tesident		ldentifier	Date
Secti	on J - Health Conditions		
Pain A	Assessment Interview - Co	ontinued	
J0530.	Pain Interference with Day-to-Day Ac	tivities	
Enter Code	Ask resident: "Over the past 5 days, how often because of pain?"	have you limited your day-to-day activities ( <u>e.</u>	xcluding rehabilitation therapy sessions)
	<ol> <li>Rarely or not at all</li> <li>Occasionally</li> <li>Frequently</li> <li>Almost constantly</li> <li>Unable to answer</li> </ol>		
J0600.	Pain Intensity - Administer ONLY ONE of the	e following pain intensity questions (A or B)	
Enter Rating	can imagine." (Show resident 00 -10 pain so	,	ero being no pain and ten as the worst pain you
Enter Code	Enter two-digit response. Enter 99 if una  B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of you	our worst pain over the last 5 days." (Show reside	ent verbal scale)
	<ol> <li>Mild</li> <li>Moderate</li> <li>Severe</li> <li>Very severe, horrible</li> <li>Unable to answer</li> </ol>		
J0700.	Should the Staff Assessment for Pain	n be Conducted?	
Enter Code	<ul> <li>No (J0410 = 1 thru 4) → Skip to J1100</li> <li>Yes (J0410 = 9) → Continue to J0800</li> </ul>		
Staff As	ssessment for Pain.		
J0800.	Indicators of Pain or Possible Pain in	the last 5 days	
$\downarrow$	Check all that apply		
•			
	A. Non-verbal sounds (e.g., crying, whining,	<del> </del>	
	B. Vocal complaints of pain (e.g., that hurts,	ouch, stop)	
	<ul><li>B. Vocal complaints of pain (e.g., that hurts,</li><li>C. Facial expressions (e.g., grimaces, winces)</li></ul>	ouch, stop) s, wrinkled forehead, furrowed brow, clenched tea	• /
	<ul><li>B. Vocal complaints of pain (e.g., that hurts,</li><li>C. Facial expressions (e.g., grimaces, winces)</li></ul>	ouch, stop)	• /
	<ul> <li>B. Vocal complaints of pain (e.g., that hurts,</li> <li>C. Facial expressions (e.g., grimaces, winces)</li> <li>D. Protective body movements or postures during movement)</li> <li>Z. None of these signs observed or documents</li> </ul>	ouch, stop) s, wrinkled forehead, furrowed brow, clenched tea (e.g., bracing, guarding, rubbing or massaging a  ented → If checked, skip to J1100, Shortness of	body part/area, clutching or holding a body par
	B. Vocal complaints of pain (e.g., that hurts,     C. Facial expressions (e.g., grimaces, winces)     D. Protective body movements or postures during movement)	ouch, stop) s, wrinkled forehead, furrowed brow, clenched tea (e.g., bracing, guarding, rubbing or massaging a  ented → If checked, skip to J1100, Shortness of	body part/area, clutching or holding a body par

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Resident	Identifier Date
Sactio	n J - Health Conditions
	essment Interview - Continued
	issment interview - Continued
J0530.	Pain Interference with Day-to-Day Activities
Enter Code	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 8. Unable to answer
J0600.	Pain Intensity Administer ONLY ONE of the following pain intensity questions (A or B)
Enter Rating	A. Numeric Rating Scale (00–10)  Ask resident: "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine." (Show resident 00–10 pain scale)  Enter two-digit response. Enter 99 if unable to answer.
Enter Code	<ul> <li>B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale) <ol> <li>Mild</li> <li>Moderate</li> <li>Severe</li> <li>Very severe, horrible</li> <li>Unable to answer</li> </ol> </li> </ul>
J0700.	Should the Staff Assessment for Pain be Conducted?
Enter Code	<ul> <li>No (J0410 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)</li> <li>Yes (J0410 = 9) → Continue to J0800, Indicators of Pain or Possible Pain</li> </ul>
	Staff Assessment for Pain
J0800.	Indicators of Pain or Possible Pain in the last 5 days
<b>↓</b>	Check all that apply
	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)
	C. Facial expressions (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
	D. Protective body movements or postures (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
	<b>Z.</b> None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)
J0850.	Frequency of Indicator of Pain or Possible Pain in the last 5 days
Enter Code	Frequency with which resident complains or shows evidence of pain or possible pain  1. Indicators of pain or possible pain observed 1 to 2 days  2. Indicators of pain or possible pain observed 3 to 4 days  3. Indicators of pain or possible pain observed daily

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Resident	Idei	ntifier	<b>←</b> v1.19.1 • OLD Date
	ion J - Health Conditions		
	Health Conditions Shortness of Breath (dyspnea)		
$\downarrow$	Check all that apply		
	A. Shortness of breath or trouble breathing with exertion (e.g., w	alking, bathing, transferring)	
	B. Shortness of breath or trouble breathing when sitting at rest		
	C. Shortness of breath or trouble breathing when lying flat		
	Z. None of the above		
J1300.	Current Tobacco Use		
Enter Code	0. <b>No</b> 1. <b>Yes</b>		
J1400.	Prognosis		
Enter Code	Does the resident have a condition or chronic disease that may result documentation)	in a life expectancy of less than 6 month	s? (Requires physician
	0. <b>No</b> 1. <b>Yes</b>		
J1550.	Problem Conditions		
$\downarrow$	Check all that apply		
	A. Fever		
	B. Vomiting		
	C. Dehydrated		
	D. Internal bleeding		
	Z. None of the above		
J1700. Complete	Fall History on Admission/Entry or Reentry te only if A0310A = 01 or A0310E = 1		
Enter Code	<ul> <li>A. Did the resident have a fall any time in the last month prior to at 0.</li> <li>No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>	dmission/entry or reentry?	
Enter Code	<ul> <li>B. Did the resident have a fall any time in the last 2-6 months prior</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>	to admission/entry or reentry?	
Enter Code	<ul> <li>C. Did the resident have any fracture related to a fall in the 6 months.</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>	nths prior to admission/entry or reentry?	
	Any Falls Since Admission/Entry or Reentry or Prior Age is more recent	Assessment (OBRA or Scheduled	PPS),
Enter Code	Has the resident had any falls since admission/entry or reentry or recent?	the prior assessment (OBRA or Schedule	d PPS), whichever is more
	<ul> <li>No → Skip to J2000, Prior Surgery</li> <li>Yes → Continue to J1900, Number of Falls Since Admission</li> </ul>	n/Entry or Reentry or Prior Assessment (OB	RA or Scheduled PPS)

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Section	on J - Health Conditions
Other He	ealth Conditions
J1100.	Shortness of Breath (dyspnea)
<b>↓</b>	Check all that apply
	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
	B. Shortness of breath or trouble breathing when sitting at rest
	C. Shortness of breath or trouble breathing when lying flat
	Z. None of the above
J1300.	Current Tobacco Use
Enter Code	0. No 1. Yes
J1400.	Prognosis
Enter Code	Does the resident have a condition or chronic disease that may result in a <b>life expectancy of less than 6 months?</b> (Requires physician documentation)  0. No 1. Yes
J1550.	Problem Conditions
$\downarrow$	Check all that apply
	A. Fever
	B. Vomiting
	C. Dehydrated
	D. Internal bleeding
	Z. None of the above
J1700.	Fall History on Admission/Entry or Reentry Complete only if A0310A = 01 or A0310E = 1
Enter Code	<ul> <li>A. Did the resident have a fall any time in the last month prior to admission/entry or reentry?</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>
Enter Code	<ul> <li>B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry?</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>
Enter Code	<ul> <li>C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry?</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unable to determine</li> </ul>
J1800.	Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent
Enter Code	Has the resident <b>had any falls since admission/entry or reentry or the prior assessment</b> (OBRA or Scheduled PPS), whichever is more recent? <b>0.</b> No → Skip to J2000, Prior Surgery <b>1.</b> Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PP

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

ETSHP

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Resident		Identifier Date
Section	on	J - Health Conditions
J1900. more rece		mber of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is
Coding: 0. None 1. One 2. Two c		ore
Enter Code	es in	Boxes
	A.	<b>No injury</b> - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
	В.	<b>Injury (except major)</b> - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
	C.	Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
J2000.	Pric	or Surgery - Complete only if A0310B = 01
Enter Code	Did	the resident have major surgery during the 100 days prior to admission?  0. No 1. Yes 8. Unknown
J2100.	Rec	cent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment
Enter Code	Did	the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?  0. No 1. Yes 8. Unknown

NEW • v1.20.1 →

Resident _		Identifier	Date
Section	on J - Health Condition	ons	
J1900.	Number of Falls Since Adm whichever is more recent	ission/Entry or Reentry or Prior	Assessment (OBRA or Scheduled PPS),
	Coding:	↓ Enter Codes in Boxes	
0. None 1. One			ny injury is noted on physical assessment by the nurse complaints of pain or injury by the resident; no change in the fall
2. Two o	r more		tears, abrasions, lacerations, superficial bruises, any fall-related injury that causes the resident to
		C. Major injury - bone fractures consciousness, subdural her	s, joint dislocations, closed head injuries with altered natoma
J2000.	Prior Surgery Complete only if A0310B = 01		
Enter Code	Did the resident have major surgery  0. No  1. Yes  8. Unknown	during the 100 days prior to admission?	
J2100.	Recent Surgery Requiring Complete only if A0310B = 01 o	Active SNF Care r if state requires completion with an OE	BRA assessment
Enter Code	Did the resident have a major surgion 0. No 1. Yes 8. Unknown	al procedure during the prior inpatient hospi	ital stay that requires active care during the SNF stay?
Surgica	l Procedures		
Complete	only if J2100 = 1		
$\downarrow$	Check all that apply		
	Major Joint Replacement		
	J2300. Knee Replacement - part	ial or total	
	J2310. Hip Replacement - partia	or total	
	J2320. Ankle Replacement - par	tial or total	
	J2330. Shoulder Replacement -	partial or total	
	Spinal Surgery		
	J2400. Involving the spinal cord	or major spinal nerves	
	J2410. Involving fusion of spina	l bones	
	J2420. Involving lamina, discs,	or facets	
	J2499. Other major spinal surge	•	
Surgical	Procedures continued on next	page	

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Resident _	Ide	ntifier	Date
Secti	on J - Health Conditions		
Surgic	al Procedures - Complete only if J2100 = 1		
$\downarrow$	Check all that apply		
_	oint Replacement		
	J2300. Knee Replacement - partial or total J2310. Hip Replacement - partial or total J2320. Ankle Replacement - partial or total		
	J2330. Shoulder Replacement - partial or total		
Spinal S	urgery		
	J2400. Involving the spinal cord or major spinal nerves J2410. Involving fusion of spinal bones		
	J2420. Involving lamina, discs, or facets		
	J2499. Other major spinal surgery		
	rthopedic Surgery		
	J2500. Repair fractures of the shoulder (including clavicle and sca J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not J2520. Repair but not replace joints J2530. Repair other bones (such as hand, foot, jaw)		
	J2599. Other major orthopedic surgery		
Neurolo	gical Surgery		
	J2600. Involving the brain, surrounding tissue or blood vessels J2610. Involving the peripheral or autonomic nervous system - Q J2620. Insertion or removal of spinal or brain neurostimulators, J2699. Other major neurological surgery	open or percutaneous	· ·
Cardiop	ulmonary Surgery		
	J2700. Involving the heart or major blood vessels - open or percu J2710. Involving the respiratory system, including lungs, broncl J2799. Other major cardiopulmonary surgery		ords - open or endoscopic
Genitou	rinary Surgery		
	J2800. Involving genital systems (such as prostate, testes, ovaries J2810. Involving the kidneys, ureters, adrenal glands, or bladded nephrostomies or urostomies)		•
	J2899. Other major genitourinary surgery		
Other M	ajor Surgery		
	J2900. Involving tendons, ligaments, or muscles J2910. Involving the gastrointestinal tract or abdominal contents pancreas, or spleen - open or laparoscopic (including creation)	s from the esophagus to the on or removal of ostomies or p	anus, the biliary tree, gall bladder, liver, ercutaneous feeding tubes, or hernia repair)
	J2920. Involving the endocrine organs (such as thyroid, parathyro	id), neck, lymph nodes, or th	ymus - open
	J2930. Involving the breast J2940. Repair of deep ulcers, internal brachytherapy, bone marr	ow or stem cell harvest or tr	ansplant
	J5000. Other major surgery not listed above	on of stem cential vest of th	иноргин

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- 1 - 4	L W 1	, .	v	 <b>U</b> .	

esident _		Identifier	_ Date
<b>.</b>			
Section	on J -	Health Conditions	
Surgica	I Proce	dures - Continued	
Complete	only if J21	00 = 1	
1	Check a	all that apply	
	Other C	Orthopedic Surgery	
	J2500.	Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)	
	J2510.	Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)	
	J2520.	Repair but not replace joints	
	J2530.	Repair other bones (such as hand, foot, jaw)	
	J2599.	Other major orthopedic surgery	
	Neurol	ogical Surgery	
	J2600.	Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but included a skin but	es cranial nerves)
	J2610.	Involving the peripheral or autonomic nervous system - open or percutaneous	
	J2620.	Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF d	rainage devices
	J2699.	Other major neurological surgery	
	Cardio	oulmonary Surgery	
	J2700.	Involving the heart or major blood vessels - open or percutaneous procedures	
	J2710.	Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cord	ls - open or endoscopic
	J2799.	Other major cardiopulmonary surgery	
	Genito	urinary Surgery	
	J2800.	Involving genital systems (such as prostate, testes, ovaries, uterus, vagina, external genitalia	)
	J2810.	<b>Involving the kidneys, ureters, adrenal glands, or bladder</b> - open or laparoscopic (includes nephrostomies or urostomies)	creation or removal of
	J2899.	Other major genitourinary surgery	
	Other N	lajor Surgery	
	J2900.	Involving tendons, ligaments, or muscles	
	J2910.	Involving the gastrointestinal tract or abdominal contents from the esophagus to the and bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of os feeding tubes, or hernia repair)	
	J2920.	Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus	us - open
	J2930.	Involving the breast	
	J2940.	Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or trans	plant
	J5000.	Other major surgery not listed above	

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sident				Identifier			Date	v1.19.1 • O
Section	on	K.	- Swallowing/Nutr	ritional Status				
<b>K</b> 0100.	Sw	allo	wing Disorder					
•	•	•	s of possible swallowing disorder					
<u> </u>			nat apply					
<u> </u>	Α.		ss of liquids/solids from mouth					
	В.			esidual food in mouth after meals				
	C.			or when swallowing medications				
<u> </u>	D.		mplaints of difficulty or pain wit	n swallowing				
└ <b>(0200</b> .	Z. He		ne of the above and Weight - While measurin	g, if the number is X.1 - X.4 round do	own: X 5 or greate	round up		
hes			-	recent height measure since the mo	-	·		
nds		В.		nt on most recent measure in last 30 ng, before meal, with shoes off, etc.)	days; measure we	ight consistently, a	according to sta	ndard facility
(0300.	We	eight	t Loss					
nter Code	Los	ss of	5% or more in the last month o	r loss of 10% or more in last 6 mor	nths			
Ш		0. 1. 2.	No or unknown Yes, on physician-prescribed we Yes, not on physician-prescribe					
0310.	We	eight	t Gain					
nter Code	Gai	0. 1.	5% or more in the last month or No or unknown Yes, on physician-prescribed we Yes, not on physician-prescribe		nths			
(0520.	Nu		onal Approaches					
			owing nutritional approaches that	apply				
Performance  Performance Only of While Performance At Dis	ssmer Not rmed check a Re rmed schar	nt per a Re while c colu eside while rge	Te NOT a resident of this facility mn 2 if resident entered (admission	and within the <i>last 7 days</i> on or reentry) IN THE LAST 7 DAYS. within the <i>last 7 days</i>	If resident last en	ered 7 or more da	ays ago, leave o	column 2 blank.
					1.	2.	3.	4.
					On Admission	While Not a Resident	While a Resident	At Discharge
					7 (4111100101		that apply↓	Diconargo
Dawaw	.4	/IV./ £-	a dia a			<b>↓</b>		П
			eeding	-C//		П		
		•	e.g., nasogastric or abdominal (PE					
Mech food,	thicke	ally a ened	Itered diet - require change in tex liquids)	cture of food or liquids (e.g., pureed				
Thera	apeut	ic die	et (e.g., low salt, diabetic, low cho	lesterol)				

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Resident		Identifier			Da	te	
Section	on K - Swallov	ving/Nutritional Statu	ıs				
K0100.	Swallowing Disor Signs and symptoms	rder s of possible swallowing disorder					
$\downarrow$	Check all that apply						
	A. Loss of liquids/s	olids from mouth when eating or d	rinking				
	B. Holding food in r	mouth/cheeks or residual food in m	outh after meals				
	C. Coughing or cho	king during meals or when swallov	ving medications				
	D. Complaints of di	fficulty or pain with swallowing					
	Z. None of the above	/e					
K0200.	Height and Weigh While measuring, if t	<b>nt</b> he number is X.1–X.4 round dowr	; X.5 or greater round	up			
Inches	A. Height (in inches) Record most rece	nt height measure since the most rece	ent admission/entry or ree	entry			
Pounds		s) ost recent measure in last 30 days; mo before meal, with shoes off, etc.)	easure weight consistently	y, according	to standard f	acility practi	ce (e.g., in
K0300.	Weight Loss						
Enter Code	<ol> <li>No or unknown</li> <li>Yes, on phys</li> </ol>	n the last month or loss of 10% or m wn sician-prescribed weight-loss regimen physician-prescribed weight-loss regir					
K0310.	Weight Gain						
Enter Code	<ol> <li>No or unknown</li> <li>Yes, on physical</li> </ol>	n the last month or gain of 10% or m wn sician-prescribed weight-gain regimen physician-prescribed weight-gain regi					
K0520.	Nutritional Appro	paches wing nutritional approaches that a	pply				
1. 0	On Admission	2. While Not a Resident	3. While a Resi	dent	4. /	At Discha	ge
through 3	ont period is days 1 of the SNF PPS Stay th A2400B	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.	Performed while a res this facility and within the days			nt period is t SNF PPS S	
			Check all that apply	1. On Admission	2. While Not a Resident	3. While a Resident	<b>4.</b> At Discharge
A. Pare	nteral/IV feeding						
B. Feed	ling tube (e.g., nasogast	ric or abdominal (PEG))					
	Mechanically altered diet - require change in texture of food or liquids  (e.g., pureed food, thickened liquids)						
(- 3 /		ilquius)					
, •	rapeutic diet (e.g., low sa	alt, diabetic, low cholesterol)					

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Resident		Identifier	Date	
Sec	tion K - Swallowing/Nutritional Statu	IS		
K07	10. Percent Intake by Artificial Route - Complete K0710 on	ly if Column 2 and/or Column 3 are	checked for K0520A a	nd/or K0520B
2. 3.	While a Resident Performed while a resident of this facility and within the During Entire 7 Days Performed during the entire last 7 days	last 7 days	2. While a Resident	3. During Entire 7 Days
A.	Proportion of total calories the resident received through parent 1. 25% or less 2. 26-50% 3. 51% or more	eral or tube feeding	↓ Enter C	dodes↓
В.	Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more			

Section	Section L - Oral/Dental Status					
L0200.	De	ental				
	Ch	eck all that apply				
	A.	Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)				
	В.	No natural teeth or tooth fragment(s) (edentulous)				
	C.	Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)				
	D.	Obvious or likely cavity or broken natural teeth				
	E.	Inflamed or bleeding gums or loose natural teeth				
	F.	Mouth or facial pain, discomfort or difficulty with chewing				
	G.	Unable to examine				
	<b>Z</b> .	None of the above were present				

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N.I					

Resident _	Identifier	Da	ate	
Secti	on K - Swallowing/Nutritional Statu	ıs		
K0710.	Percent Intake by Artificial Route Complete K0710 only if Column 2 and/or Column 3 are	checked for K0520A and/or K0520B		
	2. While a Resident	3. During Entire 7 Day	/S	
Performe	d while a resident of this facility and within the last 7 days	Performed during the entire last 7 days		
		Enter Codes	2. While a Resident	3. During Entire 7 Days
	<ul> <li>A. Proportion of total calories the resident received th</li> <li>1. 25% or less</li> <li>2. 26-50%</li> <li>3. 51% or more</li> </ul>	rough parenteral or tube feeding		
	<ul> <li>B. Average fluid intake per day by IV or tube feeding</li> <li>1. 500 cc/day or less</li> <li>2. 501 cc/day or more</li> </ul>			

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide

ETSHP STRATEGIC HEALTHCARE DROGRAM

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Resident		Identifier	Date	
Sec	tion K - Swallowing/Nutritional Stat	us		
K07	10. Percent Intake by Artificial Route - Complete K0710 o	nly if Column 2 and/or Column 3 are	e checked for K0520A	and/or K0520B
2. 3.	While a Resident Performed while a resident of this facility and within th During Entire 7 Days Performed during the entire last 7 days	e last 7 days	2. While a Resident	3. During Entire 7 Days
A.	Proportion of total calories the resident received through parer 1. 25% or less 2. 26-50% 3. 51% or more	nteral or tube feeding	↓ Enter	Codes
В.	Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more			

Section	Section L - Oral/Dental Status						
L0200.	De	ental					
$\downarrow$	Ch	eck all that apply					
	A.	Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)					
	В.	No natural teeth or tooth fragment(s) (edentulous)					
	C.	Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)					
	D.	Obvious or likely cavity or broken natural teeth					
	E.	Inflamed or bleeding gums or loose natural teeth					
	F.	Mouth or facial pain, discomfort or difficulty with chewing					
	G.	Unable to examine					
	Z.	None of the above were present					

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Resident _	ldentirier Date
Section	on L - Oral/Dental Status
L0200.	Dental
<b>↓</b>	Check all that apply
	A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)
	B. No natural teeth or tooth fragment(s) (edentulous)
	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)
	D. Obvious or likely cavity or broken natural teeth
	E. Inflamed or bleeding gums or loose natural teeth
	F. Mouth or facial pain, discomfort or difficulty with chewing
	G. Unable to examine
	7 None of the above were present

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		Re	eport based on highest stage of existing ulcers/injuries at their wor do not "reverse" stage	st;
10100.	De	tern	nination of Pressure Ulcer/Injury Risk	
$\downarrow$	Ch	eck a	all that apply	
	A.	Res	sident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device	
	В.	For	rmal assessment instrument/tool (e.g., Braden, Norton, or other)	
<u> </u>	C.		nical assessment	
	Z.		ne of the above	
10150.			f Pressure Ulcers/Injuries	
iter Code	ls t		esident at risk of developing pressure ulcers/injuries?	
		0. 1.	No Yes	
10210.	Un	hea	lled Pressure Ulcers/Injuries	
ter Code	Do	es th	is resident have one or more unhealed pressure ulcers/injuries?	
Ш		0. 1.	$No \rightarrow$ Skip to M1030, Number of Venous and Arterial Ulcers Yes $\rightarrow$ Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
0300.			nt Number of Unhealed Pressure Ulcers/Injuries at Each Stage	
er Number	Α.	<b>Sta</b> visi	age 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmente blanching; in dark skin tones only it may appear with persistent blue or purple hues	ed skin may not have a
		1.	Number of Stage 1 pressure injuries	
er Number	B.		age 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slo an intact or open/ruptured blister	ugh. May also present
		1.	Number of Stage 2 pressure ulcers - If 0 $\rightarrow$ Skip to M0300C, Stage 3	
er Number		2.	Number of <u>these</u> Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how me time of admission/entry or reentry	nany were noted at the
er Number	C.		age 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slouges not obscure the depth of tissue loss. May include undermining and tunneling	gh may be present but
		1.	Number of Stage 3 pressure ulcers - If 0 $\rightarrow$ Skip to M0300D, Stage 4	
er Number		2.	Number of <u>these</u> Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how me time of admission/entry or reentry	nany were noted at the
er Number	D.		<b>age 4:</b> Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some pd. Often includes undermining and tunneling	parts of the wound
		1.	$\textbf{Number of Stage 4 pressure ulcers} \text{ - If 0} \rightarrow \text{Skip to M0300E, Unstageable - Non-removable dressing/device}$	
r Number		2.	Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how me time of admission/entry or reentry	nany were noted at the
0300 d	on	inu	ed on next page	

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Resident

Rep	ort based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage
M0100.	Determination of Pressure Ulcer/Injury Risk
$\downarrow$	Check all that apply
	A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device
	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
	C. Clinical assessment
	Z. None of the above
M0150.	Risk of Pressure Ulcers/Injuries
Enter Code	Is this resident at risk of developing pressure ulcers/injuries?  0. No 1. Yes
M0210.	Unhealed Pressure Ulcers/Injuries
Enter Code	<ul> <li>Does this resident have one or more unhealed pressure ulcers/injuries?</li> <li>No → Skip to M1030, Number of Venous and Arterial Ulcers</li> <li>Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage</li> </ul>
M0300.	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
	1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have blanching; in dark skin tones only it may appear with persistent blue or purple hues
nter Number	1. Number of Stage 1 pressure injuries
	2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present or open/ruptured blister
nter Number	<ol> <li>Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3</li> </ol>
nter Number	2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were not at the time of admission/entry or reentry
	3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but obscure the depth of tissue loss. May include undermining and tunneling
nter Number	1. Number of Stage 3 pressure ulcers - If $0 \rightarrow$ Skip to M0300D, Stage 4
nter Number	2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were not at the time of admission/entry or reentry
	4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound be includes undermining and tunneling
nter Number	1. Number of Stage 4 pressure ulcers - If $0 \rightarrow$ Skip to M0300E, Unstageable - Non-removable dressing/device
nter Number	2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were not at the time of admission/entry or reentry

Identifier





Date

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Resident	Identifier Date
Section	n M - Skin Conditions
M0300.	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued
Enter Number	E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
	<ol> <li>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</li> </ol>
Enter Number	2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
Enter Number	<ol> <li>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury</li> </ol>
Lines Number	2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
Enter Number	G. Unstageable - Deep tissue injury:
	<ol> <li>Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers</li> </ol>
Enter Number	2. Number of <a href="mailto:these">these</a> unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
M1030.	Number of Venous and Arterial Ulcers
Enter Number	Enter the total number of venous and arterial ulcers present
M1040.	Other Ulcers, Wounds and Skin Problems
$\downarrow$	Check all that apply
	Foot Problems
	A. Infection of the foot (e.g., cellulitis, purulent drainage)
	B. Diabetic foot ulcer(s)
	C. Other open lesion(s) on the foot
	Other Problems
	D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)
	E. Surgical wound(s)
	F. Burn(s) (second or third degree)
	G. Skin tear(s)
	H. Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)
	None of the Above
	Z. None of the above were present

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M -	1/1	٠,	(1)7	
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Resident

Section	on M - Skin Conditions
M0300.	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued
E. Unsta	geable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
Enter Number	<ol> <li>Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</li> </ol>
Enter Number	2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
F. Unsta	geable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
Enter Number	<ol> <li>Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury</li> </ol>
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
G. Unsta	geable - Deep tissue injury:
Enter Number	<ol> <li>Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers</li> </ol>
Enter Number	2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
M1030.	Number of Venous and Arterial Ulcers
Enter Number	Enter the total number of venous and arterial ulcers present

Identifier

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Resident		Identifier Date
Section	n	M - Skin Conditions
M1200.	Ski	in and Ulcer/Injury Treatments
$\downarrow$	Che	eck all that apply
	A.	Pressure reducing device for chair
	B.	Pressure reducing device for bed
	C.	Turning/repositioning program
	D.	Nutrition or hydration intervention to manage skin problems
	E.	Pressure ulcer/injury care
	F.	Surgical wound care
	G.	Application of nonsurgical dressings (with or without topical medications) other than to feet
	Н.	Applications of ointments/medications other than to feet
	I.	Application of dressings to feet (with or without topical medications)
	Z.	None of the above were provided

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NIEV.	A //	3.74	~	$\sim$	1 -
INEV	V •	VΙ		u.	

Resident

Secti	on M - Skin Conditions
M1040.	Other Ulcers, Wounds and Skin Problems
$\downarrow$	Check all that apply
	Foot Problems
	A. Infection of the foot (e.g., cellulitis, purulent drainage)
	B. Diabetic foot ulcer(s)
	C. Other open lesion(s) on the foot
	Other Problems
	D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)
	E. Surgical wound(s)
	F. Burn(s) (second or third degree)
	G. Skin tear(s)
	H. Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis (IAD), perspiration, drainage)
	None of the Above
	Z. None of the above were present
V1200.	Skin and Ulcer/Injury Treatments
$\downarrow$	Check all that apply
	A. Pressure reducing device for chair
	B. Pressure reducing device for bed
	C. Turning/repositioning program
	D. Nutrition or hydration intervention to manage skin problems
	E. Pressure ulcer/injury care
	F. Surgical wound care
	G. Application of nonsurgical dressings (with or without topical medications) other than to feet
	H. Applications of ointments/medications other than to feet
	I. Application of dressings to feet (with or without topical medications)
	Z. None of the above were provided

Identifier

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide



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Resident		Identifier		Date	
Sect	tion	N - Medications			
N030	0. Inj	ections			
Enter Day	L/C	cord the number of days that injections of any type were received during the last 7 days. If $0 \rightarrow \text{Skip}$ to N0415, High-Risk Drug Classes: Use and Indication	s or since a	admission/entry or re	entry if less than 7
N035	0. Ins	sulin			
Enter Day	A.	Insulin injections - Record the number of days that insulin injections were received reentry if less than 7 days  Orders for insulin - Record the number of days the physician (or authorized assist	-	·	·
	ъ.		•	ditioner) changed ti	ie resident s
		insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days	ays		
N041		gh-Risk Drug Classes: Use and Indication			
1. 2.	or reer Indica	<b>ng</b> if the resident is taking any medications by pharmacological classification, not how it is use try if less than 7 days tion noted mn 1 is checked, check if there is an indication noted for all medications in the drug class	ed, during th	ne last 7 days or sind	e admission/entry
				1. Is taking	2. Indication noted
				↓ Check all	that apply↓
A.	Antips	sychotic			
В.	Antiar	•			
C.		epressant			
D.	Hypno				
E.	Antibi	pagulant (e.g., warfarin, heparin, or low-molecular weight heparin)			
F. G.	Diuret				
H.	Opioid			П	
— i	Antipl				
J.		ylycemic (including insulin)			
K.		onvulsant			
Z.	None	of the above			

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Resident

Secti	on N - Medications			
N0300.	Injections			
Enter Days	Record the number of days that injections of any type w less than 7 days. If $0 \rightarrow \text{Skip}$ to N0415, High-Risk Drug Clas		on/entry or	r reentry if
N0350.	Insulin			
Enter Days	A. Insulin injections Record the number of days that insulin injections w less than 7 days	vere received during the last 7 days or since admiss	ion/entry o	r reentry if
Enter Days	B. Orders for insulin Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days			
N0415.	High-Risk Drug Classes: Use and Indication			
	1. Is taking	2. Indication noted		
classifica	the resident is taking any medications by pharmacological ition, not how it is used, during the last 7 days or since n/entry or reentry if less than 7 days	If Column 1 is checked, check if there is an indic medications in the drug class	ation noted	for all
		Check all that apply	1. Is taking	2. Indication noted
A. An	tipsychotic			
B. An	tianxiety			
C. An	tidepressant			
D. Hy	onotic			
E. An	ticoagulant (e.g., warfarin, heparin, or low-molecular weight he	parin)		
F. An	tibiotic			
G. Diu	retic			
Н. Ор	loid			
I. An	tiplatelet			
J. Hy	poglycemic (including insulin)			
K. An	ticonvulsant			
Z. No	ne of the above			

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	- NI	
NOAEO	n n	- Medications
NU45U.	Antips	sychotic Medication Review
Inter Code		d the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is ore recent?
Ш	0.	$ extbf{No}$ - Antipsychotics were not received $ o$ Skip N0450B, N0450C, N0450D, and N0450E
	1.	Yes - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?
	2.	Yes - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?
nter Code	3. <b>B. Ha</b> 0. 1.	Yes - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?  as a gradual dose reduction (GDR) been attempted?  No → Skip to N0450D, Physician documented GDR as clinically contraindicated  Yes → Continue to N0450C, Date of last attempted GDR
•		ate of last attempted GDR:  Month Day Year
nter Code	D. Ph	nysician documented GDR as clinically contraindicated
	0.	${f No}$ - GDR has not been documented by a physician as clinically contraindicated $ ightarrow$ Skip N0450E, Date physician documented GDR a clinically contraindicated
	1.	$\textbf{Yes} - \text{GDR has been documented by a physician as clinically contraindicated} \rightarrow \text{Continue to N0450E}, \text{Date physician documented GDR as clinically contraindicated}$
		ate physician documented GDR as clinically contraindicated:
<b>12001</b> .	Drug l	Regimen Review - Complete only if A0310B = 01
nter Code	0. 1. 9.	No - No issues found during review Yes - Issues found during review NA - Resident is not taking any medications
<b>12003</b> .	Medic	eation Follow-up - Complete only if N2001 = 1
		e facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ mended actions in response to the identified potential clinically significant medication issues?
	1.	Yes
12005. I	Medic	eation Intervention - Complete only if A0310H = 1
		e facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next ar day each time potential clinically significant medication issues were identified since the admission?  No Yes
	9.	NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

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04:	an Ni - Marilla atlanta
Section	on N - Medications
N0450.	Antipsychotic Medication Review
Enter Code	<ul> <li>A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?</li> <li>0. No - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E</li> <li>1. Yes - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted?</li> <li>2. Yes - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?</li> <li>3. Yes - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted?</li> </ul>
Enter Code	<ul> <li>B. Has a gradual dose reduction (GDR) been attempted?</li> <li>0. No → Skip to N0450D, Physician documented GDR as clinically contraindicated</li> <li>1. Yes → Continue to N0450C, Date of last attempted GDR</li> </ul>
	C. Date of last attempted GDR:
Enter Code	<ul> <li>D. Physician documented GDR as clinically contraindicated</li> <li>No - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E, Date physician documented GDR as clinically contraindicated</li> <li>Yes - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated</li> </ul>
	E. Date physician documented GDR as clinically contraindicated:
N2001.	Drug Regimen Review Complete only if A0310B = 01
Enter Code	<ul> <li>Did a complete drug regimen review identify potential clinically significant medication issues?</li> <li>No - No issues found during review</li> <li>Yes - Issues found during review</li> <li>N/A - Resident is not taking any medications</li> </ul>
N2003.	Medication Follow-up Complete only if N2001 = 1
Enter Code	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?  0. No  1. Yes
N2005.	Medication Intervention Complete only if A0310H = 1
Enter Code	Did the facility contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the admission?  0. No 1. Yes 9. N/A - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications

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ETSHP

Date

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esider	ut Identifier		Date	
Se	ction O - Special Treatments, Procedures, a	nd Program	ıs	
	10. Special Treatments, Procedures, and Programs	a i rogian	.0	
	ck all of the following treatments, procedures, and programs that were performed			
a.	<b>On Admission</b> Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	a. On Admission	b. While a Resident	c. At Discharge
b.	While a Resident			ŭ
	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	1	Check all that apply	1
_		<b>+</b>	<b>+</b>	<b>+</b>
	cer Treatments		_	
A1.	Chemotherapy	<u> </u>	Ш	<u> </u>
	A2. IV			
	A3. Oral A10. Other			
R1	Radiation			
	piratory Treatments	Ш	Ш	
	Oxygen therapy		П	П
01.	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	<u>_</u>		
0.11	G3. CPAP			
	ner		_	
H1.	IV Medications	<u> </u>		<u> </u>
	H2. Vasoactive medications			
	H3. Antibiotics	<u> </u>		
	H4. Anticoagulant H10. Other			
11.	Transfusions			
	10 continued on next page			

- 10. 11	_ A A	,,		<u> </u>	
- INJ			\/''	 	
- 1 - 4	L W 1	, .	v	 <b>U</b> .	

Resident

O0110.	Special Treatments, Proced Check all of the following treatm	dures, and Programs ents, procedures, and programs that were per	rformed			
	a. On Admission	b. While a Resident		c. At Dis	scharge	
	ent period is days 1 through 3 of the S Stay starting with A2400B	Performed <b>while a resident</b> of this facility and within the <b>last 14 days</b>		nt period is t Stay ending		s of the
Cancer T	reatments	Check all th	nat apply	<b>a.</b> On Admission	<b>b.</b> While a Resident	<b>c.</b> At Dischar
A1. Che	emotherapy			П	П	П
A2.	•					
A3.	Oral					
A10	. Other					
B1. Rad	liation					
Respirato	ory Treatments					
C1. Oxy	gen therapy					
C2.	Continuous					
C3.	Intermittent					
C4.	High-concentration					
D1. Suc	ctioning					
D2.	Scheduled					
	As needed					
	cheostomy care					
	asive Mechanical Ventilator (ventilato	r or respirator)				
	n-invasive Mechanical Ventilator				Ш	
	BIPAP					
G3. Other	СРАР					Ш
	Andinations					
	Medications  Vasoactive medications				Ш	
	Antibiotics					
	Anticoagulant					
	. Other					
	nsfusions					
	lysis					
	Hemodialysis					
	Peritoneal dialysis					
K1. Hos	spice care					
M1. Isol	ation or quarantine for active infect	ious disease (does not include standard body/fluid	l precautions	s)		
01. IV A	Access					
O2.	Peripheral					
О3.	Midline					
04.	Central (e.g., PICC, tunneled, port)					
None of t	the Above					
Z1. Non	ne of the above					

Identifier

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Resider	nt	Identifier		Date	
Se	ction	O - Special Treatments, Procedures, a	nd Program	S	
		pecial Treatments, Procedures, and Programs - Continued			
	-	ne following treatments, procedures, and programs that were performed			
a. ( , b. \	On Admis Assessme While a R	ent period is days 1 through 3 of the SNF PPS Stay starting with A2400B	a. On Admission	b. While a Resident	c. At Discharge
c. /	At Discha	•	$\downarrow$	Check all that apply ↓	<b>↓</b>
	Dialysis				
		odialysis			
		oneal dialysis			
M1. I		or quarantine for active infectious disease (does not include standard precautions)			
	V Access	·		П	
(	02. Perip	pheral			$\overline{\Box}$
	O3. Midli				
(	04. Centi	ral (e.g., PICC, tunneled, port)			
None	of the Ak	bove	_		_
Z1. I	None of th	he above			
002	250. Inf	fluenza Vaccine - Refer to current version of RAI manual for current influ	uenza vaccination seas	son and reporting period	
	В.	Month Day Year		umococcal vaccination u	p to date?
Enter	C.	<ol> <li>If influenza vaccine not received, state reason:</li> <li>Resident not in this facility during this year's influenza vaccination</li> <li>Received outside of this facility</li> <li>Not eligible - medical contraindication</li> <li>Offered and declined</li> <li>Not offered</li> <li>Inability to obtain influenza vaccine due to a declared shortage</li> <li>None of the above</li> </ol>	season		
003	300. Pn	neumococcal Vaccine			
Enter	Code A.	Is the resident's Pneumococcal vaccination up to date?  0. No → Continue to O0300B, If Pneumococcal vaccine not received, s  1. Yes → Skip to O0350, Resident's COVID-19 vaccination is up to dat			
Enter	Code	If Pneumococcal vaccine not received, state reason:  1. Not eligible - medical contraindication 2. Offered and declined 3. Not offered			
	350. Re	esident's COVID-19 vaccination is up to date			
003					

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Section	on O - Special Treatments, Procedures, and Programs
O0250.	Influenza Vaccine
.t Cd.	Refer to current version of RAI manual for current influenza vaccination season and reporting period
nter Code	<ul> <li>A. Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?</li> <li>No → Skip to O0250C, If influenza vaccine not received, state reason</li> <li>Yes → Continue to O0250B, Date influenza vaccine received</li> </ul>
	B. Date influenza vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?
ter Code	C. If influenza vaccine not received, state reason:
	<ol> <li>Resident not in this facility during this year's influenza vaccination season</li> <li>Received outside of this facility</li> </ol>
	Not eligible - medical contraindication
	4. Offered and declined 5. Not offered
	Inability to obtain influenza vaccine due to a declared shortage
	9. None of the above
0300.	Pneumococcal Vaccine
er Code	A. Is the resident's Pneumococcal vaccination up to date?
	<ul> <li>No → Continue to O0300B, If Pneumococcal vaccine not received, state reason</li> <li>Yes → Skip to O0350, Resident's COVID-19 vaccination is up to date</li> </ul>
er Code	B. If Pneumococcal vaccine not received, state reason:
	Not eligible - medical contraindication
	2. Offered and declined
0050	3. Not offered
0350.	Resident's COVID-19 vaccination is up to date
ter Code	<ul><li>No, resident is not up to date</li><li>Yes, resident is up to date</li></ul>
Ш	
00390.	Therapy Services
	Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days
<b>↓</b>	Check all that apply
	A. Speech-Language Pathology and Audiology Services
	B. Occupational Therapy
	C. Physical Therapy
	D. Respiratory Therapy
	E. Psychological Therapy
П	Z. None of the above

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ection O - S	Special Treatments, Procedures, and Programs
	A. Speech-Language Pathology and Audiology Services
er Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days</li> </ol>
er Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
er Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0400A5, Therapy start date
er Number of Minutes	<b>3A. Co-treatment minutes</b> - record the total number of minutes this therapy was administered to the resident in <b>co-treatment sessions</b> in the last 7 days
er Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started
	Month Day Year
	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes therapy is ongoing
	Month Day Year
	B. Occupational Therapy
er Number of Minutes	Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
er Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
er Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date
er Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days
er Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started
	Month Day Year
	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes therapy is ongoing
	Month Day Year
400 continued o	•
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esident	Identifier	Date
Section O	Special Treatments, Procedures, a	nd Programs
O0400. Thera	pies ete only if O0390D is checked	
D. Respiratory Th	erapy	
Enter Number of Days	2. Days - record the number of days this therapy was admir	nistered for <b>at least 15 minutes</b> a day in the last 7 days
	Therapies ete only if A0310H = 1	
A. Speech-Langu	agePathology and Audiology Services	
nter Number of Minutes	Individual minutes - record the total number of minutes t since the start date of the resident's most recent Medicare	• • • • • • • • • • • • • • • • • • • •
nter Number of Minutes	Concurrent minutes - record the total number of minutes with one other resident since the start date of the resident.	
nter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this to of residents since the start date of the resident's most record</li> </ol>	
	If the sum of individual, concurrent, and group minutes	is zero, $\rightarrow$ skip to O0425B, Occupational Therapy
nter Number of Minutes	4. Co-treatment minutes - record the total number of minut co-treatment sessions since the start date of the resider	· ·
Enter Number of Days	<ol><li>Days - record the number of days this therapy was admit the resident's most recent Medicare Part A stay (A2400B)</li></ol>	
3. Occupational	Гhегару	
nter Number of Minutes	Individual minutes - record the total number of minutes t since the start date of the resident's most recent Medicare	this therapy was administered to the resident <b>individually</b> e Part A stay (A2400B)
nter Number of Minutes	Concurrent minutes - record the total number of minutes with one other resident since the start date of the resident.	• • • • • • • • • • • • • • • • • • • •
nter Number of Minutes	Group minutes - record the total number of minutes this to fresidents since the start date of the resident's most record the resident's most record the total number of minutes this total number of minutes.	
	If the sum of individual, concurrent, and group minutes	is zero, $\rightarrow$ skip to O0425C, Physical Therapy
nter Number of Minutes	4. Co-treatment minutes - record the total number of minut co-treatment sessions since the start date of the resider	
Enter Number of Days	5. Days - record the number of days this therapy was admit the resident's most recent Medicare Part A stay (A2400B)	

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Resident	Identifier	Date
Section O - S	Special Treatments, Procedures, and Prog	grams
O0400. Therapie		
Enter Number of Minutes	C. Physical Therapy	
Enter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy last 7 days</li> </ol>	was administered to the resident individually in the
Enter Number of Minutes	<ol><li>Concurrent minutes - record the total number of minutes this therap with one other resident in the last 7 days</li></ol>	y was administered to the resident concurrently
Enter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was residents in the last 7 days</li> </ol>	
Establish as (Martin	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip	to O0400C5, Therapy start date
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this there sessions in the last 7 days	apy was administered to the resident in co-treatment
Enter Number of Days	4. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
	5. Therapy start date - record the date the most recent therapy regime  Month Day Year	n (since the most recent entry) started
	6. Therapy end date - record the date the most recent therapy regimentherapy is ongoing  Month Day Year	(since the most recent entry) ended - enter dashes if
Enter Number of Minutes	D. Respiratory Therapy	
Enter Number of Days	<ol> <li>Total minutes - record the total number of minutes this therapy was a lf zero, → skip to O0400E, Psychological Therapy</li> </ol>	administered to the resident in the last 7 days
Enter rumber of Buys	2. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
Enter Number of Minutes	E. Psychological Therapy (by any licensed mental health professional)	
Enter Number of Days	1. Total minutes - record the total number of minutes this therapy was a lf zero, $\rightarrow$ skip to O0400F, Recreational Therapy	administered to the resident in the last 7 days
	2. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
Enter Number of Minutes	F. Recreational Therapy (includes recreational and music therapy)	
Enter Number of Days	<ol> <li>Total minutes - record the total number of minutes this therapy was a lf zero, → skip to O0420, Distinct Calendar Days of Therapy</li> </ol>	administered to the resident in the last 7 days
	2. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
O0420. Distinct 0	Calendar Days of Therapy	
Enter Number of Days	Record the number of calendar days that the resident received Speech-La Occupational Therapy, or Physical Therapy for at least 15 minutes in the p	anguage Pathology and Audiology Services, past 7 days.

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- 10	_ v	W -	v	-	w		

O0400. Thera	pies
Comple	ete only if O0390D is checked
D. Respiratory Th	herapy
Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	A Therapies ete only if A0310H = 1
A. Speech-Langu	uagePathology and Audiology Services
nter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
nter Number of Minutes	<ol> <li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrent with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
nter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a grou of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0425B, Occupational Therapy
nter Number of Minutes	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	<ol> <li>Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
3. Occupational	Therapy
nter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
nter Number of Minutes	<ol><li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrent with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li></ol>
nter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a grou of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0425C, Physical Therapy
nter Number of Minutes	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date the resident's most recent Medicare Part A stay (A2400B)

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Resident	✓ v1.19.1 • Ol           Identifier Date
	Special Treatments, Procedures, and Programs
O0425. Part A TI	·
Complete only if A031	0H = 1
5 . N. J. (18)	A. Speech-Language Pathology and Audiology Services
Enter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0425B, Occupational Therapy
	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
	B. Occupational Therapy
Enter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0425C, Physical Therapy
Enter Number of Minutes	4. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)
Enter Number of Days	5. Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)
	C. Physical Therapy
Enter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy
Enter Number of Minutes	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	<ol> <li>Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>

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00425. Part A	Special Treatments, Procedures, and Programs  Therapies - Continued
C. Physical Thera	
nter Number of Minutes	Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B)
nter Number of Minutes	<ol><li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrent with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li></ol>
nter Number of Minutes	<ol> <li>Group minutes - record the total number of minutes this therapy was administered to the resident as part of a grou of residents since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to 00430, Distinct Calendar Days of Part A Therapy
nter Number of Minutes	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	<ol> <li>Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
	ct Calendar Days of Part A Therapy ete only if A0310H = 1
Enter Number of Days	Record the number of <b>calendar days</b> that the resident received Speech-Language Pathology and Audiology Servic Occupational Therapy, or Physical Therapy for <b>at least 15 minutes</b> since the start date of the resident's most recent Medicare Part A stay (A2400B)
Record	rative Nursing Programs the number of days each of the following restorative programs was performed for at least 15 minutes a day 7 calendar days (enter 0 if none or less than 15 minutes daily)
Technique	
↓ Number of	Days
A. Range	of motion (passive)
B. Range	of motion (active)
C. Splint	or brace assistance
Training ar	nd Skill Practice In:
↓ Number of	
↓ Number of  D. Bed me	f Days
	Days obility
D. Bed me	Days obility
D. Bed mo	Days obility
D. Bed mo E. Transfe F. Walkin G. Dressi	Days  obility  er  g  ng and/or grooming
D. Bed mo E. Transfo F. Walkin G. Dressi H. Eating	Days Obility  g

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Resident		Identifier	Date
Section	on O - Special Treatmen	its, Procedures, and Progra	ams
O0430.	Distinct Calendar Days of Part A T	herapy	
Complete	only if A0310H = 1		
Enter Number	Troopia the hamber of <b>calcina</b>	r days that the resident received Speech-Language ical Therapy for at least 15 minutes since the start days	Pathology and Audiology Services, ate of the resident's most recent Medicare
O0500.	<b>Restorative Nursing Programs</b>		
Record the none or less	number of days each of the following restor than 15 minutes daily)	ative programs was performed (for at least 15 minute	es a day) in the last 7 calendar days (enter 0 if
Number of Days	Technique		
	A. Range of motion (passive)		
	B. Range of motion (active)		
	C. Splint or brace assistance		
Number of Days	Training and Skill Practice In:		
	D. Bed mobility		
	E. Transfer		
	F. Walking		
	G. Dressing and/or grooming		
	H. Eating and/or swallowing		
	I. Amputation/prostheses care		
	J. Communication		

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Resident	Identifier Date
Section O	- Special Treatments, Procedures, and Programs
00425 Bort A	Therenies Continued
00425. Part A	Therapies - Continued
C. Physical Thera	ару
Enter Number of Minutes	<ol> <li>Individual minutes - record the total number of minutes this therapy was administered to the resident individuall since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	<ol> <li>Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurre with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a groof residents since the start date of the resident's most recent Medicare Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, $\rightarrow$ skip to O0430, Distinct Calendar Days of Part A Therapy
Enter Number of Minutes	<ol> <li>Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
Enter Number of Days	<ol> <li>Days - record the number of days this therapy was administered for at least 15 minutes a day since the start da the resident's most recent Medicare Part A stay (A2400B)</li> </ol>
O0430. Distin	ct Calendar Days of Part A Therapy
	ete only if A0310H = 1
Enter Number of Days	Record the number of <b>calendar days</b> that the resident received Speech-Language Pathology and Audiology Serv Occupational Therapy, or Physical Therapy for <b>at least 15 minutes</b> since the start date of the resident's most reco Medicare Part A stay (A2400B)
00500. Resto	rative Nursing Programs
Record	the number of days each of the following restorative programs was performed for at least 15 minutes a day
	t 7 calendar days (enter 0 if none or less than 15 minutes daily)
Technique	
↓ Number o	f Days
A. Range	of motion (passive)
B. Range	of motion (active)
C Splint	or brace assistance
	nd Skill Practice In:
↓ Number o	тuays
D. Bed m	obility
E. Transf	er
F. Walkir	ng
G. Dressi	ing and/or grooming
H. Eating	and/or swallowing
I. Amput	tation/prostheses care
J. Comm	unication

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Resident	t		Identifier		▼ v1.19.1 • Ol
Sec	tic	on P - Restraints and Alarms			
P010	00.	Physical Restraints			
Physi indivi	ical r dual	estraints are any manual method or physical or mechanical device, cannot remove easily which restricts freedom of movement or norm	material or equipmer nal access to one's bo	it attached or adjacent to t dy	the resident's body that the
0. 1. 2.	No Us	t used ed less than daily ed daily			
Enter (	Code	s in Boxes			
$\downarrow$	Use	d in Bed			
	Α.	Bed rail			
	В.	Trunk restraint			
	C.	Limb restraint			
	D.	Other			
	Use	d in Chair or Out of Bed			
	E.	Trunk restraint			
	F.	Limb restraint			
	G.	Chair prevents rising			
	H.	Other			
P020	00.	Alarms			
An ala	arm	s any physical or electronic device that monitors resident movemen	nt and alerts the staff	when movement is detected	ed
1.	Not Use	used d less than daily d daily			
Enter (	Code	s in Boxes			
, 	Α.	Bed alarm			
	В.	Chair alarm			
ī	C.	Floor mat alarm			
$\dashv$	D.	Motion sensor alarm			
=	E.	Wander/elopement alarm			
$\dashv$	— F.	Other alarm			
	г.	Other alailli			

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	on P - Restraints an	d Alarms
P0100.		nual method or physical or mechanical device, material or equipment attached or adjacer ndividual cannot remove easily which restricts freedom of movement or normal access to
	Coding:	↓ Enter Codes in Boxes
0. Not u	sed	Used in Bed
<ol> <li>Used</li> <li>Used</li> </ol>	less than daily daily	A. Bed rail
		B. Trunk restraint
		C. Limb restraint
		D. Other
		Used in Chair or Out of Bed
		E. Trunk restraint
		F. Limb restraint
		G. Chair prevents rising
		H. Other
P0200.	Alarms An alarm is any physical or eleis detected	ctronic device that monitors resident movement and alerts the staff when movement
	Coding:	↓ Enter Codes in Boxes
0. Not u	sed	A. Bed alarm
	less than daily	B. Chair alarm
2. Used	daily	C. Floor mat alarm
		D. Motion sensor alarm
		b. Motion sensor diami
		E. Wander/elopement alarm

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Resident		Identifier Date	
Section	on	Q - Participation in Assessment and Goal Setting	
Q0110.	Pa	articipation in Assessment and Goal Setting	
Identify al	II acti	tive participants in the assessment process	
Ť			
		neck all that apply	
	A.		
		Family	
	C.	0	
	D.	Legal guardian	
	E.		
	Z.		
		esident's Overall Goal	
Complete	only	y if A0310E = 1	
Enter Code	A.	Resident's overall goal for discharge established during the assessment process  Discharge to the community Remain in this facility Discharge to another facility/institution Unknown or uncertain	
Enter Code	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	
Q0400.	Dis	ischarge Plan	
Enter Code	A.	Is active discharge planning already occurring for the resident to return to the community?  0. No  1. Yes → Skip to Q0610, Referral	
		esident's Documented Preference to Avoid Being Asked Question Q0500B y if A0310A = 02, 06, or 99	
Enter Code	Doe	oes resident's clinical record document a request that this question (Q0500B) be asked only on a comprehensive ass  0. No  1. Yes → Skip to Q0610, Referral	essment?
Q0500.	Re	eturn to Community	
Enter Code	B.	Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and rec the community?"  0. No 1. Yes 9. Unknown or uncertain	
Enter Code	C.	Indicate information source for Q0500B  1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above	



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Q0110.	Participation in Assessment and Goal Setting Identify all active participants in the assessment process
<b>↓</b>	Check all that apply
П	A. Resident
П	B. Family
П	C. Significant other
П	D. Legal guardian
П	E. Other legally authorized representative
П	Z. None of the above
Q0310.	Resident's Overall Goal Complete only if A0310E = 1
inter Code	Resident's overall goal for discharge established during the assessment process     Discharge to the community     Remain in this facility     Discharge to another facility/institution     Unknown or uncertain
inter Code	<ul> <li>B. Indicate information source for Q0310A</li> <li>1. Resident</li> <li>2. Family</li> <li>3. Significant other</li> <li>4. Legal guardian</li> <li>5. Other legally authorized representative</li> <li>9. None of the above</li> </ul>
Q0400.	Discharge Plan
inter Code	<ul> <li>A. Is active discharge planning already occurring for the resident to return to the community?</li> <li>0. No</li> <li>1. Yes → Skip to Q0610, Referral</li> </ul>
Q0490.	Resident's Documented Preference to Avoid Being Asked Question Q0500B Complete only if A0310A = 02, 06, or 99
inter Code	Does resident's clinical record document a request that this question (Q0500B) be asked only on a comprehensive assessment?  0. No  1. Yes → Skip to Q0610, Referral
Q0500.	Return to Community
inter Code	<ul> <li>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 l and receive services in the community?"</li> <li>0. No</li> <li>1. Yes</li> <li>9. Unknown or uncertain</li> </ul>
inter Code	C. Indicate information source for Q0500B  1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above

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Date

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Resident			Identifier	Date
Section	n (	Q - Participation in Assessment	and Goal Setting	
Q0550.	Res	sident's Preference to Avoid Being Asked Ques	tion Q0500B	
Enter Code	A.	<b>Does resident</b> (or family or significant other or guardian or le respond) want to be asked about returning to the community	gally authorized representative <b>only</b> if residen ity on all assessments? (Rather than on comp	t is unable to understand or rehensive assessments alone)
		<ul> <li>No - then document in resident's clinical record and ask</li> <li>Yes</li> <li>Information not available</li> </ul>	again only on the next comprehensive assess	ment
Enter Code	C.	Indicate information source for Q0550A		
		<ol> <li>Resident</li> <li>Family</li> <li>Significant other</li> <li>Legal guardian</li> <li>Other legally authorized representative</li> <li>None of the above</li> </ol>		
Q0610.	Refe	ferral		
Enter Code	A.	Has a referral been made to the Local Contact Agency (L	CA)?	
		0. <b>No</b> 1. <b>Yes</b>		
		ason Referral to Local Contact Agency (LCA) No if Q0610 = 0	ot Made	
Enter Code		cate reason why referral to LCA was not made  1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away		

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Resident

Section	on Q - Participation in Assessment and Goal Setting
Q0550.	Resident's Preference to Avoid Being Asked Question Q0500B
Enter Code	<ul> <li>A. Does 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 on comprehensive assessments alone)</li> <li>0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment</li> <li>1. Yes</li> <li>8. Information not available</li> </ul>
Enter Code	C. Indicate information source for Q0550A  1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above
Q0610.	Referral
Enter Code	A. Has a referral been made to the Local Contact Agency (LCA)?  0. No  1. Yes
Q0620.	Reason Referral to Local Contact Agency (LCA) Not Made Complete only if Q0610 = 0
Enter Code	Indicate reason why referral to LCA was not made  1. LCA unknown  2. Referral previously made  3. Referral not wanted  4. Discharge date 3 or fewer months away  5. Discharge date more than 3 months away

Identifier

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Resident		Identifier	Date	
Section	n	V - Care Area Assessment (CAA) Summary		
		ms From the Most Recent Prior OBRA or Scheduled PPS Assessment if A0310E = 0 and if the following is true for the prior assessment: A0310A = 01 - 06 or A0310B = 01		
Enter Code	A.	Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment)  O1. Admission assessment (required by day 14)  O2. Quarterly review assessment  Annual assessment  O3. Significant change in status assessment  O5. Significant correction to prior comprehensive assessment  O6. Significant correction to prior quarterly assessment  O9. None of the above		
Enter Code	B.	Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment) 01. 5-day scheduled assessment 08. IPA - Interim Payment Assessment 99. None of the above		
	C.	Prior Assessment Reference Date (A2300 value from prior assessment)  Month Day Year		
Enter Score	D.	Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500	value from prior assessment)	
Enter Score	E.	Prior Assessment Resident Mood Interview (PHQ-2 to 9©) Total Severity Score (DC assessment)	0160 value from prior	
Enter Score	F.	Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity assesment)	Score (D0600 value from prior	

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Resident

Section	on V - Care Area Assessment (CAA) Summary
V0100.	Items From the Most Recent Prior OBRA or Scheduled PPS Assessment  Complete only if A0310E = 0 and if the following is true for the prior assessment: A0310A = 01–06 or A0310B = 01
Enter Code	<ul> <li>A. Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment)</li> <li>01. Admission assessment (required by day 14)</li> <li>02. Quarterly review assessment</li> <li>03. Annual assessment</li> <li>04. Significant change in status assessment</li> <li>05. Significant correction to prior comprehensive assessment</li> <li>06. Significant correction to prior quarterly assessment</li> <li>99. None of the above</li> </ul>
Enter Code	<ul> <li>B. Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment)</li> <li>01. 5-day scheduled assessment</li> <li>08. IPA - Interim Payment Assessment</li> <li>99. None of the above</li> </ul>
	C. Prior Assessment Reference Date (A2300 value from prior assessment)  Month Day Year
Enter Score	D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)
Enter Score	E. Prior Assessment Resident Mood Interview (PHQ-2 to 9°) Total Severity Score (D0160 value from prior assessment)
Enter Score	F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessment)

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Resident		Identifier	Date
Section V - Care Area Asses	ssment (CAA	A) Summary	
V0200. CAAs and Care Planning			
Check column A if Care Area is triggered.     For each triggered Care Area, indicate wheth problem(s) identified in your assessment of the RAI (MDS and CAA(s)). Check column B if the co	ne care area. The <u>Care</u> e triggered care area is cumentation column who	Planning Decision colur addressed in the care pere information related t	o the CAA can be found. CAA documentation should
A. CAA Results			
Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check al	l that apply↓	
01. Delirium			
02. Cognitive Loss/Dementia			
03. Visual Function			
04. Communication			
05. ADL Functional/Rehabilitation Potential			
06. Urinary Incontinence and Indwelling Catheter			
07. Psychosocial Well-Being			
08. Mood State			
09. Behavioral Symptoms			
10. Activities			
11. Falls			
2. Nutritional Status			
13. Feeding Tube			
14. Dehydration/Fluid Maintenance			
15. Dental Care			
16. Pressure Ulcer			
17. Psychotropic Drug Use			
18. Physical Restraints			
19. Pain			
20. Return to Community Referral			
B. Signature of RN Coordinator for CAA F	Process and Date	Signed	
1. Signature		2. 🛭	Pate
			<u> П-П-П</u> -П
			Month Day Year
C. Signature of Person Completing Care	Plan Decision and	Date Signed	
Signature of Ferson Completing Care in the signature	i idil Decision allu	2. D	ate
1. Signature		2. 0	vale
			Month Day Year
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eside	ent	Identifier			Date			
Se	ection V - Care Area As	sessment (CA	A) Sumr	nary				
V02	200. CAAs and Care Planning							
1.	Check column A if Care Area is triggered	d.						
2.	address the problem(s) identified in your	For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The <u>Care Planning Decision</u> column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.						
3.	Indicate in the <u>Location and Date of CAA</u> should include information on the compli				he CAA can be found. CAA documentation for this care area.			
۵.	CAA Results							
Care	e Area	Check all that apply	A. Care Area Triggered	B. Care Planning	Location and Date of CAA Documentation			
01.	Delirium			Decision				
02.	Cognitive Loss/Dementia							
03.	Visual Function							
04.	Communication							
05.	ADL Functional/Rehabilitation Potent	ial						
06.	Urinary Incontinence and Indwelling	Catheter						
07.	Psychosocial Well-Being							
08.	Mood State							
09.	Behavioral Symptoms							
10.	Activities							
11.	Falls							
12.	Nutritional Status							
13.	Feeding Tube							
14.	Dehydration/Fluid Maintenance							
15.	Dental Care							
16.	Pressure Ulcer							
17.	Psychotropic Drug Use							
18.	Physical Restraints							
19.	Pain							
20.	Return to Community Referral							
В.	Signature of RN Coordinator for CA	A Process and Date Sigr	ied					
1.	Signature			2	. Date  Month Day Year			
C.	Signature of Person Completing Card	e Plan Decision and Date	Signed					
1.	Signature			2	. Date			

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Date

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Complete S Identificatio section, reprodi This information X0150. Typ  Enter Code Typ	K - Correction Request  ection X only if A0050 = 2 or 3  n of Record to be Modified/Inactivated - The following items identify the existing assessment record the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorn is necessary to locate the existing record in the National MDS Database.  e of Provider (A0200 on existing record to be modified/inactivated)  e of provider  1. Nursing home (SNF/NF)	Date	
Complete S Identificatio section, reprodi This information X0150. Typ  Enter Code Typ	ection X only if A0050 = 2 or 3  n of Record to be Modified/Inactivated - The following items identify the existing assessment record the information EXACTLY as it appeared on the existing erroneous record, even if the information is incord is necessary to locate the existing record in the National MDS Database.  e of Provider (A0200 on existing record to be modified/inactivated)  e of provider	ord that is orrect.	in error. In this
Enter Code Typ	e of provider		
X0200. Naı	2. Swing Bed		
	ne of Resident (A0500 on existing record to be modified/inactivated)		
	First name:  Last name:		
X0300. Gei	nder (A0800 on existing record to be modified/inactivated)		
Enter Code	1. Male 2. Female		
 X0400. Bir	h Date (A0900 on existing record to be modified/inactivated)		
	Month Day Year		
X0500. So	ial Security Number (A0600A on existing record to be modified/inactivated)		
Х0600. Тур	e of Assessment (A0310 on existing record to be modified/inactivated)		
Enter Code A.	Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14)  02. Quarterly review assessment  03. Annual assessment  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		
Enter Code <b>F.</b>	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		
Enter Code H.	Is this a SNF Part A PPS Discharge Assessment?  0. No 1. Yes		

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Resident

Section	on X - Correction Request
Comple	te Section X only if A0050 = 2 or 3
Identific	ation of Record to be Modified/Inactivated
	ing items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on g erroneous record, even if the information is incorrect.
This inforn	nation is necessary to locate the existing record in the National MDS Database.
X0150.	Type of Provider (A0200 on existing record to be modified/inactivated)
Enter Code	Type of provider  1. Nursing home (SNF/NF)  2. Swing Bed
X0200.	Name of Resident (A0500 on existing record to be modified/inactivated)
	A. First name:  C. Last name:
X0310.	Sex (A0810 on existing record to be modified/inactivated)
Enter Code	1. Male 2. Female
X0400.	Birth Date (A0900 on existing record to be modified/inactivated)
	Month Day Year
X0500.	Social Security Number (A0600A on existing record to be modified/inactivated)

Identifier

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Section X - Correction Request  Complete Section X only if A0050 = 2 or 3  Identification of Record to be Modified/Inactivated. The following items identify the existing assessment record that is in error, in this section, reproduce the archimeter EA/Crt I val appeared on the existing encous record, even if the information is incorrect. This information is necessary to locate the existing record to the National MDS Database.  X0150. Type of Provider (A0200 on existing record to be modified/inactivated)  ***Principle**  X0200. Name of Resident (A0500 on existing record to be modified/inactivated)  ***A First name:  C. Last name:  C. Last name:  C. Last name:  1. Male 2. Female  X0400. Birth Date (A0900 on existing record to be modified/inactivated)  ***X0500. Social Security Number (A0600A on existing record to be modified/inactivated)  ***X0500. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  ***X0600. Type of Asse			← v1.19.1 • OLD
Complete Section X only if A0050 = 2 or 3 Identification of Record to be Modified/inactivated - The following items identify the existing assessment record that is in error. In this section, reproduce the information is processes yo locate the existing record in the National MDS Database.  X0150. Type of Provider (A0200 on existing record to be modified/inactivated)  Type of provider 1. Nursing home (SNFNF)  2. Swing Bed  X0200. Name of Resident (A0500 on existing record to be modified/inactivated)  A. First name:  C. Last name:  X0300. Social Security Number (A0600A on existing record to be modified/inactivated)  X0500. Social Security Number (A0600A on existing record to be modified/inactivated)  X0500. Social Security Number (A0600A on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Company (A0600A on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be mo	Resident	Identifier	Date
Identification of Record to be Modified/Inactivated - The following lims identify the existing assessment record that is in error. In this section, reproduce the information text NaCrUL six it speared on the existing recroed event if the information is incorrect.    X0150. Type of Provider (A0200 on existing record to be modified/inactivated)	Section	tion X - Correction Request	
Type of provider  1. Nursing home (SNF/NF) 2. Swring Bed  X0200. Name of Resident (A0500 on existing record to be modified/inactivated) A. First name:  C. Last name:  C. Last name:  1. Male 2. Female  X0400. Birth Date (A0900 on existing record to be modified/inactivated)	Identific section, re	tification of Record to be Modified/Inactivated - The following items identify n, reproduce the information EXACTLY as it appeared on the existing erroneous record, e	the existing assessment record that is in error. In this ven if the information is incorrect.
1. Nursing home (SNF/NF)	X0150.	<b>50.</b> Type of Provider (A0200 on existing record to be modified/inactivated)	
A. First name:  C. Last name:  C. Last name:  C. Last name:  1. Male 2. Female  X0400. Birth Date (A0900 on existing record to be modified/inactivated)  Day Year  X0500. Social Security Number (A0600A on existing record to be modified/inactivated)  X0600. Type of Assessment (A09010 on existing record to be modified/inactivated)  X0600. Type of Assessment (A09010 on existing record to be modified/inactivated)  A. Federal OBRA Reason for Assessment  11. Admission assessment (required by day 14) 12. Quarterly review assessment  A. A Fideral OBRA Reason for Assessment  13. Significant correction to prior comprehensive assessment  35. Significant correction to prior quarterly assessment  16. Significant correction to prior quarterly assessment  99. None of the above  B. PPS Sheeduled Assessment for a Medicare Part A Stay  10. Interim Payment Assessment  Not PPS Assessment  Not PPS Assessment  PPS Unscheduled Assessment for a Medicare Part A Stay  10. Isocharge assessment-return not anticipated  11. Discharge assessment-return anticipated  11. Discharge assessment-return anticipated  12. Death in facility tracking record  13. Sune of the above  H. Is this a SNF Part A PPS Discharge Assessment?  0. None of the above	Enter Code	1. Nursing home (SNF/NF)	
C. Last name:    X0300. Gender (A0800 on existing record to be modified/inactivated)   2. Female	X0200.	<b>Name of Resident</b> (A0500 on existing record to be modified/inactivated)	
X0300. Gender (A0800 on existing record to be modified/inactivated)  1. Male 2. Female  X0400. Birth Date (A0900 on existing record to be modified/inactivated)		A. First name:	
X0300. Gender (A0800 on existing record to be modified/inactivated)  1. Male 2. Female  X0400. Birth Date (A0900 on existing record to be modified/inactivated)			
Type of Assessment (and in a price of the above		C. Last name:	$\Box$
Type of Assessment (and in a price of the above			<del></del>
X0400. Birth Date (A0900 on existing record to be modified/inactivated)			
X0500. Social Security Number (A0600A on existing record to be modified/inactivated)  X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  A. Federal OBRA Reason for Assessment 01. Admission assessment ((equired by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant correction to prior comprehensive assessment 05. Significant correction to prior quarterly assessment 06. Significant correction to prior quarterly assessment 07. Social Security assessment 08. PPS Assessment 199. None of the above  B. PPS Assessment PPS Cheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled		2. Female	
X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  Enter Code  H. Is this a SNF Part A PPS Discharge Assessment?  O. No	X0400.	Do. Birth Date (A0900 on existing record to be modified/inactivated)	
X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  Enter Code  Type of Assessment (A0310 on existing record to be modified/inactivated)  A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 09. None of the above  Enter Code  B. PPS Assessment PPS Unscheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment PPS Unscheduled Assessment 99. None of the above  F. Enter Code Discharge assessment-return not anticipated 10. Discharge assessment-return anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above  H. Is this a SNF Part A PPS Discharge Assessment? 0. No			
X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)  Enter Code  A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 07. Solon fitte above  B. PPS Assessment PPS Assessment for a Medicare Part A Stay 07. 5-day scheduled 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  Enter Code  H. Is this a SNF Part A PPS Discharge Assessment? 0. No	X0500.	· · · · · · · · · · · · · · · · · · ·	1)
A. Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant correction to prior comprehensive assessment 05. Significant correction to prior quarterly assessment 08. Significant correction to prior quarterly assessment 09. None of the above  B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment PPS Unscheduled Assessment PPS Unscheduled Assessment 99. None of the above  Enter Code  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  Enter Code H. Is this a SNF Part A PPS Discharge Assessment? 0. No	λοσσο.	v. Social Security Number (Necessary record to be meanical naturally	4)
A. Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant correction to prior comprehensive assessment 05. Significant correction to prior quarterly assessment 08. Significant correction to prior quarterly assessment 09. None of the above  B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment PPS Unscheduled Assessment PPS Unscheduled Assessment 99. None of the above  Enter Code  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  Enter Code H. Is this a SNF Part A PPS Discharge Assessment? 0. No			
O1. Admission assessment (required by day 14) O2. Quarterly review assessment O3. Annual assessment O4. Significant correction to prior comprehensive assessment O5. Significant correction to prior quarterly assessment O6. Significant correction to prior quarterly assessment O7. Solome of the above  Enter Code  B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay O7. 5-day scheduled Assessment PPS Unscheduled Assessment PPS Unscheduled Assessment O8. IPA - Interim Payment Assessment  Not PPS Assessment 99. None of the above  Enter Code  F. Entry/discharge reporting O1. Entry tracking record O1. Discharge assessment-return not anticipated O1. Discharge assessment-return anticipated O2. Death in facility tracking record O3. No  Enter Code H. Is this a SNF Part A PPS Discharge Assessment? O. No	X0600.	<b>100.</b> Type of Assessment (A0310 on existing record to be modified/inactivated)	
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  Enter Code  H. Is this a SNF Part A PPS Discharge Assessment?  0. No	Enter Code	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	
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  Enter Code H. Is this a SNF Part A PPS Discharge Assessment? 0. No	Enter Code	PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay	
O1. 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  Enter Code  H. Is this a SNF Part A PPS Discharge Assessment? 0. No			
0. <b>No</b>	Enter Code	<ul> <li>01. Entry tracking record</li> <li>10. Discharge assessment-return not anticipated</li> <li>11. Discharge assessment-return anticipated</li> <li>12. Death in facility tracking record</li> </ul>	
	Enter Code	0. <b>No</b>	

NEW • v1.20.1 →

Resident

Soction	on X - Correction Request
X0600.	Type of Assessment (A0310 on existing record to be modified/inactivated)
Enter Code	A. Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14)  02. Quarterly review assessment  03. Annual assessment  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
Enter Code	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
Enter Code	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
Enter Code	<ul><li>H. Is this a SNF Part A PPS Discharge Assessment?</li><li>0. No</li><li>1. Yes</li></ul>
X0700.	Date on existing record to be modified/inactivated Complete one only
	A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99    Month   Day   Year
	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

Identifier

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		◆ v1.19.1 • OLD
Resident		Identifier Date
		X - Correction Request
X0700.		te on existing record to be modified/inactivated - Complete one only
	A.	Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99  Month Day Year
	В.	Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12  Month Day Year
•		Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01  Month Day Year
		Attestation Section - Complete this section to explain and attest to the modification/inactivation request rrection Number
Enter Number		er the number of correction requests to modify/inactivate the existing record, including the present one
X0900.	Re	asons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)
	Che	eck all that apply
	A.	Transcription error
	B.	Data entry error
	C.	Software product error
	D.	Item coding error
	Z.	Other error requiring modification  If "Other" checked, please specify:
X1050.	Re	asons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
	Che	eck all that apply
	A.	Event did not occur
	Z.	Other error requiring inactivation If "Other" checked, please specify:
X1100.	RN	Assessment Coordinator Attestation of Completion
	A.	Attesting individual's first name:
	В.	Attesting individual's last name:
	<b>C</b> .	Attesting individual's title:
	D.	Signature
	E.	Attestation date

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Resident

Section	on X - Correction Request
X0600.	Type of Assessment (A0310 on existing record to be modified/inactivated)
Enter Code	A. Federal OBRA Reason for Assessment  01. Admission assessment (required by day 14)  02. Quarterly review assessment  03. Annual assessment  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
Enter Code	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
Enter Code	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
Enter Code	<ul><li>H. Is this a SNF Part A PPS Discharge Assessment?</li><li>0. No</li><li>1. Yes</li></ul>
X0700.	Date on existing record to be modified/inactivated Complete one only
	A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99    Month   Day   Year
	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

Identifier

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Resident		Identifier Date	
Section	on	X - Correction Request	
X0700.	Da	te on existing record to be modified/inactivated - Complete one only	
	A.	Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99	
		Month Day Year	
	В.	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	
		Attestation Section - Complete this section to explain and attest to the modification/inactivation request	
	Со	prrection Number	
Enter Number		ter the number of correction requests to modify/inactivate the existing record, including the present one	
X0900.		easons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)	
	Che	eck all that apply	
	A.	Transcription error	
	B.	Data entry error	
	C.	Software product error	
	D.	Item coding error	
	Z.	Other error requiring modification If "Other" checked, please specify:	
X1050.	Re	easons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)	
<b>↓</b>	Che	eck all that apply	
	A.	Event did not occur	
	Z.	Other error requiring inactivation If "Other" checked, please specify:	
X1100.	RN	Assessment Coordinator Attestation of Completion	
	A.	Attesting individual's first name:	
	В.	Attesting individual's last name:	
	C.	Attesting individual's title:	
	D.	Signature	
	<u>E.</u>	Attestation date	
	<b>L</b> .	Month Day Year	

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esident	identifier Date
• 4:	
Sectio	on X - Correction Request
Correcti	on Attestation Section
Complete to	his section to explain and attest to the modification/inactivation request
X0800.	Correction Number
nter Number	Enter the number of correction requests to modify/inactivate the existing record, including the present one
X0900.	Reasons for Modification  Complete only if Type of Record is to modify a record in error (A0050 = 2)
ļ	Check all that apply
	A. Transcription error
	B. Data entry error
	C. Software product error
	D. Item coding error
	Z. Other error requiring modification If "Other" checked, please specify:
X1050.	Reasons for Inactivation Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
Ţ	Check all that apply
	A. Event did not occur
	Z. Other error requiring inactivation If "Other" checked, please specify:
X1100.	RN Assessment Coordinator Attestation of Completion
	A. Attesting individual's first name:
	B. Attesting individual's last name:
	C. Attesting individual's title:
	D. Signature
	E. Attestation date    Day Year   Page 1   Page 2   Page 2   Page 3   Page

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# SHP for Skilled Nursing MDS 1.19.1 to MDS 1.20.1 Crosswalk Guide



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Resident	Identifi	er	Date				
Section Z - Assessment Administration							
Z0100.	. Medicare Part A Billing						
	A. Medicare Part A HIPPS code:						
	B. Version code:						
Z0200.	00. State Medicaid Billing (if required by the state)						
	A. Case Mix group:						
	B. Version code:						
Z0250.	. Alternate State Medicaid Billing (if required by the state	)					
	A. Case Mix group:						
	B. Version code:						
Z0300.	. Insurance Billing						
	A. Billing code:						
	B. Billing version:						

KH			

Resident

Section	on Z - Assessment Administration			
Z0100.	Medicare Part A Billing			
	A. Medicare Part A HIPPS code:			
	B. Version code:			
Z0200.	State Medicaid Billing (if required by the state)			
	A. Case Mix group:			
	B. Version code:			
Z0250.	Alternate State Medicaid Billing (if required by the state)			
	A. Case Mix group:			
	B. Version code:			
Z0300.	Insurance Billing			
	A. Billing code:			
	B. Billing version:			

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Identifier

Date



Resident



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