


**Track Changes
from Chapter 3 Intro v1.17.1
to Chapter 3 Intro v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
3	3.1	3-1	Additional layout issues to note include: (1) the  symbol is displayed in all MDS 3.0 sections/items that require a resident interview, and (2) important definitions are highlighted in the column text boxes, and these and other definitions of interest may be found, along with other definitions of interest, in the Appendix A: Glossary and Common Acronyms.
3	3.2– 3.3	3-2– 3-5	Page length changed due to revised content.
3	3.2	3-2	<ul style="list-style-type: none"> While it is important to understand and apply the information in Chapter 3, facilities should also become familiar with Chapters 1, 2, 4, 5 and 6. These Chapters provide the framework and supporting information for data collected on the item set as well as the process for further assessment and care planning, submitting and modifying assessments, and information on the SNF PPS payment system. It is important to understand the entire process of the RAI in conjunction with the intent and rationale for coding items on the MDS 3.0 item set. Check the MDS 3.0 Web site regularly for updates at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html. If you require further assistance, submit your question to your State RAI Coordinator listed in Appendix B: State Agency and CMS Regional Office Locations RAI/MDS Contacts available in the Downloads section on CMS' website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html.

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3	3.2	3-2	<p>3. Complete a thorough review of Chapter 3.</p> <ul style="list-style-type: none"> Review procedural instructions, time frames, and general coding conventions. Become familiar with the intent of each item, rationale and steps for assessment. Become familiar with the item itself with its coding choices and responses options, keeping in mind the clarifications, issues of note, and other pertinent information needed to understand how to code the item.
3	3.2	3-3	<ul style="list-style-type: none"> Review the test case you completed. Would you still code it the same way? Are you surprised by any definitions, instructions, or case examples? For example, do you understand how to code ADLs Functional Abilities and Goals? As you review the coding choices in your test case against the manual, make notations corresponding to the section(s) of this Manual where you need further clarification, or where questions arose. Note sections of the manual that help to clarify these coding and procedural questions. Would you now complete your initial case differently? It will take time to go through all this material. Do it slowly and carefully without rushing. Discuss any clarifications, questions or issues with your State RAI Coordinator (see Appendix B: State Agency and CMS Regional Office Locations RAI/MDS Contacts available in the Downloads section on CMS' website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html).

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3	3.3	3-3	<p>3.3 Coding Conventions</p> <p>There are several standard conventions to be used when completing the MDS assessment, as follows.</p> <ul style="list-style-type: none"> The standard look-back period for the MDS 3.0 is 7 days, unless otherwise stated. With the exception of certain items (e.g., some items in Sections J, K and O), the look-back period <u>does not</u> extend into the preadmission period unless the item instructions state otherwise. In the case of reentry, the look-back period <u>does not</u> extend into time prior to the reentry, unless instructions state otherwise.
3	3.3	3-3	<ul style="list-style-type: none"> When determining the response to items that have a look-back period relating back to the Admission/Entry, Reentry, or Prior OBRA or scheduled PPS assessment, whichever is most recent, staff must only consider those assessments that are required to be submitted to the iQIES-ASAP system. PPS assessments that are completed for private insurance and Medicare Advantage Plans must not be submitted to the iQIES-ASAP system and therefore should not be considered when determining the “prior assessment.”

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3	3.3	3-4	<ul style="list-style-type: none">There are a few instances in which scoring on one item will govern how scoring is completed for one or more additional items. This is called a skip pattern. The instructions direct the assessor to “skip” over the next item (or several items) and go on to another. When you encounter a skip pattern, leave the item blank and move on to the next item as directed (e.g., item B0100, Comatose, directs if B0100 is answered code 1, yes, the assessor is instructed to skip to item GG0110, Activities of Daily Living (ADL) Assistance, if B0100 is answered code 1, yes. The intervening items from B0200–F0800 would not be coded (i.e., left blank). If B0100 was recorded as answered code 0, no, then the assessor would continue to code the MDS at the next item, B0200, Hearing).Use a check mark for boxes where the instructions state to “check all that apply,” if the specified condition is met; otherwise, these boxes should remain blank (e.g., F0800, Staff Assessment of Daily and Activity Preferences, boxes A-Z).Use a numeric response (a number or pre-assigned value) for blank boxes (e.g., M1030, Number of Venous and Arterial Ulcers).When completing hard copy forms to be used for data entry, capital letters may be easiest to read. Print legibly to ensure accurate encoding of data.When recording month, day, and year for dates, enter two digits for the month and the day and four digits for the year. For example, the third day of January in the year 201120 is recorded as:																																
3	3.3	3-4	<p>Replaced image.</p> <p>OLD</p> <table><tr><td>0</td><td>1</td><td>0</td><td>3</td><td>2</td><td>0</td><td>1</td><td>1</td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="4">Year</td></tr></table> <p>NEW</p> <table><tr><td>0</td><td>1</td><td>0</td><td>3</td><td>2</td><td>0</td><td>2</td><td>0</td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="4">Year</td></tr></table>	0	1	0	3	2	0	1	1	Month		Day		Year				0	1	0	3	2	0	2	0	Month		Day		Year			
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3	3.3	3-4	<ul style="list-style-type: none"> Almost all MDS 3.0 items allow a dash (-) value to be entered and submitted to the MDS iQIES-ASAP system. — A dash value indicates that an item was not assessed. This most often occurs when a resident is discharged before the item could be assessed.
3	3.3	3-5– 3-6	Note: Deleted table containing the Section, Title, and Intent of Chapter 3 files. This table duplicated information located in Chapter 1, Section 1.7, Layout of the RAI Manual.