

MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING

Section A	Identification Information
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A0050. Type of Record	
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Enter Code <input style="width: 100%;" type="text"/>	<ol style="list-style-type: none"> 1. Add new record → Continue to A0100, Facility Provider Numbers 2. Modify existing record → Continue to A0100, Facility Provider Numbers 3. Inactivate existing record → Skip to X0150, Type of Provider
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A0100. Facility Provider Numbers	
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	<p>A. National Provider Identifier (NPI):</p> <p>B. CMS Certification Number (CCN):</p> <p>C. State Provider Number:</p>
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A0200. Type of Provider	
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Enter Code <input style="width: 100%;" type="text"/>	<p>Type of provider</p> <ol style="list-style-type: none"> 1. Nursing home (SNF/NF) 2. Swing Bed
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A0310. Type of Assessment	
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Enter Code <input style="width: 100%;" type="text"/>	<p>A. Federal OBRA Reason for Assessment</p> <ol style="list-style-type: none"> 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 <input style="width: 100%;" type="text"/>	<p>B. PPS Assessment</p> <p>PPS Scheduled Assessments for a Medicare Part A Stay</p> <ol style="list-style-type: none"> 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment <p>PPS Unscheduled Assessments for a Medicare Part A Stay</p> <ol style="list-style-type: none"> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) <p>Not PPS Assessment</p> <ol style="list-style-type: none"> 99. None of the above
Enter Code <input style="width: 100%;" type="text"/>	<p>C. PPS Other Medicare Required Assessment - OMRA</p> <ol style="list-style-type: none"> 0. No 1. Start of therapy assessment 2. End of therapy assessment 3. Both Start and End of therapy assessment 4. Change of therapy assessment
Enter Code <input style="width: 100%;" type="text"/>	<p>D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2</p> <ol style="list-style-type: none"> 0. No 1. Yes
Enter Code <input style="width: 100%;" type="text"/>	<p>E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</p> <ol style="list-style-type: none"> 0. No 1. Yes

Section A	Identification Information
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A0310. Type of Assessment - Continued

Enter Code <input type="checkbox"/>	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 <input type="checkbox"/>	G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned
Enter Code <input type="checkbox"/>	H. Is this a SNF PPS Part A Discharge (End of Stay) Assessment? 0. No 1. Yes

A0410. Unit Certification or Licensure Designation

Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3. Unit is Medicare and/or Medicaid certified
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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 (or comparable railroad insurance number):

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient

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A0800. Gender

Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> 1. Male 2. Female
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A0900. Birth Date

	— — Month Day Year
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A1000. Race/Ethnicity

↓ Check all that apply

<input type="checkbox"/>	A. American Indian or Alaska Native
<input type="checkbox"/>	B. Asian
<input type="checkbox"/>	C. Black or African American
<input type="checkbox"/>	D. Hispanic or Latino
<input type="checkbox"/>	E. Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	F. White

Section A	Identification Information
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A1100. Language	
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	<p>A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?</p> <p>0. No → Skip to A1200, Marital Status</p> <p>1. Yes → Specify in A1100B, Preferred language</p> <p>9. Unable to determine → Skip to A1200, Marital Status</p> <p>B. Preferred language:</p>

A1200. Marital Status	
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	<p>1. Never married</p> <p>2. Married</p> <p>3. Widowed</p> <p>4. Separated</p> <p>5. Divorced</p>

A1300. Optional Resident Items	
	<p>A. Medical record number:</p> <p>B. Room number:</p> <p>C. Name by which resident prefers to be addressed:</p> <p>D. Lifetime occupation(s) - put "/" between two occupations:</p>

A1500. Preadmission Screening and Resident Review (PASRR)	
Complete only if A0310A = 01, 03, 04, or 05	
Enter Code <input style="width: 30px; height: 20px;" type="text"/>	<p>Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?</p> <p>0. No → Skip to A1550, Conditions Related to ID/DD Status</p> <p>1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions</p> <p>9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status</p>

A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions	
Complete only if A0310A = 01, 03, 04, or 05	
↓ Check all that apply	
<input type="checkbox"/>	A. Serious mental illness
<input type="checkbox"/>	B. Intellectual Disability ("mental retardation" in federal regulation)
<input type="checkbox"/>	C. Other related conditions

Section A	Identification Information
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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

↓ **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
<input type="checkbox"/>	A. Down syndrome
<input type="checkbox"/>	B. Autism
<input type="checkbox"/>	C. Epilepsy
<input type="checkbox"/>	D. Other organic condition related to ID/DD
	ID/DD Without Organic Condition
<input type="checkbox"/>	E. ID/DD with no organic condition
	No ID/DD
<input type="checkbox"/>	Z. None of the above

Most Recent Admission/Entry or Reentry into this Facility

A1600. Entry Date

	_ _ _ Month Day Year
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A1700. Type of Entry

Enter Code <input style="width: 20px; height: 20px;" type="text"/>	1. Admission 2. Reentry
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A1800. Entered From

Enter Code <input style="width: 20px; height: 20px;" type="text"/>	01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 09. Long Term Care Hospital (LTCH) 99. Other
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A1900. Admission Date (Date this episode of care in this facility began)

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A2000. Discharge Date
 Complete only if A0310F = 10, 11, or 12

	_ _ _ Month Day Year
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Section A	Identification Information
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A2100. Discharge Status Complete only if A0310F = 10, 11, or 12

Enter Code <input style="width: 100%; height: 20px;" type="text"/>	<ul style="list-style-type: none"> 01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 08. Deceased 09. Long Term Care Hospital (LTCH) 99. Other
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A2200. Previous Assessment Reference Date for Significant Correction Complete only if A0310A = 05 or 06

	- - Month Day Year
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A2300. Assessment Reference Date

	Observation end date:
	- - Month Day Year

A2400. Medicare Stay

Enter Code <input style="width: 100%; height: 20px;" type="text"/>	<p>A. Has the resident had a Medicare-covered stay since the most recent entry?</p> <ul style="list-style-type: none"> 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay <p>B. Start date of most recent Medicare stay:</p> <div style="text-align: center; padding: 5px;"> - - Month Day Year </div> <p>C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:</p> <div style="text-align: center; padding: 5px;"> - - Month Day Year </div>
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Section GG**Functional Abilities and Goals - Admission (Start of SNF PPS Stay)****GG0130. Self-Care** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)

Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.**Coding:****Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused.**
- 09. **Not applicable.**
- 88. Not attempted due to **medical condition or safety concerns.**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
[]	[]	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
[]	[]	B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
[]	[]	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

Section GG**Functional Abilities and Goals - Admission (Start of SNF PPS Stay)****GG0170. Mobility** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)

Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay, code the reason. Code the patient's end of SNF PPS stay goal(s) using the 6-point scale.**Coding:****Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused.**
- 09. **Not applicable.**
- 88. Not attempted due to **medical condition or safety concerns.**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	C. Lying to sitting on side of bed: The ability to safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	D. Sit to stand: The ability to safely come to a standing position from sitting in a chair or on the side of the bed.
<input type="text"/>	<input type="text"/>	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	F. Toilet transfer: The ability to safely get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	H1. Does the resident walk? 0. No , and walking goal is <u>not</u> clinically indicated → Skip to GG0170Q1, Does the resident use a wheelchair/scooter? 1. No , and walking goal <u>is</u> clinically indicated → Code the resident's discharge goal(s) for items GG0170J and GG0170K 2. Yes → Continue to GG0170J, Walk 50 feet with two turns
<input type="text"/>	<input type="text"/>	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	Q1. Does the resident use a wheelchair/scooter? 0. No → Skip to GG0130, Self Care 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/>	<input type="text"/>	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized
<input type="text"/>	<input type="text"/>	S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.
<input type="text"/>	<input type="text"/>	SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized

Section GG**Functional Abilities and Goals - Discharge (End of SNF PPS Stay)****GG0130. Self-Care** (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)Complete only if A0310G is not = 2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03**Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.****Coding:****Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. **Resident refused.**
- 09. **Not applicable.**
- 88. Not attempted due to **medical condition or safety concerns.**

3.	
Discharge Performance	
Enter Code <input type="text"/>	A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/tray. Includes modified food consistency.
Enter Code <input type="text"/>	B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.]
Enter Code <input type="text"/>	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

Section GG**Functional Abilities and Goals - Discharge (End of SNF PPS Stay)****GG0170. Mobility** (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)Complete only if A0310G is not = 2 **and** A0310H = 1 **and** A2400C minus A2400B is greater than 2 **and** A2100 is not = 03**Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason.****Coding:****Safety and Quality of Performance** - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.*Activities may be completed with or without assistive devices.*

06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
05. **Setup or clean-up assistance** - Helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity.
04. **Supervision or touching assistance** - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
03. **Partial/moderate assistance** - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
02. **Substantial/maximal assistance** - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
01. **Dependent** - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

07. **Resident refused.**
09. **Not applicable.**
88. Not attempted due to **medical condition or safety concerns.**

3.**Discharge Performance****Enter Codes in Boxes****B. 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 safely move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.**D. Sit to stand:** The ability to safely come to a standing position from sitting in a chair or on the side of the bed.**E. Chair/bed-to-chair transfer:** The ability to safely transfer to and from a bed to a chair (or wheelchair).**F. Toilet transfer:** The ability to safely get on and off a toilet or commode.**H3. Does the resident walk?**

0. **No** → Skip to GG0170Q3, Does the resident use a wheelchair/scooter?
2. **Yes** → Continue to GG0170J, Walk 50 feet with two turns

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.**Q3. Does the resident use a wheelchair/scooter?**

0. **No** → Skip to H0100, Appliances
1. **Yes** → Continue to GG0170R, Wheel 50 feet with two turns

R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.**RR3. Indicate the type of wheelchair/scooter used.**

1. **Manual**
2. **Motorized**

S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.**SS3. Indicate the type of wheelchair/scooter used.**

1. **Manual**
2. **Motorized**