

APPENDIX F MDS ITEM MATRIX

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets								Item Groups							D/C Items					
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C			
MDS Item	Description	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X			
A0050	Type of Record			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X			
A0100A	Facility National Provider Identifier (NPI)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X			
A0100B	Facility CMS Certification Number (CCN)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X			
A0100C	State provider number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X			
A0200	Type of provider	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X		
A0310A	Type of assessment: OBRA	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X		
A0310B	Type of assessment: PPS	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X	X	X		
A0310C	Type of assessment: OMRA	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X		
A0310D	Swing bed clinical change assessment			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				X	X			X	X	X	
A0310E	First assessment since most recent entry	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X		
A0310F	Entry/discharge reporting	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	
A0310G	Planned/unplanned discharge	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	X	
A0310H	SNF Part A PPS Discharge	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X						X	X	X	
A0410	Submission requirement			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0500A	Resident first name			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X								X	X	X
A0500B	Resident middle initial			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0500C	Resident last name			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0500D	Resident name suffix			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0600A	Social Security Number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0600B	Resident Medicare/railroad insurance number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0700	Resident Medicaid number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0800	Gender			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A0900	Birthdate	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000A	Ethnicity: American Indian or Alaska Native			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000B	Ethnicity: Asian			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000C	Ethnicity: Black or African American			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000D	Ethnicity: Hispanic or Latino			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000E	Ethnicity: Native Hawaiian or Other Pacific Islander			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1000F	Ethnicity: White			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1100A	Does the resident need or want an interpreter	X		X	X	X	X		X	X	X	X		X	X		X	X	X	X	X		5									X	X	X	
A1100B	Preferred language			X	X	X	X		X	X	X	X		X	X		X	X	X	X	X		5									X	X	X	
A1200	Marital status			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1300A	Medical record number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1300B	Room number			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1300C	Name by which resident prefers to be addressed			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1300D	Lifetime occupation(s)			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	
A1500	Resident evaluated by PASRR	X		X	X	S	S																									X			
A1510A	Level II PASRR conditions: Serious Mental Illness			X	X	S	S																												
A1510B	Level II PASRR conditions: Intellectual Disability ("mental retardation" in federal regulation)			X	X	S	S																												
A1510C	Level II PASRR conditions: Other related conditions			X	X	S	S																												
A1550A	ID/DD status: Down syndrome			X	X	S	S																									X			
A1550B	ID/DD status: Autism			X	X	S	S																									X			
A1550C	ID/DD status: Epilepsy			X	X	S	S																												
A1550D	ID/DD status: other organic ID/DD condition			X	X	S	S																									X			
A1550E	ID/DD status: ID/DD with no organic condition			X	X	S	S																									X			
A1550Z	ID/DD status: none of the above		X	X	X	S	S																												
A1600	Entry date (date of admission/reentry in facility)	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	
A1700	Type of entry			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					X	X	X	
A1800	Entered from			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X						X	X	X	X	
A1900	Admission date			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X							X	X	X	

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A2000	Discharge date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x	x	x						x	x
A2100	Discharge status	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x							x	x	x
A2200	Previous assessment reference date for significant correction			x	x	x	x															1										
A2300	Assessment reference date	x		x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2	x	x			x	x		x	x
A2400A	Has resident had Medicare-covered stay	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x							x	x	
A2400B	Start date of most recent Medicare stay	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x		x		x			x	x	
A2400C	End date of most recent Medicare stay	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x		x		x		x			x	x	
B0100	Comatose	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x	x	x	
B0200	Hearing			x	x	x	x								x											x						
B0300	Hearing aid			x	x	x	x								x																	
B0600	Speech clarity			x	x	x	x								x																	
B0700	Makes self understood			x	x	x	x			x	x				x				x	x							x		x	x		
B0800	Ability to understand others			x	x	x	x								x											x						
B1000	Vision			x	x	x	x								x											x						
B1200	Corrective lenses			x	x	x	x								x																	
C0100	BIMS: should resident interview be conducted	x		x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0200	BIMS res interview: repetition of three words			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0300A	BIMS res interview: able to report correct year			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0300B	BIMS res interview: able to report correct month			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0300C	BIMS res interview: able report correct day of week			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0400A	BIMS res interview: able to recall "sock"			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0400B	BIMS res interview: able to recall "blue"			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0400C	BIMS res interview: able to recall "bed"			x	x	x	x		x	x	x	x			x		x	x	x	x					+			+	+		x	
C0500	BIMS res interview: summary score			x	x	x	x		x	x	x	x			x		x	x	x	x					x	x		x	x	x	x	
C0600	Staff assessment mental status: conduct assessment	x		x	x	x	x		x	x	x	x			x		x	x	x	x								+	+		x	x
C0700	Staff assessment mental status: short-term memory OK			x	x	x	x		x	x	x	x			x		x	x	x	x					x	x		x	x	x	x	
C0800	Staff assessment mental status: long-term memory OK			x	x	x	x								x											x						
C0900A	Staff assessment mental status: recall current season			x	x	x	x								x																	
C0900B	Staff assessment mental status: recall location of room			x	x	x	x								x																	
C0900C	Staff assessment mental status: recall staff names/faces			x	x	x	x								x																	
C0900D	Staff assessment mental status: recall in nursing home			x	x	x	x								x																	
C0900Z	Staff assessment mental status: none of above recalled		x	x	x	x	x								x																	
C1000	Cognitive skills for daily decision making			x	x	x	x		x	x	x	x			x		x	x	x	x					x	x		x	x	x	x	
C1310A	Acute Onset Mental Status Change			x	x	x	x		x		x	x			x		x		x	x						x				x	x	
C1310B	Signs of delirium: inattention			x	x	x	x		x		x	x			x		x		x	x						x				x	x	
C1310C	Signs of delirium: disorganized thinking			x	x	x	x		x		x	x			x		x		x	x						x				x	x	
C1310D	Signs of delirium: altered level of consciousness			x	x	x	x		x		x	x			x		x		x	x						x				x	x	
D0100	PHQ: should resident mood interview be conducted	x		x	x	x	x		x	x	x	x			x		x	x	x	x								+	+		x	
D0200A1	PHQ res: little interest or pleasure - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		+	+		x	
D0200A2	PHQ res: little interest or pleasure - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x			+	+		x	
D0200B1	PHQ res: feeling down, depressed - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x								+	+		x	
D0200B2	PHQ res: feeling down, depressed - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x			+	+		x	
D0200C1	PHQ res: trouble with sleep - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x								+	+		x	
D0200C2	PHQ res: trouble with sleep - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x			+	+		x	
D0200D1	PHQ res: feeling tired/little energy - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x								+	+		x	
D0200D2	PHQ res: feeling tired/little energy - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x			+	+		x	

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D0200E1	PHQ res: poor appetite or overeating - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0200E2	PHQ res: poor appetite or overeating - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0200F1	PHQ res: feeling bad about self - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0200F2	PHQ res: feeling bad about self - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0200G1	PHQ res: trouble concentrating - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0200G2	PHQ res: trouble concentrating - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0200H1	PHQ res: slow, fidgety, restless - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0200H2	PHQ res: slow, fidgety, restless - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0200I1	PHQ res: thoughts better off dead - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x			+	+		x		
D0200I2	PHQ res: thoughts better off dead - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0300	PHQ res: total mood severity score	x		x	x	x	x		x	x	x	x			x		x	x	x	x					x	x		x	x	x	x	x		
D0350	PHQ res: safety notification			x	x	x	x		x	x	x	x			x		x	x	x	x												x		
D0500A1	PHQ staff: little interest or pleasure - presence			x	x	x	x		x	x	x	x			x		x	x	x	x						x			+	+		x		
D0500A2	PHQ staff: little interest or pleasure - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500B1	PHQ staff: feeling down, depressed - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500B2	PHQ staff: feeling down, depressed - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500C1	PHQ staff: trouble with sleep - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500C2	PHQ staff: trouble with sleep - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500D1	PHQ staff: feeling tired/little energy - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500D2	PHQ staff: feeling tired/little energy - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500E1	PHQ staff: poor appetite or overeating - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500E2	PHQ staff: poor appetite or overeating - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500F1	PHQ staff: feeling bad about self - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500F2	PHQ staff: feeling bad about self - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500G1	PHQ staff: trouble concentrating - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500G2	PHQ staff: trouble concentrating - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500H1	PHQ staff: slow, fidgety, restless - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500H2	PHQ staff: slow, fidgety, restless - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500I1	PHQ staff: thoughts better off dead - presence	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x			+	+		x		
D0500I2	PHQ staff: thoughts better off dead - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0500J1	PHQ staff: short-tempered - presence			x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x		
D0500J2	PHQ staff: short-tempered - frequency			x	x	x	x		x	x	x	x			x		x	x	x	x					x				+	+		x		
D0600	PHQ staff: total mood severity score			x	x	x	x		x	x	x	x			x		x	x	x	x					x	x		x	x	x	x	x		
D0650	PHQ staff: safety notification			x	x	x	x		x	x	x	x			x		x	x	x	x												x		
E0100A	Psychosis: hallucinations			x	x	x	x		x	x	x	x			x		x	x	x	x				x				x	x			x	x	
E0100B	Psychosis: delusions			x	x	x	x		x	x	x	x			x		x	x	x	x				x				x	x			x	x	
E0100Z	Psychosis: none of the above		x	x	x	x	x		x	x	x	x			x		x	x	x	x									+	+		x	x	
E0200A	Physical behavioral symptoms directed toward others	x		x	x	x	x		x	x	x	x			x		x	x	x	x				x		x		x	x			x	x	
E0200B	Verbal behavioral symptoms directed toward others	x		x	x	x	x		x	x	x	x			x		x	x	x	x				x		x		x	x			x	x	
E0200C	Other behavioral symptoms not directed toward others	x		x	x	x	x		x	x	x	x			x		x	x	x	x				x		x		x	x			x	x	
E0300	Overall presence of behavioral symptoms	x		x	x	s	s																											
E0500A	Behavioral symptoms put res at risk for illness/injury			x	x	s	s																											
E0500B	Behavioral symptoms interfere with resident care			x	x	s	s																											
E0500C	Behavioral symptoms interfere with social activities			x	x	s	s																											
E0600A	Behavioral symptoms put others at risk for injury			x	x	s	s																											
E0600B	Behavioral symptoms intrude on privacy of others			x	x	s	s																											

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets							Item Groups							D/C Items			
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MDS Item	Description																															
E0600C	Behavioral symptoms disrupt care or living environment			x	x	s	s																									
E0800	Rejection of care: presence and frequency			x	x	x	x		x	x	x	x			x		x	x	x	x				x		x		x	x	x	x	x
E0900	Wandering: presence and frequency	x		x	x	x	x		x	x	x	x			x		x	x	x	x				x		x		x	x			
E1000A	Wandering: risk of getting to dangerous place			x	x	s	s																							x		
E1000B	Wandering: intrude on privacy of others			x	x	s	s																							x		
E1100	Change in behavior or other symptoms			x	x	s	s																			x						
F0300	Conduct res interview for daily/activity prefs	x		x	x	s	s																									
F0400A	Res interview: choose clothes to wear	x		x	x	s	s																									
F0400B	Res interview: take care of personal belongings	x		x	x	s	s																									
F0400C	Res interview: choose tub, bath, shower, sponge	x		x	x	s	s																									
F0400D	Res interview: have snacks between meals	x		x	x	s	s																									
F0400E	Res interview: choose own bedtime	x		x	x	s	s																									
F0400F	Res interview: discuss care with family/friend	x		x	x	s	s																									
F0400G	Res interview: use phone in private	x		x	x	s	s																									
F0400H	Res interview: lock things to keep them safe	x		x	x	s	s																									
F0500A	Res interview: have books, newspaper, mags to read	x		x	x	s	s																			x						
F0500B	Res interview: listen to music	x		x	x	s	s																			x						
F0500C	Res interview: be around animals/pets	x		x	x	s	s																			x						
F0500D	Res interview: keep up with news	x		x	x	s	s																			x						
F0500E	Res interview: do things with groups of people	x		x	x	s	s																			x						
F0500F	Res interview: do favorite activities	x		x	x	s	s																			x						
F0500G	Res interview: go outside when good weather	x		x	x	s	s																			x						
F0500H	Res interview: participate in religious practices	x		x	x	s	s																			x						
F0600	Primary respondent: daily/activities prefs			x	x	s	s																			x						
F0700	Conduct staff assessment for daily/activity prefs	x		x	x	s	s																									
F0800A	Staff assessment: choosing clothes to wear			x	x	s	s																									
F0800B	Staff assessment: caring for personal belongings			x	x	s	s																									
F0800C	Staff assessment: receiving tub bath			x	x	s	s																									
F0800D	Staff assessment: receiving shower			x	x	s	s																									
F0800E	Staff assessment: receiving bed bath			x	x	s	s																									
F0800F	Staff assessment: receiving sponge bath			x	x	s	s																									
F0800G	Staff assessment: snacks between meals			x	x	s	s																									
F0800H	Staff assessment: staying up past 8PM			x	x	s	s																									
F0800I	Staff assessment: discuss care with family/other			x	x	s	s																									
F0800J	Staff assessment: use phone in private			x	x	s	s																									
F0800K	Staff assessment: place to lock personal things			x	x	s	s																									
F0800L	Staff assessment: reading books, newspapers, mags			x	x	s	s																			x						
F0800M	Staff assessment: listening to music			x	x	s	s																			x						
F0800N	Staff assessment: being around animals/pets			x	x	s	s																			x						
F0800O	Staff assessment: keeping up with news			x	x	s	s																			x						
F0800P	Staff assessment: doing things with groups			x	x	s	s																			x						
F0800Q	Staff assessment: participating in favorite activities			x	x	s	s																			x						
F0800R	Staff assessment: spend time away from nursing home			x	x	s	s																			x						
F0800S	Staff assessment: spend time outdoors			x	x	s	s																			x						
F0800T	Staff assessment: participating in religious activities			x	x	s	s																			x						
F0800Z	Staff assessment: none of above activities		x	x	x	s	s																			x						

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets							Item Groups							D/C Items			
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MDS Item	Description																															
G0110A1	Bed mobility: self-performance			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x						x	x	x	x	x	x	x
G0110A2	Bed mobility: support provided			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
G0110B1	Transfer: self-performance			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x					x	x	x	x	x	x	x	x
G0110B2	Transfer: support provided			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
G0110C1	Walk in room: self-performance			x	x	x	x		x		x	x			x		x		x	x							x				x	x
G0110C2	Walk in room: support provided			x	x	x	x								x																	
G0110D1	Walk in corridor: self-performance			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x
G0110D2	Walk in corridor: support provided			x	x	x	x								x																	
G0110E1	Locomotion on unit: self-performance			x	x	x	x		x		x	x			x		x		x	x						x	x			x	x	x
G0110E2	Locomotion on unit: support provided			x	x	x	x								x																	
G0110F1	Locomotion off unit: self-performance			x	x	x	x		x		x	x			x		x		x	x							x				x	x
G0110F2	Locomotion off unit: support provided			x	x	x	x								x																	
G0110G1	Dressing: self-performance			x	x	x	x		x		x	x			x		x		x	x							x				x	x
G0110G2	Dressing: support provided			x	x	x	x								x																	
G0110H1	Eating: self-performance			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x						x	x	x	x	x	x	x
G0110H2	Eating: support provided			x	x	x	x	x	x	x	x				x	x	x	x	x													
G0110I1	Toilet use: self-performance			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x						x	x	x	x	x	x	x
G0110I2	Toilet use: support provided			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x	x		
G0110J1	Personal hygiene: self-performance			x	x	x	x		x		x	x			x		x		x	x							x				x	x
G0110J2	Personal hygiene: support provided			x	x	x	x								x																	
G0120A	Bathing: self-performance			x	x	x	x		x		x	x			x		x		x	x							x				x	x
G0120B	Bathing: support provided			x	x	x	x								x																	
G0300A	Balance: moving from seated to standing position			x	x	x	x								x												x					
G0300B	Balance: walking (with assistive device if used)			x	x	x	x								x												x					
G0300C	Balance: turning around while walking			x	x	x	x								x												x					
G0300D	Balance: moving on and off toilet			x	x	x	x								x												x					
G0300E	Balance: surface-to-surface transfer			x	x	x	x								x												x					
G0400A	ROM limitation: upper extremity			x	x	x	x								x																x	
G0400B	ROM limitation: lower extremity			x	x	x	x								x																x	
G0600A	Mobility devices: cane/crutch			x	x	x	x								x																	
G0600B	Mobility devices: walker			x	x	x	x								x																	
G0600C	Mobility devices: wheelchair (manual or electric)			x	x	x	x								x																	
G0600D	Mobility devices: limb prosthesis			x	x	x	x								x																	
G0600Z	Mobility devices: none of the above		x	x	x	x	x								x																	
G0900A	Resident believes capable of increased independence			x	x	s	s																				x					
G0900B	Staff believes res capable of increased independence			x	x	s	s																				x					
GG0100A	Self-Care			x	x	x	x								x												x					
GG0100B	Indoor Mobility (Ambulation)			x	x	x	x								x												x					
GG0100C	Stairs			x	x	x	x								x												x					
GG0100D	Functional Cognition			x	x	x	x								x												x					
GG0110A	Manual wheelchair			x	x	x	x								x												x					
GG0110B	Motorized wheelchair and/or scooter			x	x	x	x								x												x					
GG0110C	Mechanical lift			x	x	x	x								x												x					
GG0110D	Walker			x	x	x	x								x												x					
GG0110E	Orthotics/Prosthetics			x	x	x	x								x												x					
GG0110Z	None of the above		x	x	x	x	x								x												x					

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets							Item Groups							D/C Items			
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MDS Item	Description																															
GG0130A1	Eating (Admission Performance)			x	x	x	x								x										x							
GG0130A2	Eating (Discharge Goal)			x	x	x	x								x										x							
GG0130A3	Eating (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0130B1	Oral Hygiene (Admission Performance)			x	x	x	x								x										x							
GG0130B2	Oral Hygiene (Discharge Goal)			x	x	x	x								x										x							
GG0130B3	Oral Hygiene (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0130C1	Toileting Hygiene (Admission Performance)			x	x	x	x								x										x							
GG0130C2	Toileting Hygiene (Discharge Goal)			x	x	x	x								x										x							
GG0130C3	Toileting Hygiene (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0130E1	Shower/bathe self (Admission Performance)				x	x	x								x										x							
GG0130E2	Shower/bathe self (Discharge Goal)				x	x	x								x										x							
GG0130E3	Shower/bathe self (Discharge Performance)				x	x	x		x		x	x		x	x		x		x	x					x							
GG0130F1	Upper body dressing (Admission Performance)				x	x	x								x										x							
GG0130F2	Upper body dressing (Discharge Goal)				x	x	x								x										x							
GG0130F3	Upper body dressing (Discharge Performance)				x	x	x		x		x	x		x	x		x		x	x					x							
GG0130G1	Lower body dressing (Admission Performance)				x	x	x								x										x							
GG0130G2	Lower body dressing (Discharge Goal)				x	x	x								x										x							
GG0130G3	Lower body dressing (Discharge Performance)				x	x	x		x		x	x		x	x		x		x	x					x							
GG0130H1	Putting on/taking off footwear (Admission Performance)				x	x	x								x										x							
GG0130H2	Putting on/taking off footwear (Discharge Goal)				x	x	x								x										x							
GG0130H3	Putting on/taking off footwear (Discharge Performance)				x	x	x		x		x	x		x	x		x		x	x					x							
GG0170A1	Roll left and right (Admission Performance)				x	x	x								x										x							
GG0170A2	Roll left and right (Discharge Goal)				x	x	x								x										x							
GG0170A3	Roll left and right (Discharge Performance)				x	x	x		x		x	x		x	x		x		x	x					x							
GG0170B1	Sit to lying (Admission Performance)			x	x	x	x								x										x							
GG0170B2	Sit to lying (Discharge Goal)			x	x	x	x								x										x							
GG0170B3	Sit to lying (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170C1	Lying to sitting on bed side (Admission Performance)			x	x	x	x								x										x							
GG0170C2	Lying to sitting on bed side (Discharge Goal)			x	x	x	x								x										x							
GG0170C3	Lying to sitting on bed side (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170D1	Sit to stand (Admission Performance)			x	x	x	x								x										x							
GG0170D2	Sit to stand (Discharge Goal)			x	x	x	x								x										x							
GG0170D3	Sit to stand (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)			x	x	x	x								x										x							
GG0170E2	Chair/bed-to-chair transfer (Discharge Goal)			x	x	x	x								x										x							
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170F1	Toilet transfer (Admission Performance)			x	x	x	x								x										x							
GG0170F2	Toilet transfer (Discharge Goal)			x	x	x	x								x										x							
GG0170F3	Toilet transfer (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170G1	Car Transfer (Admission Performance)	x		x	x	x	x								x										x							
GG0170G2	Car Transfer (Discharge Goal)			x	x	x	x								x										x							
GG0170G3	Car Transfer (Discharge Performance)	x		x	x	x	x		x		x	x		x	x		x		x	x					x							
GG0170I1	Walk 10 feet (Admission Performance)			x	x	x	x								x										x							
GG0170I2	Walk 10 feet (Discharge Goal)			x	x	x	x								x										x							
GG0170I3	Walk 10 feet (Discharge Performance)	x		x	x	x	x		x		x	x		x	x		x		x	x					x							

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets								Item Groups							D/C Items				
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MDS Item	Description																																	
GG0170J1	Walk 50 feet with two turns (Admission Performance)			x	x	x	x								x										x									
GG0170J2	Walk 50 feet with two turns (Discharge Goal)			x	x	x	x								x										x									
GG0170J3	Walk 50 feet with two turns (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170K1	Walk 150 feet (Admission Performance)			x	x	x	x								x										x									
GG0170K2	Walk 150 feet (Discharge Goal)			x	x	x	x								x										x									
GG0170K3	Walk 150 feet (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170L1	Walking 10 feet on uneven surfaces (Admission Performance)			x	x	x	x								x										x									
GG0170L2	Walking 10 feet on uneven surfaces (Discharge Goal)			x	x	x	x								x										x									
GG0170L3	Walking 10 feet on uneven surfaces (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170M1	1 step (curb) (Admission Performance)	x		x	x	x	x								x										x									
GG0170M2	1 step (curb) (Discharge Goal)			x	x	x	x								x										x									
GG0170M3	1 step (curb) (Discharge Performance)	x		x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170N1	4 steps (Admission Performance)	x		x	x	x	x								x										x									
GG0170N2	4 steps (Discharge Goal)			x	x	x	x								x										x									
GG0170N3	4 steps (Discharge Performance)	x		x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170O1	12 steps (Admission Performance)			x	x	x	x								x										x									
GG0170O2	12 steps (Discharge Goal)			x	x	x	x								x										x									
GG0170O3	12 steps (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170P1	Picking up object (Admission Performance)			x	x	x	x								x										x									
GG0170P2	Picking up object (Discharge Goal)			x	x	x	x								x										x									
GG0170P3	Picking up object (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170Q1	Use of wheelchair/scooter (Admission Performance)	x		x	x	x	x								x										x									
GG0170Q3	Use of wheelchair/scooter (Discharge Performance)	x		x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170R1	Wheel 50 feet with two turns (Admission Performance)			x	x	x	x								x										x									
GG0170R2	Wheel 50 feet with two turns (Discharge Goal)			x	x	x	x								x										x									
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170RR1	Type wheelchair/scooter used (Admission Performance)			x	x	x	x								x										x									
GG0170RR3	Type wheelchair/scooter used (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170S1	Wheel 150 feet (Admission Performance)			x	x	x	x								x										x									
GG0170S2	Wheel 150 feet (Discharge Goal)			x	x	x	x								x										x									
GG0170S3	Wheel 150 feet (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
GG0170SS1	Type wheelchair/scooter used (Admission Performance)			x	x	x	x								x										x									
GG0170SS3	Type wheelchair/scooter used (Discharge Performance)			x	x	x	x		x		x	x		x	x		x		x	x					x									
H0100A	Appliances: indwelling catheter			x	x	x	x		x		x	x			x		x		x	x					x	x				x	x	x		
H0100B	Appliances: external catheter			x	x	x	x		x		x	x			x		x		x	x						x					x	x		
H0100C	Appliances: ostomy			x	x	x	x		x		x	x			x		x		x	x					x					x	x	x		
H0100D	Appliances: intermittent catheterization			x	x	x	x		x		x	x			x		x		x	x						x					x	x		
H0100Z	Appliances: none of the above		x	x	x	x	x		x		x	x			x		x		x	x											x	x		
H0200A	Urinary toileting program: has been attempted	x		x	x	x	x	x	x	x	x				x	x	x	x	x												x			
H0200B	Urinary toileting program: response			x	x	s	s																									x		
H0200C	Urinary toileting program: current program/trial			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x					
H0300	Urinary continence			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x	x	
H0400	Bowel continence			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x	x	
H0500	Bowel toileting program being used			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x					
H0600	Constipation			x	x	s	s																				x							
I0020	Indicate the resident's primary medical condition category			x	x	x	x								x											x								

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets								Item Groups								D/C Items		
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C	
MDS Item	Description																																
I0020A	(Enter code in the boxes provided)			X	X	X	X								X										X								
I0100	Cancer (with or without metastasis)			X	X	S	S																		X								
I0200	Anemia			X	X	X	X								X																		
I0300	Atrial fibrillation and other dysrhythmias			X	X	S	S																										
I0400	Coronary artery disease (CAD)			X	X	S	S																										
I0500	Deep venous thrombosis (DVT), PE, or PTE			X	X	S	S																										
I0600	Heart failure			X	X	X	X								X																		
I0700	Hypertension			X	X	X	X								X																		
I0800	Orthostatic hypotension			X	X	X	X								X																		
I0900	Peripheral vascular disease (PVD) or PAD			X	X	X	X		X		X	X			X		X		X	X					X						X	X	
I1100	Cirrhosis			X	X	S	S																										
I1200	Gastroesophageal reflux disease (GERD) or ulcer			X	X	S	S																										
I1300	Ulcerative colitis, Crohn's, inflammatory bowel disease			X	X	S	S																										
I1400	Benign prostatic hyperplasia (BPH)			X	X	S	S																										
I1500	Renal insufficiency, renal failure, ESRD			X	X	S	S																										
I1550	Neurogenic bladder			X	X	X	X		X		X	X			X		X		X	X					X					X	X	X	
I1650	Obstructive uropathy			X	X	X	X		X		X	X			X		X		X	X					X					X	X	X	
I1700	Multidrug-resistant organism (MDRO)			X	X	X	X								X											X				X			
I2000	Pneumonia			X	X	X	X			X	X				X			X	X						X			X	X	X			
I2100	Septicemia			X	X	X	X			X	X				X			X	X						X			X	X				
I2200	Tuberculosis			X	X	X	X								X											X					X		
I2300	Urinary tract infection (UTI) (LAST 30 DAYS)			X	X	X	X		X		X	X			X		X		X	X					X	X				X	X	X	
I2400	Viral hepatitis (includes type A, B, C, D, and E)			X	X	X	X																			X					X		
I2500	Wound infection (other than foot)			X	X	X	X								X											X				X			
I2900	Diabetes mellitus (DM)			X	X	X	X		X	X	X	X			X		X	X	X	X					X			X	X		X	X	
I3100	Hyponatremia			X	X	X	X								X																		
I3200	Hyperkalemia			X	X	X	X								X																		
I3300	Hyperlipidemia (e.g., hypercholesterolemia)			X	X	X	X								X																		
I3400	Thyroid disorder			X	X	S	S																										
I3700	Arthritis			X	X	S	S																										
I3800	Osteoporosis			X	X	S	S																										
I3900	Hip fracture			X	X	X	X								X																		
I4000	Other fracture			X	X	X	X								X																		
I4200	Alzheimer's disease			X	X	X	X																			X				X			
I4300	Aphasia			X	X	X	X																						X				
I4400	Cerebral palsy			X	X	X	X			X	X				X			X	X										X	X			
I4500	Cerebrovascular accident (CVA), TIA, or stroke			X	X	X	X								X																		
I4800	Non-Alzheimer's Dementia			X	X	X	X								X											X				X			
I4900	Hemiplegia or hemiparesis			X	X	X	X			X	X				X			X	X									X	X				
I5000	Paraplegia			X	X	X	X								X																		
I5100	Quadriplegia			X	X	X	X			X	X				X			X	X									X	X				
I5200	Multiple sclerosis			X	X	X	X			X	X				X			X	X									X	X				
I5250	Huntington's disease			X	X	X	X		X		X	X			X		X		X	X				X						X	X	X	
I5300	Parkinson's disease			X	X	X	X			X	X				X			X	X														
I5350	Tourette's syndrome			X	X	X	X		X		X	X			X		X		X	X					X					X	X	X	
I5400	Seizure disorder or epilepsy			X	X	X	X								X																		

Item Matrix for October 2018		Nursing Home Item Subsets												Swing Bed Item Subsets								Item Groups							D/C Items			
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
I5500	Traumatic brain injury (TBI)			x	x	x	x								x																	
I5600	Malnutrition (protein, calorie), risk of malnutrition			x	x	x	x		x		x	x			x		x		x	x					x						x	x
I5700	Anxiety disorder			x	x	x	x		x		x	x			x		x		x	x				x							x	x
I5800	Depression (other than bipolar)			x	x	x	x								x															x		
I5900	Manic depression (bipolar disease)			x	x	x	x		x		x	x			x		x		x	x				x						x	x	x
I5950	Psychotic disorder (other than schizophrenia)			x	x	x	x		x		x	x			x		x		x	x				x						x	x	x
I6000	Schizophrenia			x	x	x	x		x		x	x			x		x		x	x				x						x	x	x
I6100	Post-traumatic stress disorder (PTSD)			x	x	x	x		x		x	x			x		x		x	x				x						x	x	x
I6200	Asthma, COPD, or chronic lung disease			x	x	x	x			x	x				x			x	x									x				
I6300	Respiratory failure			x	x	x	x			x	x				x			x	x									x				
I6500	Cataracts, glaucoma, or macular degeneration			x	x	s	s																				x					
I7900	None of above active diagnoses within last 7 days		x	x	x	s	s																									
I8000A	Additional active ICD diagnosis 1			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000B	Additional active ICD diagnosis 2			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000C	Additional active ICD diagnosis 3			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000D	Additional active ICD diagnosis 4			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000E	Additional active ICD diagnosis 5			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000F	Additional active ICD diagnosis 6			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000G	Additional active ICD diagnosis 7			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000H	Additional active ICD diagnosis 8			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000I	Additional active ICD diagnosis 9			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
I8000J	Additional active ICD diagnosis 10			x	x	x	x		x		x	x			x		x		x	x			3		x						x	x
J0100A	Pain: received scheduled pain med regimen			x	x	x	x		x		x	x			x		x		x	x					x					x	x	x
J0100B	Pain: received PRN pain medications			x	x	x	x		x		x	x			x		x		x	x										x	x	x
J0100C	Pain: received non-medication intervention			x	x	x	x		x		x	x			x		x		x	x										x	x	x
J0200	Should pain assessment interview be conducted	x		x	x	x	x		x		x	x			x		x		x	x					+						x	x
J0300	Res pain interview: presence	x		x	x	x	x		x		x	x			x		x		x	x					x						x	
J0400	Res pain interview: frequency	x		x	x	x	x		x		x	x			x		x		x	x					x	x				x	x	
J0500A	Res pain interview: made it hard to sleep			x	x	x	x		x		x	x			x		x		x	x						x					x	
J0500B	Res pain interview: limited daily activities			x	x	x	x		x		x	x			x		x		x	x						x					x	
J0600A	Res pain interview: intensity rating scale			x	x	x	x		x		x	x			x		x		x	x					x	x					x	x
J0600B	Res pain interview: verbal descriptor scale			x	x	x	x		x		x	x			x		x		x	x					x	x				x	x	
J0700	Should staff assessment for pain be conducted	x		x	x	x	x								x										+							
J0800A	Staff pain assessment: non-verbal sounds			x	x	x	x								x											x						
J0800B	Staff pain assessment: vocal complaints of pain			x	x	x	x								x											x						
J0800C	Staff pain assessment: facial expressions			x	x	x	x								x											x						
J0800D	Staff pain assessment: protective movements/postures			x	x	x	x								x											x						
J0800Z	Staff pain assessment: none of these signs observed	x	x	x	x	x	x								x											+						
J0850	Staff pain assessment: frequency of pain			x	x	x	x								x																	
J1100A	Short breath/trouble breathing: with exertion			x	x	x	x		x		x	x			x		x		x	x											x	x
J1100B	Short breath/trouble breathing: sitting at rest			x	x	x	x		x		x	x			x		x		x	x											x	x
J1100C	Short breath/trouble breathing: lying flat			x	x	x	x		x	x	x	x			x		x	x	x	x								x			x	x
J1100Z	Short breath/trouble breathing: none of above		x	x	x	x	x		x		x	x			x		x		x	x											x	x
J1300	Current tobacco use			x	x	s	s																									
J1400	Prognosis: life expectancy of less than 6 months			x	x	x	x		x		x	x			x		x		x	x					x					x	x	x
J1550A	Problem conditions: fever			x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x	x	x	x

Item Matrix for October 2018		Nursing Home Item Subsets													Swing Bed Item Subsets							Item Groups							D/C Items			
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
J1550B	Problem conditions: vomiting			x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x	x	x	x
J1550C	Problem conditions: dehydrated			x	x	x	x		x		x	x			x		x		x	x						x			x	x	x	x
J1550D	Problem conditions: internal bleeding			x	x	x	x		x		x	x			x		x		x	x						x			x	x	x	x
J1550Z	Problem conditions: none of the above		x	x	x	x	x		x		x	x			x		x		x	x						+			x	x	x	x
J1700A	Fall history: fall during month before admission			x	x	x	x								x					x						x						
J1700B	Fall history: fall 2-6 months before admission			x	x	x	x								x											x						
J1700C	Fall history: fracture from fall 6 month pre admit			x	x	x	x								x																	
J1800	Falls since admit/prior assessment: any falls	x		x	x	x	x		x		x	x		x	x		x		x	x				x	x	x					x	x
J1900A	Falls since admit/prior assessment: no injury			x	x	x	x		x		x	x		x	x		x		x	x											x	x
J1900B	Falls since admit/prior assessment: injury (not major)			x	x	x	x		x		x	x		x	x		x		x	x											x	x
J1900C	Falls since admit/prior assessment: major injury			x	x	x	x		x		x	x		x	x		x		x	x					x					x	x	x
J2000	Prior Surgery			x	x	x	x								x											x						
K0100A	Swallow disorder: loss liquids/solids from mouth			x	x	x	x																									
K0100B	Swallow disorder: holds food in mouth/cheeks			x	x	x	x																									
K0100C	Swallow disorder: cough/choke with meals/meds			x	x	x	x																									
K0100D	Swallow disorder: difficulty or pain swallowing			x	x	x	x																									
K0100Z	Swallow disorder: none of the above		x	x	x	x	x																									
K0200A	Height (in inches)			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x
K0200B	Weight (in pounds)			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x
K0300	Weight loss			x	x	x	x		x	x	x	x			x		x	x	x	x						x	x		x	x	x	x
K0310	Weight gain			x	x	x	x		x	x	x	x			x		x	x	x	x						x					x	x
K0510A1	Nutritional approaches: Not Res: parenteral/IV feeding - while not a resident	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x		x	x
K0510A2	Nutritional approaches: Res: parenteral/IV feeding - while a resident	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x		x	x
K0510B1	Nutritional approaches: Not Res: feeding tube - while not a resident	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x		x	x
K0510B2	Nutritional approaches: Res: feeding tube - while a resident	x		x	x	x	x		x	x	x	x			x		x	x	x	x						x		x	x	x	x	x
K0510C1	Nutritional approaches: Not Res: mechanically altered diet - while not a resident			x	x	x	x		x		x	x			x		x		x	x						x					x	
K0510C2	Nutritional approaches: Res: mechanically altered diet - while a resident			x	x	x	x		x		x	x			x		x		x	x						x					x	
K0510D1	Nutritional approaches: Not Res: therapeutic diet - while not a resident			x	x	x	x		x		x	x			x		x		x	x						x					x	
K0510D2	Nutritional approaches: Res: therapeutic diet - while a resident			x	x	x	x		x		x	x			x		x		x	x						x					x	
K0510Z1	Nutritional approaches: Not Res: none of the above - while not a resident	x		x	x	x	x		x		x	x			x		x		x	x						+					x	
K0510Z2	Nutritional approaches: Res: none of the above - while a resident	x		x	x	x	x		x		x	x			x		x		x	x						+					x	
K0710A1	Prop calories parenteral/tube feed: while not a resident			x	x	x	x			x	x				x			x	x													
K0710A2	Prop calories parenteral/tube feed: while a resident			x	x	x	x			x	x				x			x	x													
K0710A3	Prop calories parenteral/tube feed: 7 days			x	x	x	x			x	x				x			x	x								x		x			
K0710B1	Avg fluid intake per day IV/tube: while not a resident			x	x	x	x			x	x				x			x	x													
K0710B2	Avg fluid intake per day IV/ tube: while a resident			x	x	x	x			x	x				x			x	x													
K0710B3	Avg fluid intake per day IV/tube: 7 days			x	x	x	x			x	x				x			x	x								x		x			
L0200A	Dental: broken or loosely fitting denture			x	x	x	x																				x					
L0200B	Dental: no natural teeth or tooth fragment(s)			x	x	s	s																				x					
L0200C	Dental: abnormal mouth tissue			x	x	s	s																				x					
L0200D	Dental: cavity or broken natural teeth			x	x	s	s																				x					
L0200E	Dental: inflamed/bleeding gums or loose teeth			x	x	s	s																				x					
L0200F	Dental: pain, discomfort, difficulty chewing			x	x	x	x																				x					
L0200G	Dental: unable to examine			x	x	s	s																									
L0200Z	Dental: none of the above		x	x	x	s	s																									
M0100A	Risk determination: has ulcer, scar, or dressing			x	x	x	x		x		x	x			x		x		x	x											x	x

Item Matrix for October 2018		Nursing Home Item Subsets												Swing Bed Item Subsets								Item Groups							D/C Items				
MDS Item	Description	Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C	
M0100B	Risk determination: formal assessment			x	x	x	x								x																		
M0100C	Risk determination: clinical assessment			x	x	x	x								x																		
M0100Z	Risk determination: none of the above		x	x	x	x	x								x																		
M0150	Is resident at risk of developing pressure ulcer		x	x	x	x	x								x											x							
M0210	Resident has Stage 1 or higher pressure ulcers	x		x	x	x	x		x	x	x	x		x	x		x	x	x	x										x	x		
M0300A1	Stage 1 pressure ulcers: number present			x	x	x	x								x											x			x				
M0300B1	Stage 2 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x	x		x	x	x	x					x	x		x	x	x	x		
M0300B2	Stage 2 pressure ulcers: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x					x			
M0300C1	Stage 3 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x	x		x	x	x	x					x	x		x	x	x	x	x	
M0300C2	Stage 3 pressure ulcers: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x					x			
M0300D1	Stage 4 pressure ulcers: number present	x		x	x	x	x		x	x	x	x		x	x		x	x	x	x					x	x		x	x	x	x	x	
M0300D2	Stage 4 pressure ulcers: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x					x			
M0300E1	Unstaged due to dressing: number present	x		x	x	x	x		x		x	x		x	x		x		x	x					x	x					x	x	
M0300E2	Unstaged due to dressing: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x								
M0300F1	Unstaged slough/eschar: number present	x		x	x	x	x		x	x	x	x		x	x		x	x	x	x					x	x		x	x	x	x	x	
M0300F2	Unstaged slough/eschar: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x					x			
M0300G1	Unstageable - deep tissue: number present	x		x	x	x	x		x		x	x		x	x		x		x	x					x	x				x	x	x	
M0300G2	Unstageable - deep tissue: number at admit/reentry			x	x	x	x		x		x	x		x	x		x		x	x					x					x	x	x	
M1030	Number of venous and arterial ulcers			x	x	x	x			x	x				x				x	x								x	x				
M1040A	Other skin problems: infection of the foot			x	x	x	x			x	x				x			x	x							x			x	x	x		
M1040B	Other skin problems: diabetic foot ulcer(s)			x	x	x	x			x	x				x			x	x										x	x			
M1040C	Other skin problems: other open lesion(s) on the foot			x	x	x	x			x	x				x			x	x										x	x			
M1040D	Other skin problems: lesions not ulcers, rashes, cuts			x	x	x	x			x	x				x			x	x										x	x			
M1040E	Other skin problems: surgical wound(s)			x	x	x	x			x	x				x			x	x										x	x			
M1040F	Other skin problems: burns (second or third degree)			x	x	x	x			x	x				x			x	x										x	x			
M1040G	Skin tear(s)			x	x	x	x			x	x				x			x	x														
M1040H	Moisture Associated Skin Damage (MASD)			x	x	x	x			x	x				x			x	x								x						
M1040Z	Other skin problems: none of the above		x	x	x	x	x			x	x				x			x	x									+	+				
M1200A	Skin/ulcer treatments: pressure reducing device for chair			x	x	x	x			x	x				x			x	x										x	x			
M1200B	Skin/ulcer treatments: pressure reducing device for bed			x	x	x	x			x	x				x			x	x										x	x			
M1200C	Skin/ulcer treatments: turning/repositioning			x	x	x	x			x	x				x			x	x										x	x			
M1200D	Skin/ulcer treatments: nutrition/hydration			x	x	x	x			x	x				x			x	x										x	x			
M1200E	Skin/ulcer treatments: pressure ulcer/injury care			x	x	x	x			x	x				x			x	x										x	x			
M1200F	Skin/ulcer treatments: surgical wound care			x	x	x	x			x	x				x			x	x										x	x			
M1200G	Skin/ulcer treatments: application of dressings			x	x	x	x			x	x				x			x	x										x	x			
M1200H	Skin/ulcer treatments: apply ointments/medications			x	x	x	x			x	x				x			x	x										x	x			
M1200I	Skin/ulcer treatments: apply dressings to feet			x	x	x	x			x	x				x			x	x										x	x			
M1200Z	Skin/ulcer treatments: none of the above		x	x	x	x	x			x	x				x			x	x									+	+				
N0300	Number of days injectable medications received	x		x	x	x	x			x	x				x			x	x												x		
N0350A	Insulin: insulin injections			x	x	x	x			x	x				x			x	x										x		x		
N0350B	Insulin: orders for insulin			x	x	x	x			x	x				x			x	x										x				
N0410A	Medication received: Days: antipsychotic			x	x	x	x		x		x	x			x		x		x	x				x		x					x	x	x
N0410B	Medication received: Days: antianxiety			x	x	x	x		x		x	x			x		x		x	x				x		x					x	x	x
N0410C	Medication received: Days: antidepressant			x	x	x	x		x		x	x			x		x		x	x						x					x	x	x
N0410D	Medication received: Days: hypnotic			x	x	x	x		x		x	x			x		x		x	x				x		x					x	x	x
N0410E	Medication received: Days: anticoagulant			x	x	x	x		x		x	x			x		x		x	x											x	x	x

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets								Item Groups							D/C Items		
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
MDS Item	Description																															
N0410F	Medication received: Days: antibiotic			x	x	x	x		x		x	x			x		x		x	x										x	x	x
N0410G	Medication received: Days: diuretic			x	x	x	x		x		x	x			x		x		x	x											x	x
N0410H	Medication received: Days: opioid			x	x	x	x		x		x	x			x		x		x	x											x	x
N0450A	Resident received antipsychotic medications			x	x	x	s																							x		
N0450B	GDR attempted	x		x	x	x	s																							x		
N0450C	Date of last attempted GDR			x	x	x	s																							x		
N0450D	Physician documented GDR	x		x	x	x	s																							x		
N0450E	Date physician documented GDR			x	x	x	s																							x		
N2001	Drug Regimen Review			x	x	x	x								x											x						
N2003	Medication Follow-up			x	x	x	x								x											x						
N2005	Medication Intervention			x	x	x	x		x		x	x		x	x		x		x	x						x						
O0100A1	Treatment: chemotherapy - while not resident			x	x	x	x																						x			
O0100A2	Treatment: chemotherapy - while resident			x	x	x	x			x	x				x			x	x									x	x			
O0100B1	Treatment: radiation - while not resident			x	x	x	x																							x		
O0100B2	Treatment: radiation - while resident			x	x	x	x			x	x				x			x	x									x	x			
O0100C1	Treatment: oxygen therapy - while not resident			x	x	x	x																							x		
O0100C2	Treatment: oxygen therapy - while resident			x	x	x	x			x	x				x			x	x									x	x			
O0100D1	Treatment: suctioning - while not resident			x	x	x	x																							x		
O0100D2	Treatment: suctioning - while resident			x	x	x	x																							x		
O0100E1	Treatment: tracheostomy care - while not resident			x	x	x	x																							x		
O0100E2	Treatment: tracheostomy care - while resident			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0100F1	Invasive Mechanical Ventilator (ventilator or respirator) - while not a resident			x	x	x	x																							x		
O0100F2	Invasive Mechanical Ventilator (ventilator or respirator) - while a resident			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0100G1	Non-Invasive Mechanical Ventilator (BiPAP/CPAP) - while not a resident			x	x	s	s																									
O0100G2	Non-Invasive Mechanical Ventilator (BiPAP/CPAP) - while a resident			x	x	s	s																									
O0100H1	Treatment: IV medications - while not resident			x	x	x	x																							x		
O0100H2	Treatment: IV medications - while resident			x	x	x	x			x	x				x			x	x									x	x			
O0100I1	Treatment: transfusions - while not resident			x	x	x	x																							x		
O0100I2	Treatment: transfusions - while resident			x	x	x	x			x	x				x			x	x									x	x			
O0100J1	Treatment: dialysis - while not resident			x	x	x	x																							x		
O0100J2	Treatment: dialysis - while resident			x	x	x	x			x	x				x			x	x									x	x	x		
O0100K1	Treatment: hospice care - while not resident			x	x	s	s																									
O0100K2	Treatment: hospice care - while resident			x	x	x	s		x		x	x			x		x		x	x					x					x	x	x
O0100L2	Treatment: respite care - while resident			x	x	s	s																									
O0100M1	Treatment: isolate/quarantine - while not resident			x	x	s	s																									
O0100M2	Treatment: isolate/quarantine - while resident			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x				
O0100Z1	Treatment: none of above - while not resident		x	x	x	s	s																									
O0100Z2	Treatment: none of above - while resident		x	x	x	s	s																									
O0250A	Was influenza vaccine received	x		x	x	x	x		x		x	x			x		x		x	x					x						x	x
O0250B	Date influenza vaccine received	x		x	x	x	x		x		x	x			x		x		x	x											x	x
O0250C	If influenza vaccine not received, state reason			x	x	x	x		x		x	x			x		x		x	x					x						x	x
O0300A	Is pneumococcal vaccination up to date	x		x	x	x	x		x		x	x			x		x		x	x					x						x	x
O0300B	If pneumococcal vaccination not received, state reason			x	x	x	x		x		x	x			x		x		x	x					x						x	x
O0400A1	Speech-language/audiology: individual minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x			
O0400A2	Speech-language/audiology: concurrent minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x			
O0400A3	Speech-language/audiology: group minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x			

Item Matrix for October 2018		Nursing Home Item Subsets											Swing Bed Item Subsets							Item Groups							D/C Items					
MDS Item	Description	Skip trigger items	NOA item	Submitted item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C
O0400A3A	Speech-language/audiology: co-treatment minutes				x	x	x	x	x	x	x				x	x	x	x	x													
O0400A4	Speech-language/audiology: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x		x			
O0400A5	Speech-language/audiology: start date			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x							x				x	x
O0400A6	Speech-language/audiology: end date			x	x	x	x	x	x	x	x	x	x		x	x	x	x	x	x							x				x	x
O0400B1	Occupational therapy: individual minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400B2	Occupational therapy: concurrent minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400B3	Occupational therapy: group minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400B3A	Occupational therapy: co-treatment minutes				x	x	x	x	x	x	x				x	x	x	x	x													
O0400B4	Occupational therapy: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400B5	Occupational therapy: start date			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x							x				x	x
O0400B6	Occupational therapy: end date			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x							x				x	x
O0400C1	Physical therapy: individual minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400C2	Physical therapy: concurrent minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400C3	Physical therapy: group minutes	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400C3A	Physical therapy: co-treatment minutes				x	x	x	x	x	x	x				x	x	x	x	x													
O0400C4	Physical therapy: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x		x	x		
O0400C5	Physical therapy: start date			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x							x				x	x
O0400C6	Physical therapy: end date			x	x	x	x	x	x	x	x	x			x	x	x	x	x	x							x				x	x
O0400D1	Respiratory therapy: number of minutes	x		x	x	s	s																									
O0400D2	Respiratory therapy: number of days			x	x	x	x			x	x				x				x									x	x			
O0400E1	Psychological therapy: number of minutes	x		x	x	s	s																									
O0400E2	Psychological therapy: number of days			x	x	x	x																							x		
O0400F1	Recreational therapy: number of minutes	x		x	x	s	s																									
O0400F2	Recreational therapy: number of days			x	x	s	s																									
O0420	Distinct calendar days of therapy				x	x	x	x	x	x	x				x	x	x	x	x								x					
O0450A	Resumption of Therapy: has it resumed	x		x	x	x	x	x	x	x	x				x	x	x	x	x								x					
O0450B	Resumption of Therapy: date resumed			x	x	x	x	x	x	x	x				x	x	x	x	x													
O0500A	Range of motion (passive): number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500B	Range of motion (active): number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500C	Splint or brace assistance: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500D	Bed mobility training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500E	Transfer training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500F	Walking training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
O0500G	Dressing and/or grooming training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
O0500H	Eating and/or swallowing training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x	x		
O0500I	Amputation/prosthesis training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
O0500J	Communication training: number of days			x	x	x	x	x	x	x	x				x	x	x	x	x								x	x	x			
O0600	Physician examinations: number of days			x	x	x	x								x															x		
O0700	Physician orders: number of days			x	x	x	x								x															x		
P0100A	Restraints used in bed: bed rail			x	x	x	x		x		x	x			x		x		x	x							x				x	x
P0100B	Restraints used in bed: trunk restraint			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x
P0100C	Restraints used in bed: limb restraint			x	x	x	x		x		x	x			x		x		x	x						x	x				x	x
P0100D	Restraints used in bed: other			x	x	x	x		x		x	x			x		x		x	x							x				x	x
P0100E	Restraints in chair/out of bed: trunk restraint			x	x	x	x		x		x	x			x		x		x	x							x				x	x
P0100F	Restraints in chair/out of bed: limb restraint			x	x	x	x		x		x	x			x		x		x	x							x				x	x
P0100G	Restraints in chair/out of bed: chair stops rising			x	x	x	x		x		x	x			x		x		x	x							x	x			x	x

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets						Item Groups							D/C Items				
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MDS Item	Description																															
P0100H	Restraints in chair/out of bed: other			x	x	x	x		x		x	x			x		x		x	x						x				x	x	x
P0200A	Bed alarm			x	x	x	s																							x		
P0200B	Chair alarm			x	x	x	s																							x		
P0200C	Floor mat alarm			x	x	x	s																							x		
P0200D	Motion sensor alarm			x	x	x	s																							x		
P0200E	Wander/elopement alarm			x	x	x	s																							x		
P0200F	Other alarm			x	x	x	s																							x		
Q0100A	Resident participated in assessment			x	x	x	x	x	x	x	x				x	x	x	x	x				2									
Q0100B	Family/significant other participated in assessment			x	x	x	x	x	x	x	x				x	x	x	x	x				2									
Q0100C	Guardian/legal representative participated in assessment			x	x	x	x	x	x	x	x				x	x	x	x	x				2									
Q0300A	Resident's overall goal			x	x	x	x								x								3									
Q0300B	Information source for resident's goal			x	x	x	x								x								3									
Q0400A	Active discharge plan for return to community	x		x	x	x	x		x		x	x			x		x		x	x										x	x	
Q0490	Resident's preference to avoid being asked	x		x	x	x	x								x																	
Q0500B	Do you want to talk about returning to community			x	x	x	x								x																	
Q0550A	Reasking resident preference			x	x	x	x								x																	
Q0550B	Reasking resident preference source			x	x	x	x								x																	
Q0600	Referral been made to local contact agency			x	x	x	x		x		x	x			x		x		x	x						x				x	x	
V0100A	Prior OBRA reason for assessment			x	x	s	s																									
V0100B	Prior PPS reason for assessment			x	x	s	s																									
V0100C	Prior assessment reference date			x	x	s	s																									
V0100D	Prior assessment BIMS summary score			x	x	s	s																			x						
V0100E	Prior assessment PHQ res: total mood severity score			x	x	s	s																			x						
V0100F	Prior assessment PHQ staff: total mood score			x	x	s	s																			x						
V0200A01A	CAA-Delirium: triggered			x	x	s	s																			x						
V0200A01B	CAA-Delirium: plan			x	x	s	s																			x						
V0200A02A	CAA-Cognitive loss/dementia: triggered			x	x	s	s																			x						
V0200A02B	CAA-Cognitive loss/dementia: plan			x	x	s	s																			x						
V0200A03A	CAA-Visual function: triggered			x	x	s	s																			x						
V0200A03B	CAA-Visual function: plan			x	x	s	s																			x						
V0200A04A	CAA-Communication: triggered			x	x	s	s																			x						
V0200A04B	CAA-Communication: plan			x	x	s	s																			x						
V0200A05A	CAA-ADL functional/rehab potential: triggered			x	x	s	s																			x						
V0200A05B	CAA-ADL functional/rehab potential: plan			x	x	s	s																			x						
V0200A06A	CAA-Urinary incontinence/indwelling catheter: triggered			x	x	s	s																			x						
V0200A06B	CAA-Urinary incontinence/indwelling catheter: plan			x	x	s	s																			x						
V0200A07A	CAA-Psychosocial well-being: triggered			x	x	s	s																			x						
V0200A07B	CAA-Psychosocial well-being: plan			x	x	s	s																			x						
V0200A08A	CAA-Mood state: triggered			x	x	s	s																			x						
V0200A08B	CAA-Mood state: plan			x	x	s	s																			x						
V0200A09A	CAA-Behavioral symptoms: triggered			x	x	s	s																			x						
V0200A09B	CAA-Behavioral symptoms: plan			x	x	s	s																			x						
V0200A10A	CAA-Activities: triggered			x	x	s	s																			x						
V0200A10B	CAA-Activities: plan			x	x	s	s																			x						
V0200A11A	CAA-Falls: triggered			x	x	s	s																			x						
V0200A11B	CAA-Falls: plan			x	x	s	s																			x						

Item Matrix for October 2018		Nursing Home Item Subsets											Swing Bed Item Subsets											Item Groups							D/C Items	
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V0200A12A	CAA-Nutritional status: triggered			x	x	s	s																			x						
V0200A12B	CAA-Nutritional status: plan			x	x	s	s																			x						
V0200A13A	CAA-Feeding tubes: triggered			x	x	s	s																			x						
V0200A13B	CAA-Feeding tubes: plan			x	x	s	s																			x						
V0200A14A	CAA-Dehydration/fluid maintenance: triggered			x	x	s	s																			x						
V0200A14B	CAA-Dehydration/fluid maintenance: plan			x	x	s	s																			x						
V0200A15A	CAA-Dental care: triggered			x	x	s	s																			x						
V0200A15B	CAA-Dental care: plan			x	x	s	s																			x						
V0200A16A	CAA-Pressure ulcer: triggered			x	x	s	s																			x						
V0200A16B	CAA-Pressure ulcer: plan			x	x	s	s																			x						
V0200A17A	CAA-Psychotropic drug use: triggered			x	x	s	s																			x						
V0200A17B	CAA-Psychotropic drug use: plan			x	x	s	s																			x						
V0200A18A	CAA-Physical restraints: triggered			x	x	s	s																			x						
V0200A18B	CAA-Physical restraints: plan			x	x	s	s																			x						
V0200A19A	CAA-Pain: triggered			x	x	s	s																			x						
V0200A19B	CAA-Pain: plan			x	x	s	s																			x						
V0200A20A	CAA-Return to community referral: triggered			x	x	s	s																			x						
V0200A20B	CAA-Return to community referral: plan			x	x	s	s																			x						
V0200B1	CAA-Assessment process RN signature				x	s	s																									
V0200B2	CAA-Assessment process signature date			x	x	s	s																									
V0200C1	CAA-Care planning signature				x	s	s																									
V0200C2	CAA-Care planning signature date			x	x	s	s																									
X0150	Correction: type of provider	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0200A	Correction: resident first name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0200C	Correction: resident last name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0300	Correction: resident gender			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0400	Correction: resident birth date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0500	Correction: resident social security number			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600A	Correction: OBRA reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600B	Correction: PPS reason for assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600C	Correction: OMRA assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600D	Correction: Swing bed clinical change assessment			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600F	Correction: entry/discharge reporting	x		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0600H	Correction: SNF Part A PPS Discharge			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0700A	Correction: assessment reference date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0700B	Correction: discharge date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0700C	Correction: entry date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0800	Correction: correction number			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900A	Correction: modification reasons - transcription error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900B	Correction: modification reasons - data entry error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900C	Correction: modification reasons - software error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900D	Correction: modification reasons - item coding error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900E	Correction: modification reasons - resume therapy			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X0900Z	Correction: modification reasons - other error			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X1050A	Correction: inactivation reasons - event did not occur			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x
X1050Z	Correction: inactivation reasons - other reason			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x

Item Matrix for October 2018					Nursing Home Item Subsets										Swing Bed Item Subsets										Item Groups								D/C Items	
		Skip trigger items	NOA item	Submitted Item	NC - Comp	NQ - Quart	NP - PPS	NS - OMRA SOT	NSD-OMRA SOT+DC	NO - OMRA other	NOD - OMRA other + DC	ND - Disch	NT - Tracking	NPE - Part A PPS Disch	SP - PPS	SS - OMRA SOT	SSD-OMRA SOT+DC	SO - OMRA other	SOD - OMRA other + DC	SD - Disch	ST - Tracking	XX - Inactivation	Demog/Admin	Surveyor QM items	QM items	CAA items	RUG rehab grp	RUG non-rehab	RUG-III items	S&C items	PDC - Planned D/C	UPD - Unplanned D/C		
MDS Item	Description																																	
X1100A	Correction: attestor first name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
X1100B	Correction: attestor last name			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
X1100C	Correction: attestor title				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
X1100D	Correction: attestor signature				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
X1100E	Correction: attestation date			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
Z0100A	Medicare Part A: HIPPS code			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x					
Z0100B	Medicare Part A: RUG version code			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x					
Z0100C	Medicare Part A: Medicare short stay assessment			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x					
Z0150A	Medicare Part A: non-therapy HIPPS code			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x					
Z0150B	Medicare Part A: non-therapy RUG version code			x	x	x	x	x	x	x	x				x	x	x	x	x									x	x					
Z0200A	State case mix: RUG group			x	x	x	x																1											
Z0200B	State case mix: RUG version code			x	x	x	x																1											
Z0250A	State case mix: Alternate RUG group			x	x	x	x																1											
Z0250B	State case mix: Alternate RUG version code			x	x	x	x																1											
Z0300A	Insurance Billing: Billing Code				x	x	x	x	x	x	x	x			x	x	x	x	x	x	x		2									x	x	
Z0300B	Insurance Billing: Billing Version				x	x	x	x	x	x	x	x			x	x	x	x	x	x	x		2									x	x	
Z0400A	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
Z0400B	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
Z0400C	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x								x	x		
Z0400D	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400E	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400F	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400G	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400H	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400I	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400J	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400K	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0400L	Attestation signature, title, sections, date				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0500A	Signature of RN assessment coordinator				x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Z0500B	Date RN signed assessment as complete			x	x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	x		2									x	x	
Number of federally required items		107	20	685	723	577	566	145	356	272	402	310	75	134	540	145	356	272	402	310	75	30	75	26	186	181	57	93	110	118	277	213		

Notes:

1 = Needed on nursing home comprehensive and quarterly for payment/administration.

2 = Needed on all assessments for documentation.

3 = Needed on all non-OMRA assessments for clinical and/or payment documentation.

4 = QM item not needed on discharge.

5 = Items needed on all assessments that include resident interview

+ = Supporting items (e.g., triggers for skip patterns, none-of-the-above items, component item for summary score)

s = State-optional item.