

## APPENDIX A: GLOSSARY AND COMMON ACRONYMS

### Glossary

Term	Abbreviation	Definition
<b>Ability to Understand Others</b>		Comprehension of direct person-to-person communication whether spoken, written, or in sign language or Braille. Includes the resident's ability to process and understand language.
<b>Active Assisted Range of Motion</b>		A type of active range of motion in which assistance is provided by an outside force, either manually or mechanically because the prime mover muscles need assistance to complete the motion. This type of range of motion may be used when muscles are weak or when joint movement causes discomfort; or for example, if the resident is able to move his or her limbs, but requires help to perform entire movement.
<b>Active Disease Diagnosis</b>		An illness or condition that is currently causing or contributing to a resident's complications and/or functional, cognitive, medical and psychiatric symptoms or impairments.
<b>Active Range of Motion</b>		Movement within the unrestricted range of motion for a segment, which is produced by active contraction of the muscles crossing that joint is completed without assistance by the resident. This type of range of motion occurs when a resident can move his or her limbs without assistance.
<b>Activities of Daily Living</b>	<b>ADLs</b>	Activities of daily living are those needed for self-care: bathing, dressing, mobility, toileting, eating, and transferring. The late-loss ADLs (eating, toileting, bed mobility, and transferring) are used to classify a patient into a RUG-IV group.
<b>Acute Change in Mental Status</b>		Alteration in mental status (e.g., orientation, inattention, organization of thought, level of consciousness, psychomotor behavior, change in cognition) that was new or worse for this resident, usually over hours to days.
<b>ADL Aspects</b>		Components of ADL activities. These are listed next to each ADL in the item set. For example, the aspects of G0110H (Eating) are eating, drinking, and intake of nourishment or hydration by other means, including tube feeding, total parenteral nutrition, and IV fluids for hydration.

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Term	Abbreviation	Definition
<b>ADL Self-Performance Items</b>		Measures what the resident actually did (not what he or she might be capable of doing) within each ADL category according to a performance-based scale.
<b>ADL Support Provided</b>		Measures the highest level of support provided by staff, even if that level of support only occurred once, according to a support-based scale.
<b>Adverse Consequence</b>		An unpleasant symptom or event that is caused by or associated with a medication, impairment or decline in an individual's physical condition, mental, functional or psychosocial status. It may include various types of adverse drug reactions (ADR) and interactions (e.g., medication-medication, medication-food, and medication-disease).
<b>Adverse Drug Reaction (ADR)</b>		ADR is a form of adverse consequence. It may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication, or any response to a medication that is noxious and unintended and occurs in doses for prophylaxis, diagnosis or treatment. The term "side effect" is often used interchangeably with ADR; however, side effects are but one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions. A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.
<b>Assessment Period</b>		The time period during which the assessment coordinator starts the assessment until it is signed as complete.
<b>Assessment Reference Date</b>	<b>ARD</b>	The specific end point for look-back periods in the MDS assessment process. This look-back period is also called the observation or assessment period.
<b>Assessment Submission and Processing System</b>	<b>ASAP</b>	The CMS system that receives submissions of MDS 3.0 data files, validates records for accuracy and appropriateness, and stores validated records in the CMS database.
<b>Assessment Window</b>		The period of time defined by Medicare regulations that specifies when the ARD must be set.

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Term	Abbreviation	Definition
<b>Audiology Services</b>		Audiology services include the testing of hearing and balance; recommending assistive listening equipment; managing hearing screening programs; providing education regarding the effects of noise on hearing and the prevention of hearing loss; managing cochlear implants; and providing counseling and aural rehabilitation. Audiologist is defined in regulation (42 CFR 484).
<b>Autism</b>		A developmental disorder that is characterized by impaired social interaction, problems with verbal and nonverbal communication, and unusual, repetitive, or severely limited activities and interests.
<b>Baseline</b>		An individual's usual, customary, initial, or most common (depending on the item) range or level of something; for example, behavior, laboratory values, mood, endurance, function, vital signs, etc. "Baseline" information is often used as a basis for comparing findings or results over time.
<b>Bladder Rehabilitation/ Bladder Retraining</b>		A behavioral technique that requires the resident to resist or inhibit the sensation of urgency (the strong desire to urinate), to postpone or delay voiding, and to urinate according to a timetable rather than to the urge to void.
<b>Body Mass Index</b>	<b>BMI</b>	Number calculated from a person's weight and height. BMI is a reliable indicator of body fat. BMI is used as a screening tool to identify possible weight problems for adults.
<b>Brief Interview for Mental Status</b>	<b>BIMS</b>	The BIMS is a brief screener that aids in detecting cognitive impairment. It does not assess all possible aspects of cognitive impairment.
<b>Broken Tooth</b>		A tooth with a crack, chip, or other loss of structural integrity.
<b>Browser</b>		A program that allows access to the Internet or a private intranet site. A browser with 128-bit encryption is necessary to access the Centers for Medicare & Medicaid Services (CMS) intranet to submit data or report retrieval.
<b>Care Area Assessment</b>	<b>CAA</b>	The review of one or more of the twenty conditions, symptoms, and other areas of concern that are commonly identified or suggested by MDS findings. Care areas are triggered by responses on the MDS item set.

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<b>Term</b>	<b>Abbreviation</b>	<b>Definition</b>
<b>Care Area Triggers</b>	<b>CAT</b>	A set of items and responses from the MDS that are indicators of particular issues and conditions that affect nursing facility residents.
<b>Case Mix Index</b>	<b>CMI</b>	Weight or numeric score assigned to each Resource Utilization Group (RUG-III, RUG IV) that reflects the relative resources predicted to provide care to a resident. The higher the case mix weight, the greater the resource requirements for the resident.
<b>Case Mix Reimbursement System</b>		A payment system that measures the intensity of care and services required for each resident, and translates these measures into the amount of reimbursement given to the facility for care of a resident. Payment is linked to the intensity of resource use.
<b>Cavity</b>		A tooth with a hole due to decay or other erosion.
<b>CMS Certification Number</b>	<b>CCN</b>	Replaces the term “Medicare/Medicaid Provider Number” in survey and certification, and assessment-related activities.
<b>Centers for Medicare &amp; Medicaid Services</b>	<b>CMS</b>	CMS is the Federal agency that administers the Medicare, Medicaid, and Child Health Insurance Programs.
<b>Check and Change</b>		Involves checking the resident’s dry/wet status at regular intervals and using incontinence devices and products.
<b>Code of Federal Regulations</b>	<b>CFR</b>	A codification of the general and permanent rules published in the Federal Register by the Executive departments and agencies of the Federal Government.
<b>Colostomy</b>		A surgical procedure that brings the end of the large intestine through the abdominal wall.

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Term	Abbreviation	Definition
<b>Comatose (Coma)</b>		Pathological state in which neither arousal (wakefulness, alertness) nor awareness exists. The person is unresponsive and cannot be aroused; he or she may or may not open his or her eyes, does not speak, and does not move his or her extremities on command or in response to noxious stimuli (e.g., pain).
<b>Comprehensive Assessment</b>		Requires completion of the MDS and review of CAAs, followed by development and/or review of the comprehensive care plan.
<b>Confusion Assessment Method</b>	<b>CAM</b>	An instrument that screens for overall cognitive impairment as well as features to distinguish delirium or reversible confusion from other types of cognitive impairments.
<b>Constipation</b>		A condition of more than short duration where someone has fewer than three bowel movements a week or stools that are usually hard, dry, and difficult and/or painful to eliminate.
<b>Continence</b>		Any void that occurs voluntarily, or as the result of prompted toileting, assisted toileting, or scheduled toileting.
<b>Daily Decision Making</b>		Includes: choosing clothing; knowing when to go to scheduled meals; using environmental cues to organize and plan (e.g., clocks, calendars, posted event notices); in the absence of environmental cues, seeking information appropriately (i.e. not repetitively) from others in order to plan the day; using awareness of one's own strengths and limitations to regulate the day's events (e.g., asks for help when necessary); acknowledging need to use appropriate assistive equipment such as a walker.
<b>Delirium</b>		Acute onset or worsening of impaired brain function resulting in cognitive and behavioral symptoms such as worsening confusion, disordered expression of thoughts, frequent fluctuation in level of consciousness, and hallucinations.
<b>Delusion</b>		A fixed, false belief not shared by others that the resident holds even in the face of evidence to the contrary.

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Term	Abbreviation	Definition
<b>Designated Local Contact Agency</b>		Each state has designated a local contact agency responsible for contacting the individual with information about community living options. This local contact agency may be a single entry point agency, an Aging/Disabled Resource Center, an Area Agency on Aging, a Center for Independent Living, or other state contractor.
<b>Disorganized Thinking</b>		Having thoughts that are fragmented or not logically connected.
<b>Dose</b>		Total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the “daily dose.”
<b>Down Syndrome</b>		A common genetic disorder in which a child is born with 47 rather than 46 chromosomes, resulting in developmental delays, intellectual disability, low muscle tone, and other possible effects.
<b>Dually Certified Facilities</b>		Nursing facilities that participate in both the Medicare and Medicaid programs.
<b>Duplicate Assessment Error</b>		A fatal record error that results from a resubmission of a record previously accepted into the CMS MDS database. A duplicate record is identified as having the same target date, reason for assessment, resident, and facility. This is the only fatal record error that does not require correction and resubmission.
<b>Entry Date</b>		The initial date of admission/entry to the nursing home, or the date on which the resident most recently re-entered the nursing home after being discharged (whether or not the return was anticipated).
<b>Epilepsy</b>		A chronic neurological disorder that is characterized by recurrent unprovoked seizures, as a result of abnormal neuronal activity in the brain.
<b>External Condom Catheter</b>		Device attached to the shaft of the penis like a condom and connected to a drainage bag.

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Term	Abbreviation	Definition
<b>Facility ID</b>	<b>FAC_ID</b>	The facility identification number is assigned to each nursing facility by the State agency. The FAC_ID must be placed in the individual MDS and tracking form records. This normally is completed as a function within the facility's MDS data entry software.
<b>Fall</b>		Unintentional change in position coming to rest on the ground or onto the next lower surface (e.g., onto a bed, chair, or bedside mat), but not as a result of an overwhelming external force.
<b>Fatal File Error</b>		An error in the MDS file format that causes the entire file to be rejected. The individual records are not validated or stored in the database. The facility must contact its software support to resolve the problem with the submission file.
<b>Fatal Record Error</b>		An error in MDS record that is severe enough to result in record rejection. A fatal record is not saved in the CMS database. The facility must correct the error that caused the rejection and resubmit a corrected original record.
<b>Fecal Impaction</b>		A mass of dry, hard stool that can develop in the rectum due to chronic constipation. Watery stool from higher in the bowel or irritation from the impaction may move around the mass and leak out, causing soiling, often a sign of a fecal impaction.
<b>Federal Register</b>		The official daily publication for rules, proposed rules, and notices of Federal agencies and organizations, as well as Executive Orders and other Presidential Documents. It is a publication of the National Archives and Records Administration, and is available by subscription and online.
<b>Feeding Tube</b>		Presence of any type of tube that can deliver food/nutritional substances/fluids directly into the gastrointestinal system. Examples include, but are not limited to: nasogastric tubes, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes.
<b>Fever</b>		A fever is present when the resident's temperature (°F) is 2.4 degrees greater than the baseline temperature.

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Term	Abbreviation	Definition
<b>Final Validation Report</b>	<b>FVR</b>	A report generated after the successful submission of MDS 3.0 assessment data. This report lists all of the residents for whom assessments have been submitted in a particular submission batch, and displays all errors and/or warnings that occurred during the validation process. An FVR with a submission type of “production” is a facility’s documentation for successful file submission. An individual record listed on the FVR marked as “accepted” is documentation for successful record submission.
<b>First Time in This Facility</b>		Newly admitted resident who has not been admitted to this facility before.
<b>Fiscal Intermediary</b>	<b>FI</b>	In the past, an organization designated by CMS to process Medicare claims for payment that are submitted by a nursing facility. Fiscal intermediaries (FIs) are now called Medicare Administrative Contractors (MACs).
<b>F-Tag</b>		Numerical designations for criteria reviewed during the nursing facility survey.
<b>Functional Limitation in Range of Motion</b>		Limited ability to move a joint that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury.
<b>Grace Days</b>		Predetermined additional days that may be added to the assessment window for Medicare scheduled assessments without incurring financial penalty. These may be used in situations such as an absence/illness or reassignment of the registered nurse (RN) assessment coordinator, or an unusually large number of assessments due at approximately the same time. Grace days may also be used to more fully capture therapy minutes or other treatments.
<b>Gradual Dose Reduction (GDR)</b>		Step-wise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued.
<b>Habit Training/ Scheduled Voiding</b>		A behavior technique that calls for scheduled toileting at regular intervals on a planned basis to match the resident’s voiding habits or needs.

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Term	Abbreviation	Definition
<b>Hallucination</b>		A perception in a conscious and awake state, of something in the absence of external stimuli. May be auditory or visual or involve smells, tastes, or touch.
<b>Healthcare Common Procedure Coding System</b>	<b>HCPCS</b>	A uniform coding system that describes medical services, procedures, products, and supplies. These codes are used primarily for billing.
<b>Health Insurance Portability and Accountability Act of 1996</b>	<b>HIPAA</b>	Federal law that gives the Department of Health and Human Services (DHHS) the authority to mandate regulations that govern privacy, security, and electronic transactions standards for health care information.
<b>Health Insurance Prospective Payment System</b>	<b>HIPPS</b>	Billing codes used when submitting claims to the MACs (previously FIs) for Medicare payment. Codes comprise the RUG category calculated by the assessment followed by an indicator to indicate which assessment was completed.
<b>Hierarchy</b>		The ordering of groups within the RUG Classification system is a hierarchy. The RUG hierarchy begins with groups with the highest resource use and descends to those groups with the lowest resource use. The RUG-IV Classification system has eight hierarchical levels or categories: Rehabilitation Plus Extensive Services, Rehabilitation, Extensive Services, Special Care High, Special Care Low, Clinically Complex, Behavioral Symptoms and Cognitive Performance, and Reduced Physical Function.
<b>Hospice Services</b>		A program for terminally ill persons where an array of services is provided for the palliation and management of terminal illness and related conditions. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider.
<b>Ileostomy</b>		A stoma that has been constructed by bringing the end or loop of small intestine (the ileum) out onto the surface of the skin.
<b>Inactivation</b>		A type of correction allowed under the MDS Correction Policy. When an invalid record has been accepted into the CMS database, a correction record is submitted with inactivation selected as the type of correction. An inactivation will remove the invalid record from the database.

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Term	Abbreviation	Definition
<b>Inattention</b>		Reduced ability to maintain attention to external stimuli and to appropriately shift attention to new external stimuli.
<b>Indwelling Catheter</b>		A catheter that is maintained within the bladder for the purpose of continuous drainage of urine.
<b>Intermittent Catheterization</b>		Insertion and removal of a catheter through the urethra into the bladder for bladder drainage.
<b>Internal Assessment ID</b>		A sequential numeric identifier assigned to each record submitted to QIES ASAP.
<b>International Classification of Diseases – Clinical Modification</b>	<b>ICD-CM</b>	Official system of assigning codes to diagnoses and procedures associated with hospital utilization in the United States. The ICD-CM contains a numerical list of the disease code numbers in tabular form, an alphabetical index to the disease entries, and a classification system for surgical, diagnostic, and therapeutic procedures.
<b>Invalid Record</b>		As defined by the MDS Correction Policy, a record that was accepted into QIES ASAP that should not have been submitted. Invalid records are defined as: a test record submitted as production, a record for an event that did not occur, a record with the wrong resident identified or the wrong reason for assessment, or submission of an inappropriate non-required record.
<b>Item Set Code</b>	<b>ISC</b>	A code based upon combinations of reasons for assessment (A0310 items) that determines which items are active on a particular type of MDS assessment or tracking record.
<b>Java-Based Resident Assessment Validation and Entry System</b>	<b>jRAVEN</b>	Data entry software supplied by CMS for nursing facilities and hospital swing beds to use to enter MDS assessment data.
<b>Legal Name</b>		Resident's name as it appears on the Medicare card. If the resident is not enrolled in the Medicare program, use the resident's name as it appears on a government-issued document (i.e., driver's license, birth certificate, social security card).

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Term	Abbreviation	Definition
<b>Level of Consciousness</b>		<p>Alert: startles easily to any sound or touch.</p> <p>Drowsy/Lethargic: repeatedly dozes off when you are asking questions but responds to voice or touch.</p> <p>Stuporous: very difficult to arouse and keep aroused for the interview.</p> <p>Comatose: cannot be aroused despite shaking and shouting.</p>
<b>Login ID</b>		A State-assigned facility identifier required to access QIES ASAP. This may or may not be the same as the Facility ID.
<b>Look-Back Period</b>		A timeframe defined by counting backwards from the ARD that is used when coding each item on the MDS.
<b>Makes Self Understood</b>		Able to express or communicate requests, needs, opinions, and to conduct social conversation in his or her primary language, whether in speech, writing, sign language, gestures, or a combination of these. Deficits in ability to make one's self understood (expressive communication deficits) can include reduced voice volume and difficulty in producing sounds, or difficulty in finding the right word, making sentences, writing, and/or gesturing.
<b>MDS Completion Date</b>		The date at which the RN assessment coordinator attests that all portions of the MDS have been completed. This is the date recorded at Z0500B.
<b>Mechanically Altered Diet</b>		A diet specifically prepared to alter the texture or consistency of food in order to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids.
<b>Medicaid</b>		A Federal and State program subject to the provisions of Title XIX of the Social Security Act that pays for specific kinds of medical care and treatment for low-income families.

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Term	Abbreviation	Definition
<b>Medicare</b>		<p>A health insurance program administered by CMS under provisions of Title XVIII of the Social Security Act for people aged 65 and over, for those who have permanent kidney failure, and for certain people with disabilities.</p> <p>Medicare Part A: The part of Medicare that covers inpatient hospital services and services furnished by other institutional health care providers, such as nursing facilities, home health agencies, and hospices.</p> <p>Medicare Part B: The part of Medicare that covers services of doctors, suppliers of medical items and services, and various types of outpatient services.</p>
<b>Medicare Administrative Contractor</b>	<b>MAC</b>	An organization designated by CMS to process Medicare claims for payment that are submitted by a nursing facility. MACs were previously called Fiscal Intermediaries (FIs).
<b>Medicare Covered Stay</b>		Skilled Nursing Facility stays billable to Medicare Part A when specific requirements and criteria are met for an individual.
<b>Medicare Number (or Comparable Railroad Insurance Number)</b>		A number assigned to an individual for participation in national health insurance program. The first 9 characters must be numbers. The Medicare Health Insurance number may be different from the resident's social security number (SSN). For example, many residents may receive Medicare benefits based on a spouse's Medicare eligibility.
<b>Medication Interaction</b>		The impact of medication or other substance (such as nutritional supplements including herbal products, food or substances used in diagnostic studies) upon another medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.
<b>Minimum Data Set</b>	<b>MDS</b>	A core set of screening, clinical assessment, and functional status elements, including common definitions and coding categories that form the foundation of the comprehensive assessment for all residents of long-term care facilities certified to participate in Medicare and Medicaid and for patients receiving SNF services in non-critical access hospitals with a swing bed agreement.

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Term	Abbreviation	Definition
<b>Modification</b>		A type of correction allowed under the MDS Correction Policy. A modification is required when a valid MDS record has been accepted by the CMS MDS database, but the information in the record contains errors. The modification will correct the record in the CMS database. A modification is not done when a record has been rejected.
<b>Monitoring</b>		The ongoing collection and analysis of information (such as observations and diagnostic test results) and comparison to baseline and current data in order to ascertain the individual's response to treatment and care, including progress or lack of progress toward a goal. Monitoring can detect any improvements, complications or adverse consequences of the condition or of the treatments; and support decisions about adding, modifying, continuing, or discontinuing, any interventions.
<b>Most Recent Medicare Stay</b>		This is a Medicare Part A covered stay that has started on or after the most recent admission/entry or reentry to the nursing facility.
<b>Music Therapy</b>		Music therapy is an intervention that uses music to address physical, emotional, cognitive, and social needs of individuals of all ages. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation. In order for music therapy to be coded on the MDS, the service must be provided or directly supervised by a qualified staff.
<b>National Drug Code</b>	<b>NDC</b>	A unique 10-digit number assigned to each drug product listed under Section 510 of the Federal Food, Drug and Cosmetic Act. The NDC code identifies the vendor, drug name, dosage, and form of the drug.
<b>National Provider Identifier</b>	<b>NPI</b>	A unique federal number that identifies providers of health care services. The NPI applies to the nursing facility for all of its residents.
<b>Nephrostomy Tube</b>		A catheter inserted through the skin into the kidney or its collecting system.

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Term	Abbreviation	Definition
<b>Non-medication Pain Intervention</b>		An intervention, other than medication, used to try to manage pain which may include, but are not limited to: bio-feedback, application of heat/cold, massage, physical therapy, nerve block, stretching and strengthening exercises, chiropractic, electrical stimulation, radiotherapy, ultrasound, and acupuncture.
<b>Non-pharmacological Intervention</b>		Approaches that do not involve the use of medication to address a medical condition.
<b>Nursing Facility</b>	<b>NF</b>	A facility that is primarily engaged in providing skilled nursing care and related services to individuals who require medical or nursing care or rehabilitation services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health related care services above the level of custodial care to other than mentally retarded individuals.
<b>Nursing Monitoring</b>		Nursing Monitoring includes clinical monitoring by a licensed nurse (e.g. serial blood pressure evaluations, medication management, etc.).
<b>Nutrition or Hydration Intervention to Manage Skin Problems</b>		Interventions related to diet, nutrients, and hydration that are provided to prevent or manage specific skin conditions (e.g., wheat-free diet to prevent dermatitis, increased calorie diets to meet basic standards for daily energy requirements, vitamin or mineral supplements for specifically identified deficiencies.)
<b>Occupational Therapy</b>	<b>OT</b>	Services that are provided or directly supervised by a licensed occupational therapist. A qualified occupational therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Includes services provided by a qualified occupational therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed occupational therapist. Occupational therapist and occupational therapy assistant are defined in regulations (42 CFR 484.4). Occupational therapy interventions address deficits in physical, cognitive, psychosocial, sensory, and other aspects of performance in order to support engagement in everyday life activities that affect health, well-being, and quality of life.

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Term	Abbreviation	Definition
<b>Omnibus Budget Reconciliation Act of 1987</b>	<b>OBRA '87</b>	Law that enacted reforms in nursing facility care and provides the statutory authority for the MDS. The goal is to ensure that residents of nursing facilities receive quality care that will help them to attain or maintain the highest practicable, physical, mental, and psychosocial well-being.
<b>On Admission</b>		On admission is defined as: as close to the actual time of admission as possible.
<b>Oral Lesions</b>		An abnormal area of tissue on the lips, gums, tongue, palate, cheek lining, or throat. This may include ulceration, plaques or patches (e.g. candidiasis), tumors or masses, and color changes (red, white, yellow, or darkened).
<b>Pain Medication Regimen</b>		Pharmacological agent(s) prescribed to relieve or prevent the recurrence of pain. Include all medications used for pain management by any route and any frequency during the look-back period.
<b>Passive Range of Motion</b>		Movement within the unrestricted range of motion for a segment, which is provided entirely by an external force. There is no voluntary muscle contraction. This type of range of motion is often used when a resident is not able to perform the movement at all; no effort is required from them.
<b>Patient Health Questionnaire 9-Item</b>	<b>PHQ-9©</b>	A validated interview that screens for symptoms of depression. It provides a standardized severity score and a rating for evidence of a depressive disorder.
<b>Persistent Vegetative State</b>	<b>PVS</b>	PVS is an enduring situation in which an individual has failed to demonstrate meaningful cortical function but can sustain basic body functions supported by noncortical brain activity.

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Term	Abbreviation	Definition
<b>Physical Therapy</b>	<b>PT</b>	Services that are provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Includes services provided by a qualified physical therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed physical therapist. Physical therapist and physical therapist assistant are defined in regulation 42 CFR 484.4. Physical therapists (PTs) are licensed health care professionals who diagnose and manage movement dysfunction and enhance physical and functional status for people of all ages. PTs alleviate impairments and activity limitations and participation restrictions, promote and maintain optimal fitness, physical function, and quality of life, and reduce risk as it relates to movement and health. Following an evaluation of an individual with impairments, activity limitations, and participation restrictions or other health-related conditions, the physical therapist designs an individualized plan of physical therapy care and services for each patient. Physical therapists use a variety of interventions to treat patients. Interventions may include therapeutic exercise, functional training, manual therapy techniques, assistive and adaptive devices and equipment, physical agents, and electrotherapeutic modalities.
<b>Physician Prescribed Weight-loss Regimen</b>		A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight-loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.
<b>Program Transmittal</b>		Transmittal pages summarize the instructions to providers, emphasizing what has been changed, added, or clarified. They provide background information that would be useful in implementing the instructions. Program Transmittals can be found at the following Web site: <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html">https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/index.html</a>
<b>Prompted Voiding</b>		Prompted voiding is a behavioral intervention to maintain or regain urinary continence and may include timed verbal reminders and positive feedback for successful toileting.

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Term	Abbreviation	Definition
<b>Prospective Payment System</b>	<b>PPS</b>	A payment system, developed for Medicare skilled nursing facilities, which pays facilities an all-inclusive rate for all Medicare Part A beneficiary services. Payment is determined by a case mix classification system that categorizes patients by the type and intensity of resources used.
<b>Psychological Therapy</b>		The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behavior leading to improved social and vocational functioning, and personality growth. Psychological therapy may be provided by a psychiatrist, psychologist, clinical social worker, or clinical nurse specialist in mental health as allowable under applicable state laws.
<b>Psychomotor Retardation</b>		Visibly slowed level of activity or mental processing in residents who are alert. Psychomotor retardation should be differentiated from altered level of consciousness (i.e. stupor) and lethargy.
<b>Quality Improvement and Evaluation System</b>	<b>QIES</b>	The umbrella system that encompasses the MDS and Swing Bed (SB)-MDS system, other systems for survey and certification, and home health providers.
<b>Quality Improvement Organization</b>	<b>QIO</b>	A program administered by CMS that is designed to monitor and improve utilization and quality of care for Medicare beneficiaries. The program consists of a national network of fifty-three QIOs responsible for each U.S. State, territory, and the District of Columbia. Their mission is to ensure the quality, effectiveness, efficiency, and economy of health care services provided to Medicare beneficiaries.
<b>Quality Measure</b>	<b>QM</b>	Information derived from MDS data, that provides a numeric value to quality indicators. These data are available to the public as part of the Nursing Home Quality Initiative (NHQI), and are intended to provide objective measures for consumers to make informed decisions about the quality of care in nursing facilities.

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Term	Abbreviation	Definition
<b>Recreational Therapy</b>		Services that are provided or directly supervised by a qualified recreational therapist who holds a national certification in recreational therapy, also referred to as a Certified Therapeutic Recreation Specialist.” Recreational therapy includes, but is not limited to, providing treatment services and recreation activities to individuals using a variety of techniques, including arts and crafts, animals, sports, games, dance and movement, drama, music, and community outings. Recreation therapists treat and help maintain the physical, mental, and emotional well-being of their clients by seeking to reduce depression, stress, and anxiety; recover basic motor functioning and reasoning abilities; build confidence; and socialize effectively. Recreational therapists should not be confused with recreation workers, who organize recreational activities primarily for enjoyment.
<b>Re-entry</b>		When a resident returns to a facility following a temporary discharge (return anticipated) and returns within 30 days of the discharge.
<b>Registered Nurse Assessment Coordinator</b>	<b>RNAC</b>	An individual licensed as a registered nurse by the State Board of Nursing and employed by a nursing facility, and is responsible for coordinating and certifying completion of the resident assessment instrument.
<b>Religion</b>		Belief in and reverence for a supernatural power or powers regarded as creator and governor of the universe. Can be expressed in practice of rituals associated with various religious faiths, attendance and participation in religious services, or in private prayer or religious study.
<b>Resource Use</b>		The measure of the wage-weighted minutes of care used to develop the RUG classification system.
<b>Resource Utilization Group, Version IV</b>	<b>RUG-IV</b>	A category-based classification system in which nursing facility residents classify into one of 66 or 57 or 47 RUG-IV groups. Residents in each group utilize similar quantities and patterns of resource. Assignment of a resident to a RUG-IV group is based on certain item responses on the MDS 3.0. Medicare Part A uses the 66-group classification.

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Term	Abbreviation	Definition
<b>Respiratory Therapy</b>		Services that are provided by a qualified professional (respiratory therapists, respiratory nurse). Respiratory therapy services are for the assessment, treatment, and monitoring of patients with deficiencies or abnormalities of pulmonary function. Respiratory therapy services include coughing, deep breathing, nebulizer treatments, assessing breath sounds and mechanical ventilation, etc., which must be provided by a respiratory therapist or trained respiratory nurse. A respiratory nurse must be proficient in the modalities listed above either through formal nursing or specific training and may deliver these modalities as allowed under the state Nurse Practice Act and under applicable state laws.
<b>Respite</b>		Short-term, temporary care provided to residents to allow family members to take a break from the daily routine of care giving.
<b>Significant Error</b>		An error in an assessment where the resident's clinical status is not accurately represented (i.e. miscoded) on the erroneous assessment and the error has not been corrected via submission of a more recent assessment.
<b>Skilled Nursing Facility</b>	<b>SNF</b>	A facility that is primarily engaged in providing skilled nursing care and related services to individuals who require medical or nursing care or rehabilitation services of injured, disabled, or sick persons.
<b>Sleep Hygiene</b>		Practices, habits, and environmental factors that promote and/or improve sleep patterns.
<b>Social Security Number</b>		A tracking number assigned to an individual by the U.S. Federal government for taxation, benefits, and identification purposes.

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Term	Abbreviation	Definition
<b>Speech-Language Pathology and Audiology Services</b>		Services that are provided by a licensed speech-language pathologist and/or audiologist. Rehabilitative treatment addresses physical and/or cognitive deficits/disorders resulting in difficulty with communication and/or swallowing (dysphagia). Communication includes speech, language (both receptive and expressive) and non-verbal communication such as facial expression and gesture. Swallowing problems managed under speech therapy are problems in the oral, laryngeal, and/or pharyngeal stages of swallowing. Depending on the nature and severity of the disorder, common treatments may range from physical strengthening exercises, instructive or repetitive practice and drilling, to the use of audio-visual aids and introduction of strategies to facilitate functional communication. Speech therapy may also include sign language and the use of picture symbols. Speech-language pathologist is defined in regulation 42 CFR 484.4.
<b>State Operations Manual</b>	<b>SOM</b>	A manual provided by CMS that provides information regarding the how the State comes into compliance with Medicare and Medicaid requirements for survey and certification of all entities and appendices that provides regulatory requirements and related guidance.
<b>State Provider Number</b>		Medicaid Provider Number established by a state.
<b>State Resident Assessment Instrument (RAI) Coordinator</b>		A state agency person who provides information regarding RAI requirements and MDS coding instructions (See Appendix B).
<b>Submission Confirmation Page</b>		The initial feedback generated by the CMS MDS Assessment Submission and Processing System (ASAP) after an MDS data file is electronically submitted. This page acknowledges receipt of the submission file, but does not examine the file for any warnings and/or errors. Warnings and/or errors are provided on the Final Validation Report.
<b>Submission Requirement</b>	<b>SUB_REQ</b>	A field in the MDS electronic record that identifies the authority for data collection. CMS has authority to collect assessments for all residents (regardless of their payer source) who reside in Medicare- and/or Medicaid-certified units. States may or may not have regulatory authority to collect assessments for residents in non-certified units.

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Term	Abbreviation	Definition
<b>Suprapubic Catheter</b>		An indwelling catheter that is placed into the bladder through the abdominal wall above the pubic symphysis.
<b>Swing Bed</b>		A rural hospital with fewer than 100 beds that participates in the Medicare program that has CMS approval to provide post-hospital SNF care. The hospital may use its beds, as needed, to provide either acute or SNF care.
<b>System of Records</b>	<b>SOR</b>	Standards for collection and processing of personal information as defined by the Privacy Act of 1974.
<b>Temporal Orientation</b>		In general, the ability to place oneself in correct time. For BIMS, it is the ability to indicate correct date in current surroundings.
<b>Therapeutic Diet</b>		A therapeutic diet is a diet intervention ordered by a health care practitioner as part of the treatment for a disease or clinical condition manifesting an altered nutritional status, to eliminate, decrease, or increase certain substances in the diet (e.g., sodium, potassium) (ADA, 2011)
<b>Tooth Fragment</b>		A remnant of a tooth.
<b>Total Severity Score</b>		A summary of the Patient Health Questionnaire frequency scores that indicates the extent of potential depression symptoms. The score does not diagnose a mood disorder, but provides a standard of communication between clinicians and mental health specialists.
<b>Urostomy</b>		A stoma for the urinary system, intended to bypass the bladder or urethra.
<b>Utilization Guidelines</b>		Instructions concerning when and how to use the RAI. These include instructions for completion of the RAI as well as structured frameworks for synthesizing MDS and other clinical information.
<b>Vomiting</b>		The forceful expulsion of stomach contents through the mouth or nose.

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Term	Abbreviation	Definition
<b>Worsening in Pressure Ulcer Status</b>		Pressure ulcer “worsening” is defined as a pressure ulcer that has progressed to a deeper level of tissue damage and is therefore staged at a higher number using a numerical scale of 1-4 (using the staging assessment determinations assigned to each stage; starting at the stage 1, and increasing in severity to stage 4) on an assessment as compared to the previous assessment. For the purposes of identifying the absence of a pressure ulcer, zero pressure ulcers is used when there is no skin breakdown or evidence of damage.
<b>Z Codes</b>		ICD-10-CM provides codes to deal with encounters for circumstances other than a disease or injury. The Factors Influencing Health Status and Contact with Health Services codes (Z00–Z99) are provided to deal with occasions when circumstances other than a disease or injury are recorded as diagnosis or problems.

## Common Acronyms

Acronym	Definition
ADLs	Activities of Daily Living
ADR	Adverse Drug Reaction
AHEs	Average Hourly Earnings
ARD	Assessment Reference Date
ASAP	Assessment Submission and Processing System
BBA-97	Balanced Budget Act of 1997
BBRA	Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999
BEA	(U.S) Bureau of Economic Analysis
BIMS	Brief Interview for Mental Status
BIPA	Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) of 2000
BLS	(U.S.) Bureau of Labor Statistics
BMI	Body mass index
CAA	Care Area Assessment
CAH	Critical Access Hospital
CAM	Confusion Assessment Method
CAT	Care Area Trigger
CBSA	Core-Based Statistical Area
CFR	Code of Federal Regulations
CLIA	Clinical Laboratory Improvements Amendments (1998)
CMI	Case Mix Index
CMS	Centers for Medicare and Medicaid Services
CNN	CMS Certification Number
COTA	Certified Occupational Therapist Assistant
CPI	Consumer Price Index
CPI-U	Consumer Price Index for All Urban Consumers
CPS	Cognitive Performance Scale (MDS)
CPT	(Physicians) Current Procedural Terminology
CR	Change Request
CWF	Common Working File
DME	Durable Medical Equipment
DMERC	Durable Medical Equipment Regional Carrier
DOS	Dates of Service
ECI	Employment Cost Index

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<b>Acronym</b>	<b>Definition</b>
ESRD	End Stage Renal Disease
FAC_ID	Facility ID (for MDS submission)
FI	Fiscal Intermediary
FMR	Focused Medical Review
FR	Final Rule
FVR	Final Validation Report (MDS submission)
FY	Fiscal Year
HCPCS	Healthcare Common Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIPPS	Health Insurance PPS (Rate Codes)
ICD	International Classification of Diseases
ICD-CM	International Classification of Diseases, Clinical Modification
IFC	Interim Final Rule with Comment
IOM	Internet-Only Manual
ISC	Item Set Code
jRAVEN	Java-Based Resident Assessment Validation and Entry System
LOA	Leave of Absence
MAC	Medicare Administrative Contractor
MDCN	Medicare Data Communications Network
MDS	Minimum Data Set
MEDPAR	Medicare Provider Analysis and Review (File)
MIM	Medicare Intermediary Manual
MRI	Magnetic Resonance Imaging
NCS	National Supplier Clearinghouse
NDC	National Drug Code
NDM	Network Data Mover
NF	Nursing Facility
NPI	National Provider Identifier
NSC	National Supplier Clearinghouse
OBRA	Omnibus Budget Reconciliation Act of 1987
OMB	Office of Management and Budget
OMRA	Other Medicare-required Assessment
OT	Occupational Therapy/Therapist
PCE	Personal Care Expenditures
PHQ-9	Patient Health Questionnaire 9-Item

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<b>Acronym</b>	<b>Definition</b>
PIM	Program Integrity Manual
POS	Point of Service
PPI	Producer Price Index
PPS	Prospective Payment System
PRM	Provider Reimbursement Manual
PT	Physical Therapy/Therapist
PTA	Physical Therapist Assistant
Pub.100-1	Medicare General Information, Eligibility, and Entitlement IOM
Pub.100-2	Medicare Benefit IOM
Pub.100-4	Medicare Claims Processing IOM
Pub.100-7	Medicare State Operation IOM
Pub.100-8	Medicare Program Integrity IOM
Pub.100-12	State Medicaid IOM
PVS	Persistent Vegetative State
QI	Quality Indicator
QM	Quality Measure
QIES	Quality Improvement and Evaluation System
QIO	Quality Improvement Organization
RAI	Resident Assessment Instrument
RNAC	Registered Nurse Assessment Coordinator
RUG	Resource Utilization Group
SB-PPS	Swing Bed Prospective Payment System
SCSA	Significant Change in Status Assessment
SNF	Skilled Nursing Facility
SNF PPS	Skilled Nursing Facility Prospective Payment System
SLP (or ST)	Speech Language Pathology Services
SOM	State Operations Manual
SOR	Systems of Records
STM	Staff Time Measure
SUB_REQ	Submission Requirement