

**MDS 3.0 Item Set Change History
for October 2014
Version 1.12.0**

Item	Change Description	NC	ND	NO/SO	NOD	NP	NQ	NS/SS	NSD	NT/ST	SD	SOD	SP	SSD
A0310B	Deleted response option 06.	x	x	x	x	x	x	x	x	x	x	x	x	x
A0410	Renamed item to "Unit Certification or Licensure Designation" and changed verbiage associated with each response option as follows: 1. Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State 2. Unit is neither Medicare nor Medicaid certified but MDS data is required by the State 3. Unit is Medicare and/or Medicaid certified	x	x	x	x	x	x	x	x	x	x	x	x	x
A1100	Added "Skip to A1200, Marital Status" to response option 9.	x	x	x	x	x	x	na	x	na	x	x	x	x
A1500	Removed item from specified item set.	na	x	na	x	x	x	na	x	na	na	na	na	na
A1510	Removed item from specified item set.	na	x	na	x	x	x	na	x	na	na	na	na	na
A1550	Removed item from specified item set.	na	x	na	x	x	x	na	x	na	na	na	na	na
A1600-1800	Grouped these items under the heading "Most Recent Admission/Entry or Reentry into this Facility".	x	x	x	x	x	x	x	x	x	x	x	x	x
A1600	Deleted "(date of this admission/entry or reentry into this facility)" from the item label.	x	x	x	x	x	x	x	x	x	x	x	x	x
A1900	Added new item: Admission Date (Date this episode of care in this facility began).	x	x	x	x	x	x	x	x	x	x	x	x	x
O0250	Changed instruction to "Refer to current version of RAI manual for current influenza vaccination season and reporting period".	x	x	na	x	x	x	na	x	na	x	x	x	x
O0250A	Changed wording of item to "Did the resident receive the influenza vaccine in this facility for this year's influenza vaccination season?". Changed "Influenza" to "influenza" [lower case] in response option 0 skip instruction.	x	x	na	x	x	x	na	x	na	x	x	x	x
O0250A	Changed response option 1 skip instruction to "Continue to O0250B, Date influenza vaccine received".	x	x	na	x	x	x	na	x	na	x	x	x	x
O0250B	Added item to specified item set.	na	x	na	x	na	na	na	x	na	x	x	na	x
O0250B	Changed wording of item to "Date influenza vaccine received"	x	x	na	x	x	x	na	x	na	x	x	x	x

x = item set impacted

na = not applicable; changed item not part of this item set

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O0250C	Changed wording of item to "If influenza vaccine not received, state reason:" [influenza all lower case]. Changed response option 1 to "Resident not in this facility during this year's influenza vaccination season". Changed response option 6 to "Inability to obtain influenza vaccine due to a declared shortage".	x	x	na	x	x	x	na	x	na	x	x	x	x
X0150	Changed wording of item to "Type of Provider (A0200 on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0200	Changed wording of item to "Name of Resident (A0500 on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0300	Changed wording of item to "Gender (A0800 on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0400	Changed wording of item to "Birth Date (A0900 on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0500	Changed wording of item to "Social Security Number (A0600A on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0600	Changed wording of item to "Type of Assessment (A0310 on existing record to be modified/inactivated)".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0600B	Deleted response option 06.	x	x	x	x	x	x	x	x	x	x	x	x	x
X0700A	Changed wording of item to "Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0700B	Changed wording of item to "Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12".	x	x	x	x	x	x	x	x	x	x	x	x	x
X0700C	Changed wording of item to "Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01	x	x	x	x	x	x	x	x	x	x	x	x	x

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