

**Track Changes  
from Chapter 1 V1.09  
to Chapter 1 V1.10**

Chapter	Section	Page	Change			
1	-	1-1	<ul style="list-style-type: none"><li>• Linda Drummond, MSNM</li><li>• Jennifer Pettis, RN, BS, WCC</li></ul>			
1	-	1-3	<ul style="list-style-type: none"><li>• Jemima Drake, RN</li><li>• Shelly Ray, RN</li></ul>			
1	1.2	1-6	— <b>Care Area Assessment</b> is the further investigation of triggered areas, to determine if the care area triggers require interventions and care planning. The CAA resources are provided as a courtesy to facilities in Appendix C. These resources include a compilation of checklists and Web links that may be helpful in performing the assessment of a triggered care area. The use of these resources are not mandatory and represent neither an all-inclusive list nor government endorsement.			
1	1.3	1-7	• <b>Medicaid Payment Systems.</b> The MDS contains items...			
1	1.3	1-7	<ul style="list-style-type: none"><li>• <b>Consumer Access to Nursing Home Information.</b> Consumers are also able to access information about every Medicare- and/or Medicaid-certified nursing home in the country. The Nursing Home Compare tool (<a href="http://www.medicare.gov/NHCompare">http://www.medicare.gov/NHCompare</a>) provides public access to nursing home characteristics, staffing and quality of care measures for certified nursing homes.</li></ul>			
1	1.3	1-8	Given the requirements of participation of appropriate health professionals and direct care staff, completion of the RAI is best accomplished by an interdisciplinary team (IDT) that includes nursing home staff with varied clinical backgrounds, including nursing staff and the resident’s physician. Such a team brings their combined experience and knowledge to the table in providing an understanding of the strengths, needs and preferences of a resident to ensure the best possible quality of care and quality of life. It is important to note that even nursing homes that have been granted a RN waiver under 42 CFR 483.30 (c) or (d) must provide an RN to conduct or coordinate the assessment and sign off the assessment as complete.			
1	1.7	1-14	<table><tr><td>A</td><td>Identification Information</td><td>Obtain key information to uniquely identify each resident, nursing home, type of record, and reasons for assessment.</td></tr></table>	A	Identification Information	Obtain key information to uniquely identify each resident, nursing home, type of record, and reasons for assessment.
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1	1.7	1-14	<table><tr><td>X</td><td>Correction Request</td><td>Indicate whether an MDS record is a new record to be added to the QIES ASAP system or a Request to modify or inactivate a record already present in the QIES ASAP database.</td></tr></table>	X	Correction Request	Indicate whether an MDS record is a new record to be added to the QIES ASAP system or a Request to modify or inactivate a record already present in the QIES ASAP database.
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1	1.8	1-15	<b>Contractual Agreements</b>  Providers, who are part of a multi-facility corporation, may release			

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			data to their corporate office or parent company but not to other providers within their <b>multi-facility</b> corporation <del>one organization</del> . The parent company is required to “act” in the same manner as the facility and is permitted to use data only to the extent the facility is permitted to do so (as described in the 42 CFR at 483.10(e)(3)).
1	1.8	1-16	PAGE LENGTH CHANGE.
1	1.8	1-17	<b>Legal Notice Regarding MDS 3.0</b> - Copyright 2011 United States of America and InterRAI. This work may be freely used and distributed solely within the United States. Portions of the MDS 3.0 are under separate copyright protections; Pfizer Inc. holds the copyright for the PHQ-9 and the Annals of Internal Medicine holds the copyright for the CAM. Both Pfizer Inc. and the Annals of Internal Medicine have granted permission to freely use these instruments in association with the MDS 3.0.