BR Insiders 2026 Summer Series

Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

August 2026

APPROVAL STATEMENT DISCLOSURE

- This nursing continuing professional development activity was approved by Broad River Rehab, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.
- This course has been approved for 0.5 contact hours.

CONFLICT OF INTEREST DISCLOSURE

- Broad River Rehab is not charging for this educational offering and has no financial or other conflicts of interest regarding this program.

SUCCESSFUL COMPLETION REQUIREMENTS

- **Live-Virtual**
  - To obtain nursing contact hours, you must participate in the entire program, participate in audience polling and/or Q&A and complete the evaluation.

DISCLOSURE OF THE EXPIRATION DATE FOR AWARDING CONTACT HOURS FOR ENDURING PROGRAMS

- Contact hours for this program will not be awarded after 1 week.

Learning Objectives

- *Identify the role of the Numerator, Denominator, & Exclusions for N028.04 measure calculation*
- *Interpret & apply measure methodology utilizing the SNF Quality Measure Manual & IQIES Reporting*
- *Integrate measure-specific knowledge into Facility IDT processes & Quality Improvement efforts*

Resources

- *mds-qm-users-manual-v18.0 effective-1-1-2026-and-associated-user-manuals March 2026 (ZIP)*
- *GG Self-Care and Mobility Pocket Guide*
- *Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide July 2026*
- *Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.20.1*
- *Nursing Homes | CMS Survey Critical Element Pathways*
- *Medicare State Operations Manual*

- Quality Measure Overview -

Table 2-24
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)
(CMS ID: N028.04) (CMIT Measure ID: 531)[16]

Measure Description

This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

Measure Specifications

Numerator

Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss ADLs has increased when the selected assessments are compared. The four late-loss ADL items are Sit to Lying (GG0170B), Sit to Stand (GG0170D), Eating (GG0130A), and Toilet Transfer (GG0170F).

An increase in need for help is defined as a decrease in two or more coding points in one late-loss ADL item *or* one point decrease in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.

Residents meet the definition of increased need of help with late-loss ADLs if *either* of the following are true: [17]

1. *At least one* of the following is true:
   - 1.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment (GG0170B)] < [-1], *or*
   - 1.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [-1], *or*
   - 1.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [-1], *or*
   - 1.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [-1].
2. *At least two* of the following are true:
   - 2.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment GG0170B)] < [0], *or*
   - 2.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [0], *or*
   - 2.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [0], *or*
   - 2.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [0].

Measure Specifications Continued

Denominator

All long-stay residents with a selected target and prior assessment, except those with exclusions.

Exclusions

1. All four of the late-loss ADL items indicate dependence or activity was not attempted on the prior assessment, as indicated by:
   - 1.1 Sit to Lying (GG0170B) = [01, 07, 09, 10, 88] *and*
   - 1.2 Sit to Stand (GG0170D) = [01, 07, 09, 10, 88] *and*
   - 1.3 Eating (GG0130A) = [01, 07, 09, 10, 88] *and*
   - 1.4 Toilet Transfer (GG0170F) = [01, 07, 09, 10, 88].[17]
2. Three of the late-loss ADLs indicate dependence (value [01]) or activity was not attempted (values [07, 09, 10, 88]) on the prior assessment, as in exclusion 1 AND the fourth late-loss ADL indicates substantial/maximal assistance (value [02]) on the prior assessment.
3. Comatose or missing data on comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0110K1b = [1, -]) on the target assessment.
6. The resident is not in the numerator *and*
   - 6.1 Sit to Lying (GG0170B) = [-]) on the prior or target assessment, *or*
   - 6.2 Sit to Stand (GG0170D = [-]) on the prior or target assessment, *or*
   - 6.3 Eating (GG0130A) = [-]) on the prior or target assessment, *or*
   - 6.4 Toilet Transfer (GG0170F) = [-]) on the prior or target assessment.[17]
7. No prior assessment is available to assess prior function.
8. Prior or target assessment date before 10/01/2023.[18]

Covariates

Not applicable.

DEFINITION

ADL

Tasks related to personal care, such as any of the tasks listed in GG0130 and GG0170.

Table 2-24
Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased (LS)
(CMS ID: N028.04) (CMIT Measure ID: 531)[16]

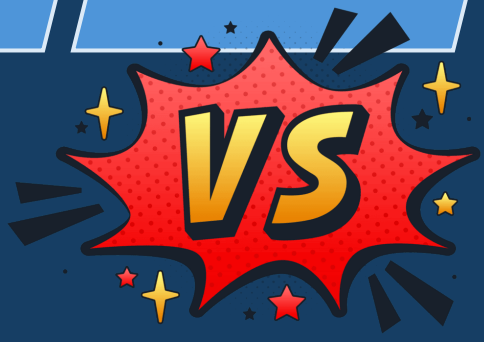
Measure Description
This measure reports the percent of long-stay residents whose need for help with late-loss Activities of Daily Living (ADLs) has increased when compared to the prior assessment.

Key Specifications -

- Specific to “Long-Stay” residents.
- Utilizes a “Prior” & “Target” assessment comparison.
- Specific to the four late-loss ADLs reported in Section GG. “Need for help increased” indicates a decrease in **2** or more coding points in one late-loss ADL item **OR** a **1**-point decrease in coding points in 2 or more late-loss ADL items.
- Section GG data collection windows & coding criteria differ from the former Section G ADL methodology.
- Applies exclusions but does not include covariate adjustment.
- Assigned a 150-point value within the Quality Measure 5-Star rating methodology.

- Short-stay vs Long-Stay -

"CDIF" = Cumulative Days in the Facility



MDS Measures

Measure Description
Pressure Ulcers (L)
Phys restraints (L)
Falls (L)
Falls w/Maj Injury (L)
Antipsych Med (S)
Antianxiety/Hypnotic Prev (L)
Antianxiety/Hypnotic % (L)
Behav Sx affect Others (L)
Depress Sx (L)
UTI (L)
Cath Insert/Left Bladder (L)
New or Worsened B/B (L)
Excess Wt Loss (L)
Incr ADL Help (L)
Move Indep Worsens (L)

Short stay. An episode with CDIF less than or equal to 100 days as of the end of the target period. Short stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).

Long stay. An episode with CDIF greater than or equal to 101 days as of the end of the target period. Long stays may include one or more interruptions, indicated by Interrupted Stay (A0310G1 = [1]).

Incr ADL Help (L)	N028.04	C	16	137

- Prior vs Target Assessment -

Prior Assessment:

Latest assessment that is 46–165 days before the target assessment

(Latest assessment that meets the following criteria: (a) it is contained within the resident's episode, (b) it has a qualifying RFA, and (c) its target date is contained in the window that is 46 days to 165 days preceding the target date of the target assessment. If no qualifying assessment exists, the prior assessment is considered missing.)

Target Assessment:

Most recent 3 months

(Latest assessment that meets the following criteria: (a) it is contained within the resident's selected episode, (b) it has a qualifying RFA, and (c) its target date is no more than 120 before the end of the episode.)

When you begin an MDS for a long-stay resident, ask yourself, *"What assessment will this MDS be compared to?"*

- PRIOR vs TARGET ASSESSMENT EXAMPLE -

Scenario:
The “Increased ADL Help” Quality Measure triggered with the 2/10/25 Quarterly MDS.

2/10/2025	Quarterly - None PPS / 3.0
1/7/2025	Annual - None PPS / 3.0
10/10/2024	Quarterly - None PPS / 3.0
7/10/2024	Quarterly - None PPS / 3.0
4/10/2024	Quarterly - None PPS / 3.0

Question:
If the 2/10/25 Quarterly MDS is the “target assessment”, which MDS is the “prior assessment”?

- 06. Independent
- 05. Setup or clean-up assistance
- 04. Supervision or touching assistance
- 03. Partial/moderate assistance
- 02. Substantial/maximal assistance
- 01. Dependent
- 07. Resident refused
- 09. Not applicable
- 10. Not attempted due to environmental limitations
- 88. Not attempted due to medical condition or safety concerns
- -. Not assessed/no information

Answer:
The 10/10/24 Quarterly MDS as it is the first assessment 46 days before the target MDS.

WHAT ARE THE FOUR LATE-LOSS ADLS?

X X	**A. Eating:** The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. **CAA: 5, *N028.04, ★, N028.04 ★**
X X	**B. Sit to lying:** The ability to move from sitting on side of bed to lying flat on the bed. **CAA: 5, *16, *N028.04 , ★ N028.04 ★**
X X	**D. Sit to stand:** The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. **CAA: 5, *N028.04 , ★ N028.04 ★**
X X	**F. Toilet transfer:** The ability to get on and off a toilet or commode. **CAA: 5, *6, *N028.04 , ★ N028.04 ★**

CAA 5 - Activity of Daily Living (ADL) Functional / Rehabilitation Potential

N028.04 (I) (C) ★ - Percent of Residents Whose Need for Help with Activities of Daily Living Has Increased

EATING
SIT TO LYING
SIT TO STAND
TOILET TRANSFERS

EXCLUSIVE TOOLS

Contact | Ask Our Experts | Search | BRRit | Careers | Insiders |

- Discharge Function Score Calculator (FY 2026)
- 2025 SNF Consolidated billing Major Category Descriptions and Excluded Categories HCPCS List
- 2026 SNF Consolidated Billing Major Category Descriptions and Excluded Categories HCPCS List
- Color-Coded MDS 3.0 v1.20.1 (updated 01/01/2026)
- CAT Specifications MDS 3.0 v1.20.1
- Cue Cards MDS 3.0 v1.20.1
- NOMNC Cheatsheet

CMS QRP POCKET GUIDE

GG Self-Care and Mobility Performance Coding Instructions

06. Independent: The patient/resident completes the activity by themselves with **no assistance** from a helper.

05. Setup or clean-up assistance: The helper sets up or cleans up; patient/resident completes activity. The helper assists **only prior to or following** the activity, but not during the activity.

04. Supervision or touching assistance: The helper provides verbal cues and/or touching/steadying and/or contact guard assistance as the patient/resident completes the activity. Assistance may be provided **throughout** the activity **or intermittently.**

03. Partial/moderate assistance: The helper does **LESS THAN HALF** the effort. The helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

02. Substantial/maximal assistance: The helper does **MORE THAN HALF** the effort. The helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent: The helper does **ALL of the effort.** The patient/resident does none of the effort to complete the activity, or the assistance of two or more helpers is required for the patient/resident to complete the activity.

CMS QRP POCKET GUIDE

GG Self-Care and Mobility Activity Not Attempted Coding Instructions

07. Patient/resident refused: The patient/resident refused to complete the activity.

09. Not applicable: The activity was not attempted, and the patient/resident did not perform this activity prior to the current illness, exacerbation, or injury.

10. Not attempted due to environmental limitations: The patient/resident did not attempt this activity due to environmental limitations. Examples include lack of equipment, weather constraints.

88. Not attempted due to medical condition or safety concerns: The activity was not attempted due to medical condition or safety concerns.

HOME HEALTH | INPATIENT REHABILITATION FACILITY | LTCH | SKILLED NURSING FACILITY

QM Manual Description –
Note that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.

- Important -
07, 09, 10, 88 carry the same weight or scoring as a code of 01-Dependent

NUMERATOR

Numerator

Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss ADLs has increased when the selected assessments are compared. The four late-loss ADL items are Sit to Lying (GG0170B), Sit to Stand (GG0170D), Eating (GG0130A), and Toilet Transfer (GG0170F).

An increase in need for help is defined as a decrease in two or more coding points in one late-loss ADL item *or* one point decrease in coding points in two or more late-loss ADL items. Note that for each of these four ADL items, if the value is equal to [07, 09, 10, 88] on either the target or prior assessment, then recode the item to equal [01] to allow appropriate comparison.

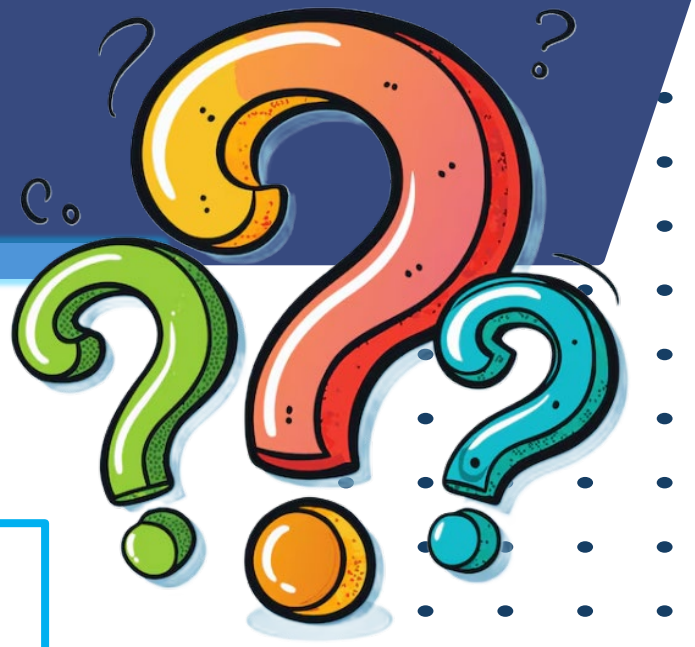
Residents meet the definition of increased need of help with late-loss ADLs if *either* of the following are true: [17]

1. *At least one* of the following is true:
   - 1.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment (GG0170B)] < [-1], *or*
   - 1.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [-1], *or*
   - 1.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [-1], *or*
   - 1.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [-1].
2. *At least two* of the following are true:
   - 2.1 Sit to Lying: [Level at target assessment (GG0170B) - Level at prior assessment GG0170B)] < [0], *or*
   - 2.2 Sit to Stand: [Level at target assessment (GG0170D) - Level at prior assessment (GG0170D)] < [0], *or*
   - 2.3 Eating: [Level at target assessment (GG0130A) - Level at prior assessment (GG0130A)] < [0], *or*
   - 2.4 Toilet Transfer: [Level at target assessment (GG0170F) - Level at prior assessment (GG0170F)] < [0].

Measure Description	CMS ID	Data	Num	Denom
Incr ADL Help (L)	N028.04	C	15	77

Question	Answer
Who is included in the Numerator for this measure?	Long-stay residents with selected target and prior assessments that indicate the need for help with late-loss ADLs has increased when the selected assessments are compared.

DENOMINATOR



Measure Description	CMS ID	Data	Num	Denom
Incr ADL Help (L)	N028.04	C	15	77

Denominator

All long-stay residents with a selected target and prior assessment, except those with exclusions.

Exclusions

1. All four of the late-loss ADL items indicate dependence or activity was not attempted on the prior assessment, as indicated by:
   - 1.1 Sit to Lying (GG0170B) = [01, 07, 09, 10, 88] ***and***
   - 1.2 Sit to Stand (GG0170D) = [01, 07, 09, 10, 88] ***and***
   - 1.3 Eating (GG0130A) = [01, 07, 09, 10, 88] ***and***
   - 1.4 Toilet Transfer (GG0170F) = [01, 07, 09, 10, 88].[17]
2. Three of the late-loss ADLs indicate dependence (value [01]) or activity was not attempted (values [07, 09, 10, 88]) on the prior assessment, as in exclusion 1 AND the fourth late-loss ADL indicates substantial/maximal assistance (value [02]) on the prior assessment.
3. Comatose or missing data on comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0110K1b = [1, -]) on the target assessment.
6. The resident is not in the numerator ***and***
   - 6.1 Sit to Lying (GG0170B) = [-]) on the prior or target assessment, ***or***
   - 6.2 Sit to Stand (GG0170D = [-]) on the prior or target assessment, ***or***
   - 6.3 Eating (GG0130A) = [-]) on the prior or target assessment, ***or***
   - 6.4 Toilet Transfer (GG0170F) = [-]) on the prior or target assessment.[17]
7. No prior assessment is available to assess prior function.
8. Prior or target assessment date before 10/01/2023.[18]

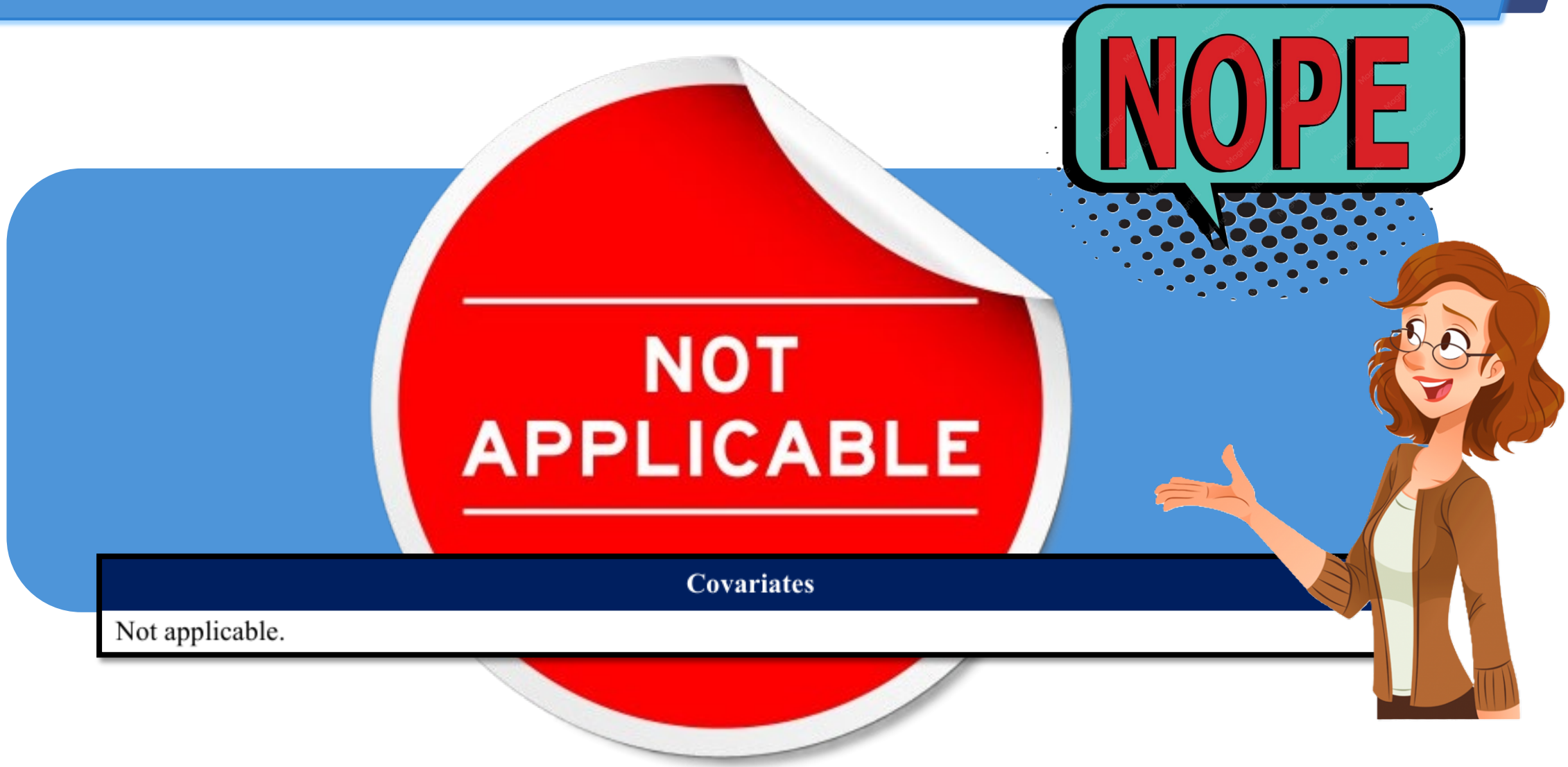
Exclusions

1. All four of the late-loss ADL items indicate dependence or activity was not attempted on the prior assessment, as indicated by:
   - 1.1 Sit to Lying (GG0170B) = [01, 07, 09, 10, 88] ***and***
   - 1.2 Sit to Stand (GG0170D) = [01, 07, 09, 10, 88] ***and***
   - 1.3 Eating (GG0130A) = [01, 07, 09, 10, 88] ***and***
   - 1.4 Toilet Transfer (GG0170F) = [01, 07, 09, 10, 88].[17]
2. Three of the late-loss ADLs indicate dependence (value [01]) or activity was not attempted (values [07, 09, 10, 88]) on the prior assessment, as in exclusion 1 AND the fourth late-loss ADL indicates substantial/maximal assistance (value [02]) on the prior assessment.
3. Comatose or missing data on comatose (B0100 = [1, -]) on the target assessment.
4. Prognosis of life expectancy is less than 6 months (J1400 = [1, -]) on the target assessment.
5. Hospice care (O0110K1b = [1, -]) on the target assessment.
6. The resident is not in the numerator ***and***
   - 6.1 Sit to Lying (GG0170B) = [-]) on the prior or target assessment, ***or***
   - 6.2 Sit to Stand (GG0170D = [-]) on the prior or target assessment, ***or***
   - 6.3 Eating (GG0130A) = [-]) on the prior or target assessment, ***or***
   - 6.4 Toilet Transfer (GG0170F) = [-]) on the prior or target assessment.[17]
7. No prior assessment is available to assess prior function.
8. Prior or target assessment date before 10/01/2023.[18]

EXCLUSIONS

Question	Answer
What are the Exclusions for this measure?	***Specific to the Prior Assessment-*** ○ **All 4 late-loss ADLs** were coded as "01-Dependent" or "07/09/10/88-Activity was not attempted" ○ **3 late-loss ADLs** were coded as "01-Dependent" or "07/09/10/88-Activity was not attempted" ***AND*** **1 late-loss ADL** was coded as "02-substantial/maximal" ***Specific to the Target Assessment-*** ○ **B0100: Comatose** = 1 [Yes] or Missing Data (dashed) ○ **J1400: Prognosis-Life Expectancy of less than 6 Months** = 1 [Yes] or Missing Data (dashed) ○ **O0110K1b: Hospice Care** = 1-Yes or Missing Data (dashed) ○ Resident is not in the numerator and late-loss ADLs are dashed on prior or target assessments ○ No prior assessment is available to assess prior function ○ Prior or target assessment date is prior to 10/01/2023

Does this measure have COVARIATES?



Covariates
Not applicable.

IQIES Report – Drill Down

iQIES Report

MDS 3.0 Facility-Level Quality Measure (QM) Report

Report Period: 07/01/2026 - 07/13/2026
Comparison Group: 11/01/2025 - 04/30/2026
Report Run Date: 07/13/2026
Data Calculation Date: 07/13/2026
Report Version Number: 3.06

Legend

Note: Dashes represent a value that could not be computed
Note: S = short stay, L = long stay
Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
Note: * is an indicator used to identify that the measure is flagged

Facility ID: **Facility Name:** **CCN:** **City/State:**

MDS Measures

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average	Comparison
Pressure Ulcers (L)	N045.02	C	2	80	2.5%	2.8%	6.1%	5.8%	
Phys restraints (L)	N027.02	C	0	83	0.0%	0.0%	0.2%	0.1%	
Falls (L)	N032.02	C	26	83	31.3%	31.3%	46.8%	44.2%	
Falls w/Maj Injury (L)	N013.02	C	1	83	1.2%	1.2%	3.2%	3.4%	
Antipsych Med (S)	N011.03	C	0	2	0.0%	0.0%	1.4%	1.7%	
Antianxiety/Hypnotic Prev (L)	N033.03	C	1	33	3.0%	3.0%	6.7%	7.4%	32
Antianxiety/Hypnotic % (L)	N036.03	C	13	79	16.5%	16.5%	20.3%	19.6%	42
Behav Sx affect Others (L)	N034.02	C	4	79	5.1%	5.1%	16.8%	18.2%	20
Depress Sx (L)	N030.03	C	28	79	35.4%	35.4%	16.4%	14.0%	86*
UTI (L)	N024.02	C	0	80	0.0%	0.0%	1.7%	1.8%	0
Cath Insert/Left Bladder (L)	N026.03	C	1	77	1.3%	1.1%	0.9%	1.0%	70
New or Worsened B/B (L)	N046.02	C	12	77	15.6%	14.6%	26.8%	20.0%	32
Excess Wt Loss (L)	N029.03	C	4	74	5.4%	5.4%	6.8%	5.8%	54
Incr ADL Help (L)	N028.04	C	15	77	19.5%	19.5%	18.0%	14.8%	73
Move Indep Worsens (L)	N035.06	C	3	40	7.5%	8.6%	19.6%	16.4%	29

MDS Hybrid Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	State Average	National Average	National Percentile
Antipsych Med (L)[1]	N047.01	12	53	22.6%	17.4%	15.5%	79*

[1] The Percent of Long-Stay Residents Who Received an Antipsychotic Medication measure is based on 3 months of data (01/01/2026 - 03/31/2026) and is calculated using MDS and Medicare/Medicaid claims and encounter data.

SNF Measures

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury[2]	S038.02	-	-	-	-	-

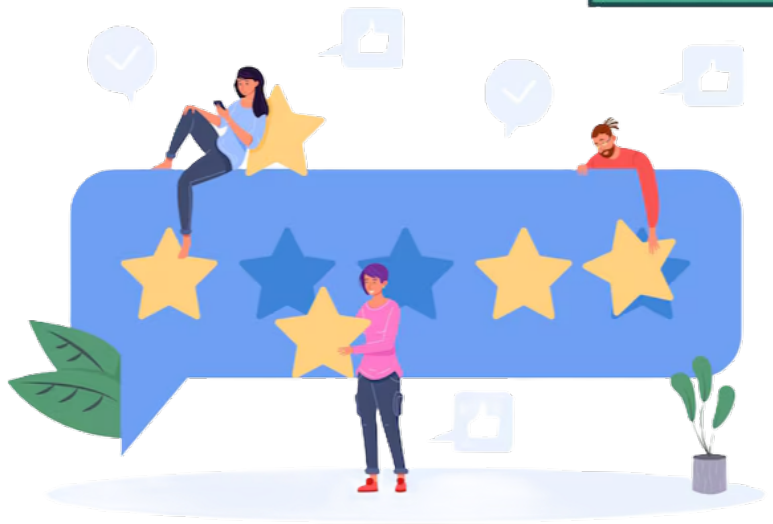
[2] The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure is calculated using the SNF QRP measure specifications and is based on 12 months of data (10/01/2025 - 09/30/2026).

Measure Description	CMS ID	Data	Num	Denom	Facility Observed Percent	Facility Adjusted Percent	Comparison Group State Average	Comparison Group National Average
Incr ADL Help (L)	N028.04	C	15	77	19.5%	19.5%	18.0%	14.8%

CASPER Terms	Definitions
Facility Observed % = 19.5%	**Calculation = Numerator/Denominator x 100** **15/77 = 0.1948 x 100 = 19.48% (round up to 19.5%)**
Facility Adjusted % = 19.5%	Facility percentage after the "Facility Observed Percent" has been risk adjusted (N028.04 is **NOT** a risk-adjusted measure)
State Average = 18.0%	Average peer performance in specific state
National Average = 14.8%	Average peer performance nationwide

CMS 5-STAR REPORT & POINT CAPTURE

	Provider						US	
MDS Long-Stay Measures	2025Q2	2025Q3	2025Q4	2026Q1	4Q avg	Rating Points	4Q avg	4Q avg
Lower percentages are better.								
Percentage of residents experiencing one or more falls with major injury	4.2%	5.2%	2.2%	3.4%	3.8%	40	3.1%	3.2%
Percentage of residents with pressure ulcers[1]	1.2%	2.5%	4.5%	5.3%	3.3%	80	4.8%	4.6%
Percentage of residents with a urinary tract infection	2.2%	1.1%	1.1%	1.2%	1.4%	80	1.5%	1.6%
Percentage of residents with a catheter inserted and left in their bladder[1]	1.0%	0.0%	0.0%	0.0%	0.3%	100	0.7%	0.8%
Percentage of residents whose need for help with daily activities has increased	18.2%	21.7%	16.9%	22.8%	19.9%	60	16.8%	13.9%
Percentage of residents who received an antipsychotic medication	18.4%	14.3%	14.6%	22.6%	17.6%	60	17.7%	15.4%
Percentage of residents whose ability to walk independently worsened[1]	16.8%	15.7%	22.6%	10.9%	16.6%	105	17.0%	14.2%



Design for Care Compare Nursing Home Five-Star Quality Rating System: Technical Users' Guide July 2026

For long-stay ADL worsening, long-stay antipsychotic medication, long-stay mobility decline, the two claims-based long-stay measures, the short-stay discharge function score measure, and the three claims-based short-stay measures: nursing homes are grouped into deciles based on the national distribution of the QM. Nursing homes in the lowest performing decile receive 15 points for the measure. Points are increased in 15-point intervals for each decile so that nursing homes in the highest performing decile receive 150 points.

Percentage of residents whose need for help with daily activities has increased (long-stay)	**150**	0.0000	0.0662
	135	0.0663	0.0966
	120	0.0967	0.1220
	105	0.1221	0.1463
	90	0.1464	0.1702
	75	0.1703	0.1961
	60	0.1962	0.2245
	45	0.2246	0.2574
	30	0.2575	0.3019
	15	0.3020	1.0000

- CMS 5-STAR POINT RANGE UPDATES -

Table 5
Point Ranges for the QM Ratings (as of *July 2026*)

QM Rating	Long-Stay QM Rating Thresholds	Short-Stay QM Rating Thresholds	Overall QM Rating Thresholds
★	155–*484*	144–*442*	299–*927*
★★	*485–589*	*443–530*	*928–1,120*
★★★	*590–667*	*531–631*	*1,121–1,299*
★★★★	*668–766*	*632–726*	*1,300–1,493*
★★★★★	*767*–1,150	*727*–1,150	*1,494*–2,300

Note: the short-stay QM rating thresholds are based on the adjusted scores (after applying the factor of 1,150/800 to the unadjusted scores)

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Quality Measures with a maximum score of 150 points:

Long-stay

Percentage of residents whose need for help with daily activities increased

Percentage of residents who received an antipsychotic medication

Percentage of residents whose ability to walk independently worsened

Number of hospitalizations per 1,000 resident days

Number of outpatient emergency department (ED) visits per 1,000 resident days

Short-stay

Percentage of SNF residents who are at or above an expected ability to care for themselves and move around at discharge

Rate of successful return to home and community from a SNF

Percentage of short-stay residents who were re-hospitalized after a nursing home admission

Percentage of short-stay residents who have had an outpatient emergency department (ED) visit

Quality Measures with maximum score of 100 points:

Long-stay

Percentage of residents experiencing one or more falls with major injury

Percentage of residents with pressure ulcers

Percentage of residents with a urinary tract infection

Percentage of residents who have or had a catheter inserted and left in their bladder

Short-stay

Percentage of residents who got an antipsychotic medication for the first time

Percentage of SNF residents with pressure ulcers/pressure injuries that are new or worsened

Next Steps

- ✓ *Managing this quality measure requires an interdisciplinary team (IDT) approach. Establishing accurate Section GG "Usual Performance" scores, initiating early interventions when declines are identified (e.g., Rehabilitation, RNP, equipment needs), determining root causes, analyzing documentation, and providing ongoing staff education should all be collaborative team efforts.*

- ✓ *MDS coding accuracy is essential. Don't be concerned by Quality Measure triggers when you can clearly support and articulate the **"WHY."** Review both the prior and target assessment coding before completing the MDS. By doing so, you can identify potential ADL triggers before the MDS is submitted to CMS.*

- ✓ *Take a proactive approach to reviewing IQIES reports. Verify that numerator and denominator criteria are met, exclusion criteria are accurately captured, missing data (dashes) are minimized whenever possible, and any discrepancies are addressed before they impact Quality Measure outcomes.*

- ✓ ***QAPI QAPI QAPI!***

Thank you!

Please contact your Broad River representative(s) for additional resources

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