

“A Knowledgeable and Compassionate partner”



RAI Manual and MDS Revisions for 2026.

Plus, FY 2026 VBP Incentive Multiplier Review

Joel VanEaton, BSN, RN, RAC-CTA, Master Teacher:
Executive Vice President of PAC Regulatory Affairs and
Education



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 1.5 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**
 - In order 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

FY 2026 RAI Updates

- Understand the changes to the RAI Manual for FY 2026
- Recognize the MDS 3.0 v1.20.2 da set revisions for FY 2026
- Explain the effect of these changes to future quality measures
- Know how to interpret your VBP incentive multiplier
- Apply these to facility operations

FY 2026 RAI Updates: Resources

- [CMS MDS 3.0 Website](#)
- [FY 2026 SNF PPS Final Rule](#)
- [SNF Quality Reporting Program \(SNF QRP\)](#)
- [SNF QRP Data Reporting Deadlines](#)
- [Falls With Major Injury TEP Report](#)
- [SNF Value Based Purchasing Program \(SNF VBP\)](#)
- [SNF Data Validation Process Website](#)
- [QSO-2520-NH \(Revised\)](#)
- [Assessment Management: Assessment Submitter Manual](#)

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A0800: Gender**, has been **retired** from all item sets. (This change has also been made to section X, Item X0300: Gender has been retired and item X0310: Sex has been added).

A0800. Gender	
Enter Code	1. Male
<input type="checkbox"/>	2. Female

RETIRED

- **Item A0810: Sex**, has been **added** to all item sets.

A0810. Sex	
Enter Code	1. Male
<input type="checkbox"/>	2. Female

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section A**

- **1005: Ethnicity**, and **1010: Race** - Pages A-16 through A-19: Several paragraphs of the Item Rationale language has been eliminated and replaced with the following.
 - “Standardizing self-reported data collection for race allows for the equal comparison of data across multiple healthcare settings and is an important step in improving quality of care and health outcomes.”

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A1250: Transportation**, has been **retired** from the NC, NQ, ND, NPE, NP, SP, and SD item sets.

A1250. Transportation (from NACHC©)
Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?
Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1

↓ Check all that apply

<input type="checkbox"/>	A. Yes, it has kept me from medical appointments or from getting my medications
<input type="checkbox"/>	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
<input type="checkbox"/>	C. No
<input type="checkbox"/>	X. Resident unable to respond
<input type="checkbox"/>	Y. Resident declines to respond

© 2019. National Association of Community Health Centers, Inc., Association of Asian Pacific Community Health Organizations, Oregon Primary Care Association. PRAPARE and its resources are proprietary information of NACHC and its partners, intended for use by NACHC, its partners, and authorized recipients. Do not publish, copy, or distribute this information in part or whole without written consent from NACHC.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A1255: Transportation**, has been **added** to the NC, NQ, NP and SP item sets with acknowledgment of Transportation source at the bottom of the page.

A1255. Transportation QRP Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days	
Enter Code <input type="text" value="X"/>	<i>In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?</i> 0. Yes ♠ 1. No ♠ 7. Resident declines to respond ♠ 8. Resident Unable to Respond ♠

Transportation item has been derived from the national PRAPARE® social drivers of health assessment tool (2016), which was developed and is owned by the National Association of Community Health Centers (NACHC). This tool was developed in collaboration with the Association of Asian Pacific Community Health Organizations (AAPCHO) and the Oregon Primary Care Association (OPCA). For additional information, please visit www.prapare.org. Used with permission.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section A**

- **A1255-** Pages A-25 through A-27: Instructions for completing the revised transportation item have been added along with coding examples.

Ask the resident, *“In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?”*

Ask the resident to select the response that most closely corresponds to the resident’s transportation status from the list in A1255.

If the resident declines to respond, *code 7, Resident declines to respond*, and do not code based on other resources (family, significant other, or legally authorized representative or medical records).

If the resident is unable to respond, the assessor may ask a family member, significant other, and/or guardian/legally authorized representative.

Only *use medical record documentation to code A1255, Transportation* if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section A**

- **A1255-** Pages A-25 through A-27: Instructions for completing the revised transportation item have been added along with coding examples.

Code 0, Yes: if the resident indicates that *in the past 12 months, a* lack of *reliable* transportation kept *them* from medical appointments, *meetings, work* or from getting *things needed for daily living*.

Code 1, No: if the resident indicates that *in the past 12 months, a* lack of *reliable* transportation has not kept *them* from medical appointments, meetings, work, or *from* getting things *needed for daily living*.

Code 7, Resident declines to respond: if the resident declines to respond. When the resident declines to respond, do not code based on other resources (family, significant other, or legally authorized representative or medical records).

Code 8, Resident unable to respond: if the resident is unable to respond and no other resources (family, significant other, or legally authorized representative or medical records) provided the necessary information.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section A**

- **A1255-** Pages A-25 through A-27: Instructions for completing the revised transportation item have been added along with a new coding example.

Coding Tips

A dash (–) value is a valid response for this item; however, CMS expects dash use to be a rare occurrence.

If the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, select the response that applies.

This item is only collected for residents whose episode of care is less than 366 days (i.e., A2300 minus A1900 is less than 366 days).

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section A**

- **A1255-** Pages A-25 through A-27: Instructions for completing the revised transportation item have been added along with a new coding example.

Examples

*2. Resident B indicates that in the last 12 months, they have not had reliable transportation, which has occasionally kept them from attending medical appointments. **Coding:** A1255, Transportation would be coded as 0, Yes.*

Rationale: *Resident B reported they have not had access to reliable transportation in the last 12 months, which has kept them from medical appointments, meetings, work or from getting things needed for daily living.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A2000: Discharge Date**, has been **Removed** from the NPE item set

A2000. Discharge Date
Complete only if A0310F = 10, 11, or 12

- -

Month Day Year

Removed

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A2400: Medicare Stay**, has been **Revised** in the NPE item set.

A2400. Medicare Stay

Enter Code ☐

A. Has the resident had a Medicare-covered stay since the most recent entry?

0. No → Skip to B1300, Health Literacy

1. Yes → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:

- -

Month Day Year

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:

- -

Month Day Year

Revised

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section A**

- **Item A2400: Medicare Stay**, has been **Revised** in the NPE item set with new skip pattern indicated for a, 0. No, response. Skip pattern now reads Skip to Bo100, Comatose

A2400. Medicare Stay \$\$ Complete only if A0310G1 = 0																					
Enter Code <input type="checkbox"/>	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay																				
	B. Start date of most recent Medicare stay: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="6">Year</td></tr></table>			-			-					Month		Day		Year					
		-			-																
Month		Day		Year																	
	C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: <table border="1"><tr><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="6">Year</td></tr></table>			-			-					Month		Day		Year					
		-			-																
Month		Day		Year																	

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section B**

- **Item B0100: Comatose (Persistent Vegetative State/No Discernable Consciousness)**, has been **Added** to the NPE item set.

B0100. Comatose	
Enter Code	Persistent vegetative state/no discernible consciousness
<input type="text"/>	0. No → Continue to B1300, Health Literacy
	1. Yes → Skip to GG0130, Self-Care

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **GG0130: Self Care and GG0170: Mobility-** Multiple pages in this section have been revised:
 - **Pages GG-2 and GG-3 – Examples 3, 5 and 8,** for coding prior function for indoor mobility, Stairs, Functional cognition have been removed.
 - **Coding Tips Page GG-4: GG0110 Prior Device Use -** *Clinical judgment may be used to determine whether other devices meet the definition provided.*
 - **Coding Tips Page GG-12: general guidance for GG0130 Self Care and GG0170- Mobility -** *Assessment of the GG self-care and mobility items is based on the resident's ability to complete the activity with or without assistance and/or a device. This is true regardless of whether or not the activity is being/will be routinely performed (e.g., walking might be assessed for a resident who did/does/will use a wheelchair as their primary mode of mobility, stair activities might be assessed for a resident not routinely accessing stairs).*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-17: A new section has been added for GG0130 Self Care and GG0170- Mobility - Performance Coding Tips.**

Performance Coding Tips

General coding tips

The assessment timeframe is up to 3 calendar days based on the target date. During the assessment timeframe, some activities may be performed by the resident multiple times, whereas other activities may only occur once.

A dash (–) indicates “No information.” CMS expects dash use to be a rare occurrence.

CMS does not provide an exhaustive list of assistive devices that may be used when coding selfcare and mobility performance. Clinical assessments may include any device or equipment that the resident can use to allow them to safely complete the activity as independently as possible. Do not code self-care and mobility activities with use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).

Coding tips for coding the resident’s usual performance

If two or more helpers are required to assist the resident in completing the activity, code as 01, Dependent.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-21: Examples and Coding Tips**

- *Note: The following are coding examples and coding tips for self-care items. Some examples describe a single observation of the resident completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.*
- **Page GG-21: Coding Tips for GG0130A, Eating**
- *The adequacy of the resident's nutrition or hydration is not considered for GG0130A, Eating.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-28: Coding Tips for GG0130F, Upper body dressing; GG0130G, Lower body dressing; and GG0130H, Putting on/taking off footwear**
 - *Consider an item that covers all or part of the foot as footwear, even if it extends up the leg, and do not also consider it as a lower-body dressing item.*
 - *If the resident wears just shoes or just socks (e.g., grip socks) that are safe for mobility, then GG0130H, Putting on/taking off footwear, may be coded.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-39: Coding Tips for GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed** have been added
 - *For GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a “lying” position for the resident. For example, a clinician could determine that a resident’s preferred slightly elevated resting position is “lying” for a resident.*
- **Page GG-42:** Other guidance related to lying to sitting on the side of the bed have been removed related to the above clarification.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-45: Coding Tips for GG0170E, Chair/bed-to-chair transfer.**

- *If the resident uses a recliner as their “bed” (preferred or necessary sleeping surface), assess the resident’s need for assistance using that sleeping surface when coding GG0170E, Chair/bed-to-chair transfer.*

- **Page GG-49: Coding Tips for GG0170G, Car transfer**

- *Any vehicle model appropriate and available may be used for the assessment of GG0170G, Car transfer.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-50: Coding Tips for GG0170G, Car transfer**

- **Removed:** ~~If at the time of the assessment the resident is unable to attempt car transfers, and could not perform the car transfers prior to the current illness, exacerbation or injury, code 09, Not applicable.~~
- **Added:** *Clinicians may use clinical judgment to determine if observing a resident performing a portion of the car transfer activity (e.g., getting into the car) allows the clinician to adequately assess the resident's ability to complete the entire GG0170G, Car transfer, activity (transferring in and out of a car). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-51: Coding Tips for GG0170I–GG0170L Walking Items**

- **Removed:** ~~When coding GG0170 walking items, do not consider the resident's mobility performance when using parallel bars. Parallel bars are not a portable assistive device. If safe, assess and code walking using a portable walking device.~~
- **Added:** *Do not code walking activities with the use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-51: Coding Tips for GG0170I–GG0170L Walking Items**

- *If the resident who participates in walking requires the assistance of two helpers to complete the activity, code 01, Dependent.*
- *If the only help a resident requires to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after resident use, then enter code 05, Setup or clean-up assistance.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-56: Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps.**
 - *Getting to/from the stairs is not included when coding the curb/step activities.*
 - *Do not consider the sit-to-stand or stand-to-sit transfer when coding any of the step activities.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section GG**

- **Page GG-61: Examples for GG0170S, Wheel 150 feet and GG0170SS, Indicate the type of wheelchair/scooter used**
- **Examples 1 and 2 related to motorized wheelchair have been removed.**

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section I**

- **Item I7900: None of the above (active diagnoses within the last 7 days) subheading and items**, have been **Added** to the NQ, ND, NP, SP and SD item sets.

None of Above CATs	
<input type="checkbox"/>	I7900. None of the above active diagnoses within the last 7 days CAA: *3

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section J**

- **Page J-32 J1700: Fall History on Admission/Entry or Reentry: **Fall Definition** has been revised.** (Also revised in the Falls CAA description in Chapter 4 page 4-29 and on page A-7 in Appendix A).
 - Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat) *or the result of an overwhelming external force (e.g., a resident pushes another resident).*
- **Page J-33: J1700 Fall History on Admission/Entry or Reentry Coding Tips** have been added.
 - CMS understands that challenging a resident's balance and training them to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls. *However, if there is a loss of balance during supervised therapeutic interventions and the resident comes to rest on the ground, floor or next lower surface despite the clinician's effort to intercept the loss of balance, it is considered a fall.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section J**

- **Page J-37: J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent, items B and C. **Fall Injury Definitions** have been revised.**
- **INJURY (EXCEPT MAJOR):**
 - Includes, *but is not limited to*, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.
- **MAJOR INJURY:**
 - Includes, *but is not limited to, traumatic* bone fractures, joint dislocations/*subluxations, internal organ injuries, amputations, spinal cord injuries*, head injuries, *and crush injuries*.
 - **Noted removals from the Major Injury Definition:** ~~closed head injuries with altered consciousness, subdural hematoma.~~

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section J**

- **Page J-39: J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent Coding Coding Tips** have been added.
- *Fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section J**

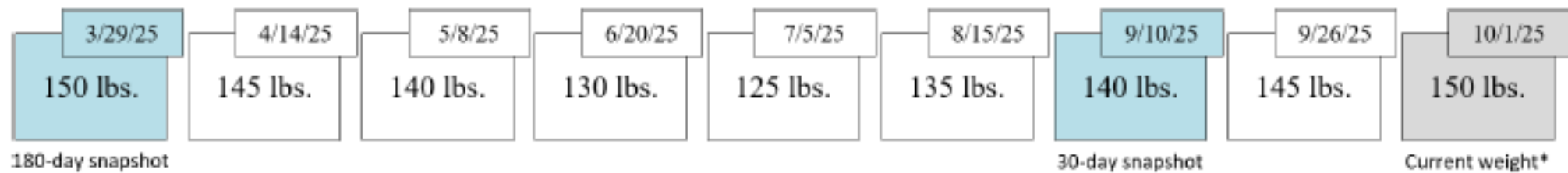
- **Page J-41: J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent Coding New coding examples 6, 7, and 8** have been added related to the new coding guidance on challenging a resident balance in therapy and differentiating traumatic vs. pathological fracture.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section K**

- **Page K-5, Page K-9 and K-10: K0300 Weight Loss and K0310: Weight Gain: Steps for Assessment** have been amended to include the following clarification along with a weight comparison example.
- *The resident's weight captured closest to these two time points are the only two weights considered for this item, but the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.*

Weight Comparison Examples



**Weight as determined in item K0200B. Based on an ARD of 10/15/25.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section K**

- **Page K-6 and K-10: K0300 Weight Loss and K0310: Weight Gain: Coding Tips** have been amended to include the following guidance
 - *In cases in which multiple weights for the resident may exist during the time period being evaluated, select the weight on the date closest to the appropriate time point.*
 - **Page K-16: K0710A, Proportion of Total Calories the Resident Received through Parenteral or Tube Feeding Steps for Assessment** has been amended to add the following guidance.
 - Calculate proportion of total calories received through these routes.
 - If the resident took no food or fluids by mouth or took just sips of fluid, stop here and **code 3, 51% or more.**
 - If the resident had more substantial oral intake than sips of fluid, consult with the *qualified dietitian or other clinically qualified nutrition professional.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section M**

- **Page M-9: M0300 Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage** guidelines for determining, “**Present on Admission**”, has been amended to include an additional guidance.
 - *12. If a pressure ulcer/injury was unstageable on admission/entry or reentry and then becomes unstageable for another reason, it should be considered “present on admission” at the new unstageable status. For example, if a resident is admitted with a deep tissue injury, but later the injury opens, the wound bed is covered with slough, and the wound is still unstageable, this wound would still be considered “present on admission.”*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section N**

- **Page N-9: N0415: High-Risk Drug Classes: Use and Indication Coding Tips and Special Populations** has been amended to include an additional guidance.
 - *Facilities may wish to identify a resource that their staff consistently use to identify pharmacological classification as assessors should be able to identify the source(s) used to support coding the MDS 3.0.*
 - *Assessors should consult the manufacturer's package insert, which may contain the medication's pharmacological classification. They can also work with the resident's pharmacist to confirm the medication classification(s) for a resident's medication(s).*
 - Do not code flushes to keep an IV access patent *in N0415E, Anticoagulant.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section N**

- **Page N-15: N0450 B and C: Antipsychotic Medication Review, Coding Tips and Special Populations** has been amended to remove the following guidance.
 - **Removed:** ~~After the first year, a GDR must be attempted at least annually, unless clinically contraindicated.~~
 - **Amended:** *Compliance with the requirement to perform a GDR may be met if, for example,* within the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated. Information on GDR and tapering of medications can be found in the **State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities** *in accordance with 42 CFR 483.45* at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms1201984>.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section O**

- **Page O-18: O0300: Pneumococcal Vaccine Example questions 1, 3 and 4 have been updated for clarity.**



FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section O**

- **Items O0400 A: Speech Language Pathology and Audiology Services, B: Occupational Therapy , C: Physical Therapy, D1: Respiratory Therapy Total Minutes, E: Psychological Therapy and F: recreational Therapy, have been Retired from the NC, NQ, NP, and SP item sets. O0400D2: Respiratory Therapy Days is being retained on all item sets where it appeared in version 1.19.1.**

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

00400. Therapies - Continued

C. Physical Therapy

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Minutes

Enter Number of Days

1. **Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days
2. **Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently** with one other resident in the last 7 days
3. **Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days

If the sum of individual, concurrent, and group minutes is zero, → skip to 00400C5, Therapy start date

- 3A. **Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days

4. **Days** - record the number of days this therapy was administered for **at least 15 minutes** a day in the last 7 days

5. **Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

 - -

Month

Day

Year

6. **Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing

 - -

Month

Day

Year

Example:
RETIRED

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

Enter Number of Minutes

Enter Number of Days

Enter Number of Minutes

Enter Number of Days

Enter Number of Minutes

Enter Number of Days

D. Respiratory Therapy

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400E, Psychological Therapy
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

E. Psychological Therapy (by any licensed mental health professional)

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0400F, Recreational Therapy
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

F. Recreational Therapy (includes recreational and music therapy)

1. **Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days
If zero, → skip to O0420, Distinct Calendar Days of Therapy
2. **Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days

RETIRED

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section O**

- **Item O0390: Therapy Services**, has been **Added** to the NC, NQ, NP, and SP item sets.

O0390.	Therapy Services Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days
↓	Check all that apply
<input type="checkbox"/>	A. Speech-Language Pathology and Audiology Services
<input type="checkbox"/>	B. Occupational Therapy
<input type="checkbox"/>	C. Physical Therapy
<input type="checkbox"/>	D. Respiratory Therapy
<input type="checkbox"/>	E. Psychological Therapy
<input type="checkbox"/>	Z. None of the above

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section O**

- **Page O-21 through O-22: 00390: Therapy Services** has been added to include coding guidance for this new MDS item.

Coding Instructions

Check each therapy service that was administered for at least 15 minutes per day on one or more days in the last 7 days. Check none of the above if the resident did not receive therapy services for at least 15 minutes per day on one or more days in the last 7 days.

A day of therapy is defined as skilled treatment for 15 or more minutes during the day.

00390A, Speech-Language Pathology and Audiology Services

00390B, Occupational Therapy

00390C, Physical Therapy

00390D, Respiratory Therapy

00390E, Psychological Therapy

00390Z, None of the above were provided

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section O**

- **Page O-21 through O-22: O0390: Therapy Services** has been added to include coding guidance for this new MDS item.

Coding Tips and Special Populations

Psychological Therapy is provided by any licensed mental health professional, such as psychiatrists, psychologists, clinical social workers, and clinical nurse specialists in mental health as allowable under applicable state laws. Psychiatric technicians are not considered to be licensed mental health professionals, and their services may not be counted in this item.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section O**

- **Page O-23 through O-33: O0390: Therapy Services** has been updated to include all previous coding guidance for previous item O0400.
- Coding guidance for previous MDS item O0400 has been removed and references to former coding guidance that is now found in the guidance for O0425 refers to the coding guidance for new MDS item O0390

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section O**

- **O0400D2: Respiratory Therapy Days** is being retained on all item sets where it appeared in version 1.19.1. Subitem also revised: Completion instructions added: Complete only if O0390D is checked. NC, NQ, NP, and SP item sets affected.

O0400 Therapies \$\$

Complete only if O0390D is checked

D. Respiratory Therapy \$\$

Enter Number of Days

.2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

• Section O

- **Page O-34: O0400: Therapies** has been updated to include only guidance for Respiratory Therapy item O0400D2: Days.
- The Coding Example for item O0400 has been amended to reflect the following additional scenario information.
- Following a stroke, Resident F was admitted to the skilled nursing facility in stable condition for rehabilitation therapy on 10/06/19 under Part A skilled nursing facility coverage. *Their diagnoses included asthma, and they were referred to respiratory therapy.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Section O**

- **O0420: Distinct Calendar Days of Therapy** has been retired from the NC, NQ and NP item sets.

O0420. Distinct Calendar Days of Therapy

Enter Number of Days

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

RETIRED

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes and RAI Manual Changes

- **Removal of Section R**

- In the FY 2026 SNF PPS final rule, CMS is removing four standardized patient assessment data elements under the SDOH category acknowledging the burden associated with these items at this time.
- CMS also acknowledges that there is no current or planned use for the data in the SNF QRP at this time, i.e., in risk adjustment models, reporting of SNF measure results, the development of new quality measures, or for evaluating SNF performance across demographic groups.
- CMS is working to refocus its efforts and resources towards a less burdensome interoperable system for SNFs participating in the SNF QRP
- The objectives of the SNF QRP continue to be the improvement of care, quality, and health outcomes for all residents through transparency and quality measurement, while not imposing undue burden on essential health providers.
- SNFs will not be required to collect and submit **Living Situation (R0310), Food (R0320A and R0320B), and Utilities (R0330)** beginning with residents admitted on or after October 1, 2025 as previously finalized and these items would not be required to meet the SNF QRP requirements beginning with the FY 2027 SNF QRP.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section X**

- **Page X-1: Correction Request Intent** has been updated to include the following guidance.
 - The modification and inactivation processes *do not* remove the prior erroneous record from iQIES. The erroneous record is archived in a history file. In certain cases, it is necessary to delete *or change* a record and not retain any information about the record in iQIES. This requires *the facility to complete an MDS 3.0 Individual Correction Request or MDS 3.0 Individual Deletion Request in iQIES. Additionally, in situations in which the state-assigned facility submission ID (FAC_ID) or state code (STATE_CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required.* The policy and procedures for *these special requests* are provided in Chapter 5 of this Manual.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

• Section X

- **Page X-1: Correction Request Intent** has been updated to include the following guidance.
- *These special requests are* required **only** in the following four cases:

1. **Item A0410 Submission Requirement is incorrect.** Submission of MDS assessment records to iQIES constitutes a release of private information and must conform to privacy laws. Only records required by the State and/or the Federal governments may be stored in the iQIES. If a record has been submitted with the incorrect Submission Requirement value in Item A0410, then *the facility must request correction of A0410 via an MDS 3.0 Individual Deletion Request or MDS 3.0 Individual Correction Request in iQIES*. Item A0410 cannot be corrected by modification or inactivation. See Chapter 5 of this Manual *and the iQIES Assessment Management: Assessment Submitter Manual* for details.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section X**

- **Page X-1: Correction Request Intent** has been updated to include the following guidance.
- *These special requests are* required **only** in the following four cases:

2. Record was submitted *with the incorrect state-assigned facility submission ID (FAC_ID) or state code (STATE_CD)*. If a record was submitted to iQIES for an incorrect facility *or with an incorrect state code*, the record must be *manually corrected by the State Agency. In these situations, the facility must complete an MDS 3.0 Manual Assessment Move Facility Request and send the request via certified mail to the State Agency.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section X**

- **Page X-1: Correction Request Intent** has been updated to include the following guidance.
- *These special requests are* required **only** in the following four cases:

3. Record submitted was not for OBRA or Medicare Part A purposes. When a facility erroneously submits a record that was not for OBRA or Medicare Part A purposes, CMS does not have the authority to collect the data included in the record, and deletion *via an MDS 3.0 Individual Deletion Request in iQIES* is required to remove it from the CMS database. For erroneous PPS assessments combined with OBRA-required assessments, if the item set code changes, the assessment must be manually deleted, and a new, stand-alone OBRA assessment must be submitted. If the item set code **does not** change, then a modification can be completed.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Section X**

- **Page X-1: Correction Request Intent** has been updated to include the following guidance.
- *These special requests are* required **only** in the following four cases:

4. **Inappropriate submission of a test record as a production record.** Removal of a test record from iQIES requires *record deletion via an MDS 3.0 Individual Deletion Request in iQIES*. Otherwise, information for a “bogus” resident will be retained in the database and this resident will appear on some reports to the facility.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Chapter 5**

- **Page 5-9: Section 5.7 Correcting Errors in MDS Records That Have Been Accepted Into iQIES** has been updated to include guidance related to the newly named, “MDS 3.0 Individual Correction/Deletion or Move Request. The following definition is also provided.
- *The MDS 3.0 Individual Correction/Deletion or Move Request are distinct processes to address a few types of errors in a record in iQIES that cannot be corrected with a Modification or Inactivation Request.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

• Chapter 5

- **Page 5-13: Newly named section ***MDS 3.0 Correction, Deletion, and Move Requests*** has been revised to include the following guidance**
- *A few types of errors in a record in iQIES cannot be corrected with a Modification or Inactivation request. These errors are:*
 - *1. The record has the wrong unit certification or licensure designation in Item A0410.*
 - *2. The record has the wrong state code or facility ID in the control Items STATE_CD or FAC_ID.*
 - *3. The record submitted was not for OBRA or Medicare Part A purposes.*
 - *4. The record is a test record inadvertently submitted as production.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Chapter 5**

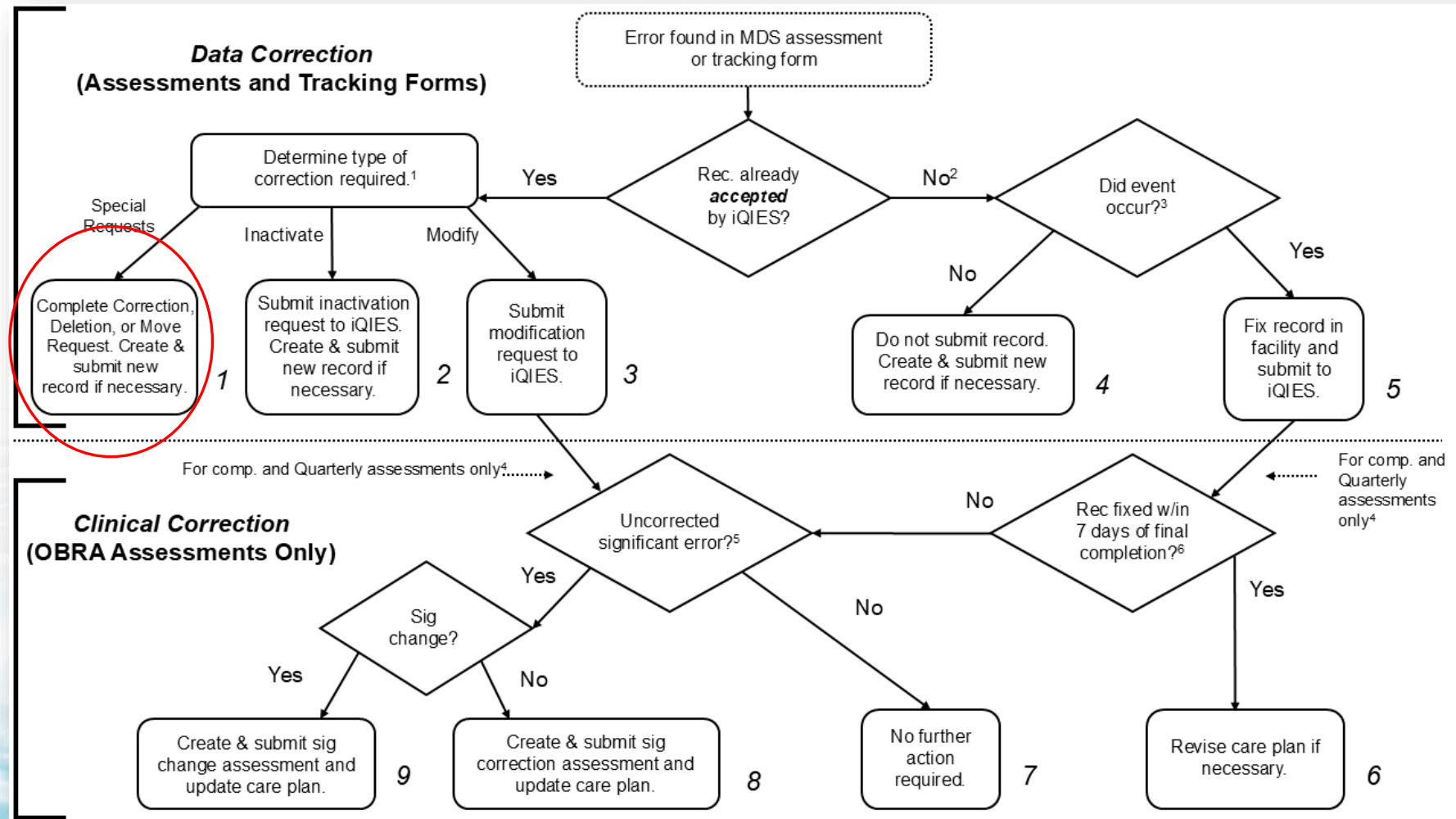
- **Page 5-13: Newly named section *MDS 3.0 Correction, Deletion, and Move Requests*** has been revised to include the following guidance
 - *If a record was submitted either with an error in Item A0410, not for OBRA or Medicare Part A purposes, or as a test record, the facility must complete the proper request within iQIES. The State Agency will review the request for completion and accuracy. The State Agency will either approve the request, reject the request or—in some cases—return the request and ask for additional information before approving or rejecting. If the State Agency approves the request, the assessment is deleted from or corrected in the iQIES database. Deleted records cannot be recovered. If the State Agency rejects the request, the provider should address any concerns noted and, if appropriate, submit a new request. Please refer to the iQIES Assessment Management: Assessment Submitter Manual for details.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Chapter 5**

- **Page 5-13: Newly named section *MDS 3.0 Correction, Deletion, and Move Requests*** has been revised to include the following guidance
 - *In situations in which the state-assigned facility submission ID (FAC_ID) or state code (STATE_CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required. The facility is responsible for completing the form. The facility must submit the completed form to the State Agency. Completed forms with Protected Health Information (PHI) must be sent via certified mail through the United States Postal Service. The State Agency will review the request for completion and accuracy and contact the facility if required. After approving the provider's request, the State Agency must sign the form and send it to the iQIES Help Desk. (This process will transition to an iQIES-based process in the future, and the most up-to-date guidance regarding it will be available in the iQIES Assessment Management: Assessment Submitter Manual.)*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes



FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Appendix A**

- **Additions**

- **Case Mix Hierarchy** *A system that assigns case mix weights that capture differences in the relative resources used for treating different types of residents.*
- **Interim Payment Assessment IPA** *An optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification.*
- **Non-Therapy Ancillary NTA** *One of the five categories used to determine reimbursement under PDPM. NTA accounts for the non-therapy services and treatments a resident may need during their stay, such as medications, medical supplies, and specialized treatments.*
- **Prior to the Benefit of Services** *Prior to provision of any care by facility staff that would result in more independent coding.*
- **Qualified Clinicians** *Healthcare professionals practicing within their scope of practice and consistent with Federal, state, and local laws and regulations.*
- **Total Parenteral Nutrition TPN** *A method of feeding that bypasses the gastrointestinal tract. A special formula given through a vein provides most of the nutrients the body needs.*
- **A/AROM or AAROM** *Active Assisted Range of Motion*
- **GDR** *Gradual Dose Reduction*
- **PROM** *Passive Range of Motion*
- **QIN** *Quality Improvement Network*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Appendix A**

- **Revisions**

- **Fall** Unintentional change in position coming to rest on the ground, *floor*, 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~~ *or the result of an overwhelming external force (e.g., a resident pushes another resident).*
- **Quality Measure QM** ~~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 SNF Quality Reporting Program (QRP) and are intended to provide objective measures for consumers to make informed decisions about the quality of care in SNF/NFs.~~ *Tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include care that is: effective, safe, efficient, patient-centered, equitable, and timely.*
- **Usual Performance** ~~The environment or situations encountered at a facility can have an impact on a resident's functional status.~~ *A resident's functional status can be impacted by the environment or situations encountered at the facility.* Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance *and do not record the resident's* worst performance, but rather record the resident's usual performance.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

• Appendix A

• **Deletions**

- ~~**Fiscal Intermediary FI**~~ 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).
- ~~**Hierarchy**~~ 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.
- ~~AHEs~~ ~~Average Hourly Earnings~~
- ~~BEA~~ ~~(U.S) Bureau of Economic Analysis~~
- ~~CPI~~ ~~Consumer Price Index~~
- ~~CPI-U~~ ~~Consumer Price Index for All Urban Consumers~~
- ~~CWF~~ ~~Common Working File~~
- ~~ECI~~ ~~Employment Cost Index~~
- ~~FR~~ ~~Final Rule~~
- ~~IFC~~ ~~Interim Final Rule with Comment~~
- ~~MEDPAR~~ ~~Medicare Provider Analysis and Review (File)~~
- ~~MIM~~ ~~Medicare Intermediary Manual~~
- ~~NSC~~ ~~National Supplier Clearinghouse~~
- ~~NDM~~ ~~Network Data Mover~~
- ~~PPI~~ ~~Producer Price Index~~
- ~~PRM~~ ~~Provider Reimbursement Manual~~
- ~~QI~~ ~~Quality Indicator~~
- ~~SB-PPS~~ ~~Swing Bed Prospective Payment System~~

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Appendix C**

- **Page C-17: The Medications analysis portion of CAA #4 Communication, has been revised.**

✓	Medications (consultant pharmacist review of medication regimen can be very helpful)	Supporting Documentation
<input type="checkbox"/>	• Opioids (N0415H)	
<input type="checkbox"/>	• Antipsychotics (N0415A)	
<input type="checkbox"/>	• Antianxiety (N0415B)	
<input type="checkbox"/>	• Antidepressants (N0415C)	
<input type="checkbox"/>	• Parkinson's medications	
<input type="checkbox"/>	• Hypnotics (N0415D)	
<input type="checkbox"/>	• Gentamycin (N0415F)	
<input type="checkbox"/>	• Tobramycin (N0415F)	
<input type="checkbox"/>	• Aspirin <i>Antiplatelet (N0415I)</i>	
<input type="checkbox"/>	• Other	

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Appendix C**

- **Page C-43: The Health issues that result in reduced activity participation portion of CAA #10 Activities, has been revised.**

		Supporting Documentation (Basis/reason for checking the item, including the location, date, and source (if applicable) of that information)
✓	Health issues that result in reduced activity participation	
<input type="checkbox"/>	• Indicators of depression or anxiety (D0150, D0160, D0500, D0600)	
<input type="checkbox"/>	• Use of psychoactive medications (N0415A–N0415D)	
<input type="checkbox"/>	• Functional/mobility (GG0130, GG0170) or balance problems; physical disability	
<input type="checkbox"/>	• Cognitive deficits (C0500, C0700–C1000), including stamina, ability to express self (B0700), understand others (B0800), make decisions (C1000)	
<input type="checkbox"/>	• Unstable acute/chronic health problem (O0110, J0100, J1100, J1400, J1550, J2000, I8000, M1040)	
<input type="checkbox"/>	• Chronic health conditions, such as incontinence (H0300, H0400) or pain (J0300, J0800)	
<input type="checkbox"/>	• Embarrassment or unease due to presence of equipment, such as tubes, oxygen tank (O0110C1), or colostomy bag (H0100)	
<input type="checkbox"/>	• Receives numerous treatments (M1200, O0110, O0390 , O0400) that limit available time/energy	
<input type="checkbox"/>	• Performs tasks slowly due to reduced energy reserves	

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- **Appendix E**

- **Page E-1 and E-2: Scoring Rules for the Resident Mood Interview Total Severity Score D0160** have been revised.
 - The following rules explain how to compute the score that is placed in item D0160. These rules consider the “number of missing items in Column 2”, which is the number of items in Column 2 that are blank (or skipped) *or dashed*. An item in Column 2 could be blank if the corresponding item in Column 1 was equal to 9, No response or a dash (symptom not assessed).
 - If any of the items in Column 2 are blank (or skipped) *or dashed*, then omit their values when computing the sum.
 - For scoring Example 1: All Items in Column 2 Have Non-missing Values
 - In this example, all of the items in Column 2 have non-missing values (i.e., none of the values are blank *or dashed*). Therefore, the value of D0160 is equal to the simple sum of the values in Column 2, which is 14.

FY 2026 RAI Updates: MDS 3.0 v1.20.1 RAI Manual Changes

- Appendix H
 - **A PRA Disclosure Statement** has been added.

PRA Disclosure Statement

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1140 (Expires XX/XX/XXXX)**. This is a **mandatory** information collection. The time required to complete this information collection is estimated to average **51 minutes (for the NP item set)** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

*****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Heidi Magladry at Heidi.magladry@cms.hhs.gov.*

FY 2026 RAI Updates: MDS 3.0 v1.20.1 Data Set Changes

- **Legal Notice on last page revised**

- Legal Notice Regarding MDS 3.0 - 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; Confusion Assessment Method. © 1988, 2003, Hospital Elder Life Program. Adapted from: Inouye SK et al. Ann Intern Med. 1990; 113:941-8. Question on transportation has been derived from the national PRAPARE® social drivers of health assessment tool (2016), for which the National Association of Community Health Centers (NACHC) holds the copyright. Pfizer Inc., the Hospital Elder Life Program, LLC, and NACHC have granted permission to use these instruments in association with the MDS 3.0. All rights reserved.

SNF VBP and SNF QRP MDS Validation

You're about to be Validated, but not like you think.

- CMS will begin auditing MDS records to validate the MDS based quality measures for both VBP and QRP programs
- SNFs will be selected randomly from all SNFs eligible for the validation program. SNFs can only be selected once within a fiscal year. SNFs that submitted at least one MDS assessment record in the previous calendar year and have submitted at least one MDS assessment record in the current fiscal year are eligible for selection.
- SNFs selected for audit will be notified through their Internet Quality Improvement and Evaluation System (iQIES) MDS 3.0 Provider Preview Reports folder starting Fall of 2025.
- When notified, SNFs will be required to submit requested medical chart documentation to support validation of 10 MDS assessment records. SNFs have 45 calendar days from the date of audit notification upload to submit medical chart documentation to remain in compliance with validation program requirements.
- Failure to respond to the validation request within 45 days may result in a 2% reduction of a SNF's Annual Payment Update

SNF VBP and SNF QRP MDS Validation

- **The following MDS based quality measures are potentially in play**
 - Falls with major injury (both Long and Short stay versions)
 - Discharge mobility and self-care score
 - Drug Regimen Review with follow up
 - Transfer of healthcare information to provider and patient
 - Discharge Function Score
 - Patient Covid-19 vaccination is up to date.

FY 2026 VBP Scorecard Review

Table 1 shows whether or not your SNF met the measure minimum requirement to participate in the SNF VBP Program. A SNF meets the requirement if they receive a measure score for at least 2 of the 4 measures. It also includes your SNF's incentive payment multiplier, how to interpret it, and your SNF VBP Program percentile rank (national- and state-level).

Table 1. Your SNF's Program Eligibility and Performance

Is your SNF included in the SNF VBP Program? (i.e., met measure minimum?)	Yes
Your SNF's Performance Score (0-100; higher is better)	17.86506
Your SNF's Incentive Payment Multiplier (IPM)	0.9818601856
Interpretation of Your SNF's IPM	Your IPM is <1, meaning your SNF will earn back less than it would have in the absence of the SNF VBP Program
Your SNF's Program Percent Rank, National	Your SNF's overall performance was equal to or better than 19.8% of SNFs nationwide
Your SNF's Program Percent Rank, State	Your SNF's overall performance was equal to or better than 22.1% of SNFs in your state

FY 2026 VBP Scorecard Review

Table 2 summarizes your SNF's measure performance. This includes your SNF's baseline period measure results, performance period measure results, an indicator of whether your SNF improved or worsened between the baseline and performance periods, measure scores, and percent ranks for each measure score. Additional information on your measure performance is provided in the Measure Results and Measure Scores tabs.

Table 2. Measure Performance and Scores

Measure	Your SNF's Baseline Period Measure Result	Your SNF's Performance Period Measure Result	Compared to the Baseline Period, Your SNF's Performance Period Measure Result is... [a]	Your SNF's Measure Score (0 - 10; higher is better)	Your SNF's Measure Score is...
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	19.350%	21.032%	worse	0.86250	equal to or better than 32.5% of SNFs nationwide
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	7.692%	8.172%	worse	0.00000	equal to or better than 25.5% of SNFs nationwide
Total Nursing Staff Turnover (Nursing Staff Turnover)	not enough data	44.000%	not available	4.81478	equal to or better than 57.0% of SNFs nationwide
Total Nursing Hours per Resident Day (Total Nurse Staffing)	5.313 hours	3.496 hours	worse	1.46874	equal to or better than 36.3% of SNFs nationwide

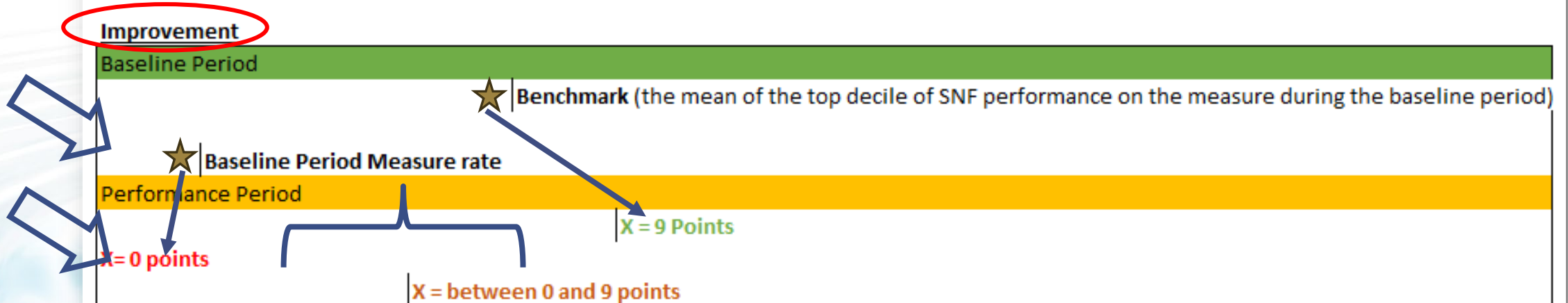
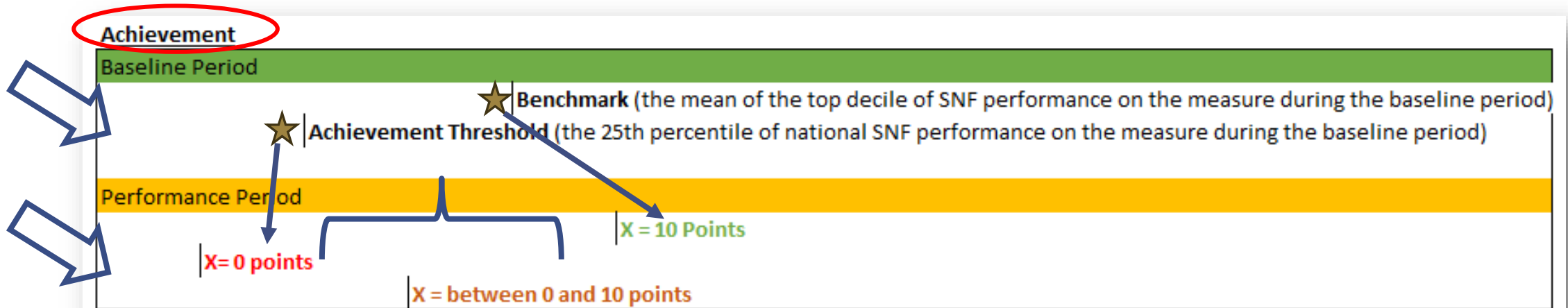
FY 2026 VBP Scorecard Review

Table 3 provides your SNF's baseline period and performance period results for each measure along with additional information intended to help you interpret your SNF's measure results.

Table 3. Your SNF's Measure Results

Measure [a]	Your SNF's Baseline Period Case Count [b,c]	Met Case Minimum Requirement During Baseline Period? [d]	Your SNF's Performance Period Case Count [b,c]	Met Case Minimum Requirement During Performance Period? [d]	Measure Result Interpretation	Your SNF's Baseline Period Measure Result [e]	Your SNF's Performance Period Measure Result [e]
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	72 eligible stays	Yes	66 eligible stays	Yes	A lower (↓) result indicates better performance	19.350%	21.032%
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	80 eligible stays	Yes	84 eligible stays	Yes	A lower (↓) result indicates better performance	7.692%	8.172%
Total Nursing Staff Turnover (Nursing Staff Turnover)	no reportable data	No	50 eligible nursing staff	Yes	A lower (↓) result indicates better performance	not enough data	44.000%
Total Nursing Hours per Resident Day (Total Nurse Staffing)	27 average residents per day	Yes	62 average residents per day	Yes	A higher (↑) result indicates better performance	5.313 hours	3.496 hours

Scoring



FY 2026 VBP Scorecard Review

Table 4 shows your SNF's achievement score, improvement score, and measure score for each measure. Achievement and improvement scores are calculated using your baseline and performance period measure results and applicable performance standards. Your SNF's measure score is the higher of your SNF's achievement and improvement scores.

Table 4. Your SNF's Measure Score Calculations

Measure	Your SNF's Baseline Period Measure Result [a]	Your SNF's Performance Period Measure Result [a]	Your SNF's Achievement Score (0 - 10; higher is better)	Your SNF's Improvement Score (0 - 9; higher is better)	Your SNF's Measure Score (0 - 10; higher is better)
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	19.350%	21.032%	0.86250	0.00000	0.86250
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	7.692%	8.172%	0.00000	0.00000	0.00000
Total Nursing Staff Turnover (Nursing Staff Turnover)	not enough data	44.000%	4.81478	not enough data	4.81478
Total Nursing Hours per Resident Day (Total Nurse Staffing)	5.313 hours	3.496 hours	1.46874	0.00000	1.46874

Scoring 2026: Ex. SNF HAI

8.172%

Achievement

Baseline Period

1 year baseline period: FY 2022 (October 1, 2021 through September 30, 2022)

7.685%

4.996%

Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)

Achievement Threshold (the 25th percentile of national SNF performance on the measure during the baseline period)

Performance Period

1 year performance period: FY 2024 (October 1, 2023 through September 30, 2024)

X = 10 Points

X = 0 points

X = between 0 and 10 points

8.172%

Improvement

Baseline Period

1 year baseline period: FY 2022 (October 1, 2021 through September 30, 2022)

7.692%

4.996%

Benchmark (the mean of the top decile of SNF performance on the measure during the baseline period)

Baseline Period Measure rate

Performance Period

1 year performance period: FY 2024 (October 1, 2023 through September 30, 2024)

X = 9 Points

X = 0 points

X = between 0 and 9 points

FY 2026 VBP Scorecard Review

Table 5 shows whether your SNF met the measure minimum requirement for inclusion in the FY 2026 Program. Tables 6 and 7 include your SNF's measure score, your SNF's performance score, and your SNF's national rank among the national SNF population.

Table 5. Measure Minimum Requirement

Number of Measures Required for SNF VBP Program Eligibility [a]	2 of 4
Your SNF's Number of Measures Receiving a Measure Score	4 of 4
Measure Minimum Met?	Yes

FY 2026 VBP Scorecard Review

Table 6. Your SNF's Performance Score Calculation

Measure	Your SNF's Measure Score (0 - 10; higher is better)	Maximum Possible Score	Contribution to Performance Score [b,c]
Skilled Nursing Facility 30-Day All-Cause Readmission Measure (SNFRM)	0.86250	10.00000	2.15626
Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization (SNF HAI)	0.00000	10.00000	0.00000
Total Nursing Staff Turnover (Nursing Staff Turnover)	4.81478	10.00000	12.03696
Total Nursing Hours per Resident Day (Total Nurse Staffing)	1.46874	10.00000	3.67184
Sum of All Eligible Measures	7.14602	40.00000	17.86506

Normalizing calculation:

$$7.14602 \div 40.00000 \times 100 = 17.86506$$

FY 2026 VBP Scorecard Review

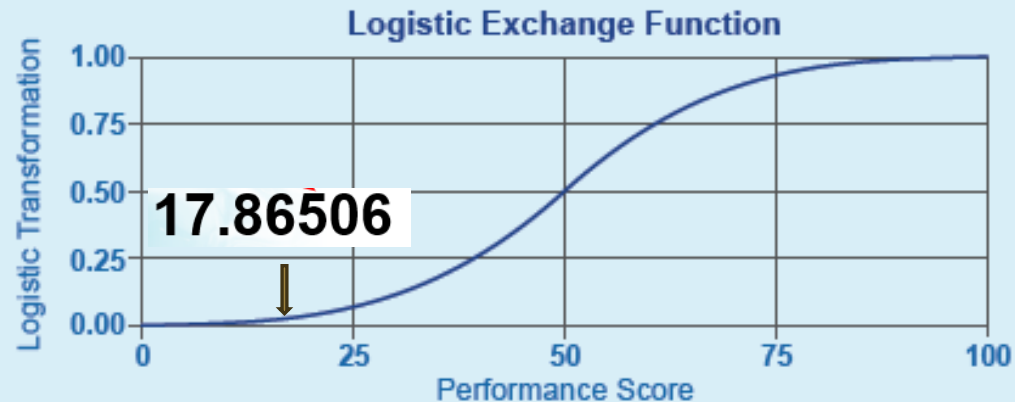
Table 8 shows your SNF's performance score and incentive payment multiplier; CMS will apply this multiplier to your SNF's adjusted federal per diem rate when payments are made for Medicare fee-for-service (FFS) Part A claims in FY 2026.

Table 8. Your SNF's Performance Score and Incentive Payment Multiplier

Program Year	FY 2026
Your SNF's Performance Score (0 - 100; higher is better) [a]	17.86506
Your SNF's Incentive Payment Multiplier (IPM) [a,b]	0.9818601856

FY 2026 VBP Scorecard Review

To calculate the incentive payment multiplier for each SNF, CMS transforms the performance scores for all SNFs using a logistic exchange function.



Using the transformed performance scores and an estimated incentive payment pool, CMS calculates each SNF's incentive payment adjustment and incentive payment multiplier. This multiplier is applied to each SNF's adjusted federal per diem rate.

When payments are made for a SNF's Medicare FFS Part A claims in FY 2026, the adjusted federal per diem rate is multiplied by the SNF's incentive payment multiplier.

$$\text{SNF Bill } \$100.00 \times 0.9818601856 = \$98.19$$

QUESTIONS?

Find Out More

Doug Sikora: Senior Vice President, Business Development

jmoyers@broadriverrehab.com

(317) 379-2399

Tricia Wood: Vice President, Business Development

twood@broadriverrehab.com

(919) 844-4800

Jeff Moyers: Vice President, Business Development

jmoyers@broadriverrehab.com

(828) 319-9618

Justin Blake: Vice President, Business Development

justin.blake@broadriverrehab.com

(304) 975-0544

Sign up for our Blog www.broadriverrehab.com

Ask an Expert <https://www.broadriverrehab.com/expert/>

[Broad River Rehab Reflections](#) are the third Thursday of each month.