

2026 RAI MANUAL UPDATES

WHAT MDS & CLINICAL TEAMS NEED TO KNOW



Effective October 1, 2026 | RAI Manual v1.20.11

START WITH THESE WORKFLOW CHANGES

01 SECTION M: PRESSURE ULCERS THAT HEAL AND REOPEN

A pressure ulcer or injury that was present on admission, subsequently healed, and later reopened at the same stage should no longer be coded as present on admission.

EXAMPLE: Consider a resident admitted with a Stage II pressure ulcer that heals during the stay and later a Stage II pressure ulcer reopens in the same spot. The original wound history remains important, but the reopened ulcer does not retain its present-on-admission status for MDS coding.

ACTION: Review the wound history and documentation of healing and reopening with nursing, wound care and MDS staff.

ALSO REVIEW: Section M guidance for foot lesions, surgical wounds, pressure ulcer care and dressings.

02 SECTIONS C & D: BIMS AND PHQ-2 TO 9

When multiple BIMS interviews occur during the applicable look-back period, use the one conducted closest to the assessment reference date (ARD). The same rule applies to the PHQ-2 to 9 resident mood interview.

The interview date determines which result to code, even when another interview produced a different score.

The prior preference for completing the BIMS the day before or on the ARD was removed.

ACTION: Coordinate interviews across departments and verify the date before selecting the result.

03 RESPIRATORY THERAPY GUIDANCE: 00390

Documentation must support the skilled nature of respiratory therapy services being coded. The updated guidance distinguishes skilled services from routine maintenance services and includes a new coding example.

ACTION: Review respiratory therapy documentation against the full coding instructions.

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ADDITIONAL UPDATES TO REVIEW



04 CMS DEFINITIONS CONTROL MDS CODING

For non-Section S items, state or payer requirements do not replace, modify or add to CMS item definitions and coding instructions.

ACTION: Follow CMS coding instructions while recognizing that separate payer coverage requirements may also apply.

05 PUBLIC HEALTH EMERGENCIES

Resident transfer guidance during public health emergencies was expanded.

ACTION: Follow applicable CMS guidance on assessment requirements and authorized waivers. Do not assume requirements are automatically waived.

06 A1005 ETHNICITY & A1010 RACE

Ask the resident on admission. On subsequent assessments, prior responses may be used if less than one year has passed. If one year or more has passed, ask the resident again.

ACTION: Track the date the resident was last asked.

07 J1100: SHORTNESS OF BREATH

A resident who reports avoiding an activity because of shortness of breath does not have to perform that activity for assessment.

EXAMPLE: Do not place a resident flat solely to observe reported breathing difficulty in that position.

08 J1800: FALLS

Assessment steps for admission and reentry were clarified.

ACTION: Review the updated instructions when determining the applicable look-back period and coding falls.

09 00110M1: ISOLATION OR QUARANTINE

Language concerning how the infection was acquired was removed from the single room isolation criteria.

ACTION: Apply the full updated criteria. Other isolation coding requirements still apply.

10 CHAPTER 6: PDPM WORKSHEET

'Depression' was changed to 'signs and symptoms of depression' in reference to the Mood Interview. Toileting programs do not require documentation of days or minutes, unlike other restorative nursing items.

ACTION: Review the updated worksheet language with the reimbursement team.