

# PACIO Project Functional Status

[PSS Help and FAQs](#)

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1a. Project Name	PACIO Project Functional Status
1b. Project ID	1571
1c. Is Your Project an Investigative Project (aka PSS-Lite)?	No
1d. Is your Project Artifact being Reaffirmed or proceeding to Normative directly after being either Informative or STU?	No
1e. Today's Date	
1f. Name of standard being reaffirmed	
1g. Project Artifact Information	
1h. ISO/IEC Standard to Adopt	
1i. Does the standard include excerpted text from one or more ISO, IEC or ISO/IEC standards, but is not an identical or modified adoption?	
1j. Unit of Measure	
2a. Primary/Sponsor WG	Patient Empowerment
2b. Co-Sponsor WG	Conformance
2c. Co-Sponsor Level of Involvement	Request formal content review prior to ballotRequest periodic project updates; specify period in text box below (e.g. 'Monthly', 'At WGMS', etc.)
2c. Co-Sponsor Update Periods	Monthly
2d. Project Facilitator	Dave Hill
2e. Other Interested Parties (and roles)	Patient Administration Work Group, PACIO Project
2f. Modeling Facilitator	Chris Pugliese
2g. Publishing Facilitator	
2h. Vocabulary Facilitator	Matt Elrod
2i. Domain Expert Representative	Matt Elrod

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2j. Business Requirements Analyst	Raj Mahajan
2k. Conformance Facilitator	Chris Pugliese
<b>2l. Other Facilitators</b>	
2m. Implementers	MITRE, MatrixCare
<b>3a. Project Scope</b>	<p>Poor quality discharge information is a major barrier to safe and effective transitions. With 45% of Medicare beneficiaries requiring post-acute care (PAC) services after hospitalization, the need for a seamless exchange of health information is great.</p> <p>In 2014, the Social Security Act was amended to include the Improving Medicare Post-Acute Care Transformation (IMPACT) Act, which required the standardization and interoperability of patient assessment in specific categories for post-acute care (PAC) settings, including long-term care hospitals (LTCHs), home health agencies (HHAs), skilled nursing facilities (SNFs), and inpatient rehabilitation facilities (IRFs). It focuses on standardizing data elements in specified quality measure domains and patient assessment domains for cross setting comparison and clinical information exchange, respectively. The Act requires:</p> <ul style="list-style-type: none"> <li>• Reporting of standardized patient assessment data through commonly used PAC assessment instruments for LTCHs, SNFs, HHAs, and IRFs <ul style="list-style-type: none"> <li>o Minimum Data Set (MDS)for SNFs</li> <li>o Inpatient Rehabilitation Facility – Patient Assessment Information (IRF – PAI) for IRFs</li> <li>o LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) for LTCHs</li> <li>o Outcome and Assessment Information Set (OASIS) for HHAs</li> </ul> </li> <li>• Implementation of data elements specified in each assessment domain using standardized data elements to be nested within the assessment instruments currently required for submission by LTCH, IRF, SNF, and HHA providers</li> <li>• Data to be standardized and interoperable to allow exchange of data between PAC providers, among others, using common standards and definitions to provide access to longitudinal information and facilitate coordinated care.</li> </ul> <p>Required assessment content includes standardized questions and response options (aka “data elements”) for assessing a patient’s functional status.</p> <p>This project seeks to:</p> <ol style="list-style-type: none"> <li>(1) determine the data model required to comprehensively exchange functional status information between health care settings,</li> <li>(2) develop FHIR Implementation Guides, Profiles, and necessary Extensions to specify how to syntactically and semantically exchange that data between care settings,</li> <li>(3) develop client and server reference implementations to validate the Implementation Guide, Profiles, and Extensions work in a software system,</li> <li>(4) develop automated test suites to validate operation, and</li> <li>(5) build real world pilots that successfully demonstrate the new capabilities in production.</li> </ol>
<b>Attachments</b>	
<b>3b. Project Need</b>	<p>Interoperability challenges persist in post-acute care; providers are not receiving complete and accurate information in a timely manner, leading to patient harm, adverse outcomes, and additional expense. Failure to exchange accurate, timely data often leads to inefficient workflows, duplicative data entries, and increased risk of patient harm attributable to missing or inaccurate information. Health IT can significantly alleviate this administrative burden by exchanging post-acute care assessments and associated clinical information between care settings to ensure that the receiving care setting has all of the relevant information they need to best treat the incoming patient, improving patient outcomes, reducing provider burden, improving cost efficiencies, and improving workflows. Moreover, it would allow for advanced computability, standardization, usability, and real-time analytics for PAC facilities, enabling broader use by health IT developers, researchers, providers, and payers.</p>
<b>3c. Security Risk</b>	Yes
<b>3d. External Drivers</b>	<p>The IMPACT Act requires data to be standardized and interoperable to allow exchange of data between PAC providers, among others, using common standards and definitions to provide access to longitudinal information and facilitate coordinated care.</p>

<b>3e. Objectives/Deliverables and Target Dates</b>	Project Scope Statement Due: 2019 Oct 4 FHIR IG Proposals Due: 2020 Feb 16 Notice of Intent to Ballot: 2020 Mar 1 FHIR Ballot Core Substantive Freeze: 2020 Mar 13 Initial Content Deadline: 2020 Mar 15 Reconciliation Deadline and Ballot Preview Period: 2020 Mar 22 Final Content Deadline: 2020 April 5 Ballot Readiness Sign Off: 2020 Apr 10-11 Ballot Open for Voting: 2020 Apr 10 – 2020 May 11
<b>3f. Common Names / Keywords / Aliases:</b>	PAC Assessments 1) Resident Assessment Instrument (RAI) Minimum Data Set (MDS) used by Skilled Nursing Facilities (SNFs) 2) Inpatient Rehabilitation Facility – Patient Assessment Information (IRF-PAI) used by IRFs 3) LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) used by Long-Term Care Hospital (LTCHs) 4) Outcome and Assessment Information Set used by Home Health Agencies (HHAs)
<b>3g. Lineage</b>	N/A
<b>3h. Project Dependencies</b>	To be determined
<b>3i. HL7-Managed Project Document Repository URL:</b>	<a href="#">To be determined</a>
<b>3j. Backwards Compatibility</b>	No
<b>3k. Additional Backwards Compatibility Information (if applicable)</b>	
<b>3l. Using Current V3 Data Types?</b>	N/A
<b>3l. Reason for not using current V3 data types?</b>	
<b>3m. External Vocabularies</b>	Yes
<b>3n. List of Vocabularies</b>	To be determined
<b>3o. Earliest prior release and/or version to which the compatibility applies</b>	N/A
<b>4a. Products</b>	FHIR Implementation Guide, FHIR Profiles, FHIR Resources, Guidance (e.g. Companion Guide, Cookbook, etc)
<b>4b. For FHIR IGs and FHIR Profiles, what product version(s) will the profiles apply to?</b>	FHIR version R4
<b>4c. FHIR Profiles Version</b>	FHIR version R4
<b>4d. Please define your New Product Definition</b>	
<b>4d. Please define your New Product Family</b>	
<b>5a. Project Intent</b>	Create new standard
<b>5a. White Paper Type</b>	
<b>5a. Is the project adopting/endorsing an externally developed IG?</b>	

5a. Externally developed IG is to be (select one)	
5a. Specify external organization	
5a. Revising Current Standard Info	
5b. Project Ballot Type	STU to Normative
5c. Additional Ballot Info	
5d. Joint Copyright	No
5e. I understand I must submit a Joint Copyright Letter of Agreement to the TSC in order for the PSS to receive TSC approval.	no
6a. External Project Collaboration	Center for Medicare and Medicaid Services (CMS), Office of the National Coordinator (ONC), Department of Veteran Affairs (VA)
6b. Content Already Developed	25%
6c. Content externally developed?	No
6d. List Developers of Externally Developed Content	
6e. Is this a hosted (externally funded) project?	Yes
6f. Stakeholders	Clinical and Public Health Laboratories, Quality Reporting Agencies, Regulatory Agency, Standards Development Organizations (SDOs)
6f. Other Stakeholders	
6g. Vendors	Pharmaceutical, EHR, PHR, Health Care IT
6g. Other Vendors	
6h. Providers	Emergency Services, Healthcare Institutions (hospitals, long term care, home care, mental health)
6h. Other Providers	
6i. Realm	U.S. Realm Specific
7d. US Realm Approval Date	
7a. Management Group(s) to Review PSS	FHIR
7b. Sponsoring WG Approval Date	
7c. Co-Sponsor Approval Date	
7c. Co-Sponsor 2 Approval Date	
7c. Co-Sponsor 3 Approval Date	
7c. Co-Sponsor 4 Approval Date	

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7c. Co-Sponsor 5 Approval Date

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7c. Co-Sponsor 6 Approval Date

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7c. Co-Sponsor 7 Approval Date

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7c. Co-Sponsor 8 Approval Date

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7c. Co-Sponsor 9 Approval Date

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7c. Co-Sponsor 10 Approval Date

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7e. CDA MG Approval Date

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7f. FMG Approval Date

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7g. V2 MG Approval Date

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7h. Architecture Review Board Approval  
Date

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7i. Steering Division Approval Date

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7j. TSC Approval Date

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