

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
REC_ID Record ID	2	1	2	Picture: XX                      Type: CODE *Range: X1 Format Info: Upper case X followed by 1. Consistency Required: Version Notes:
ITEM_FILLER1 Item Filler	2	3	4	Picture: XX                      Type: FILLER *Range: sp(2) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
LOCK_DATE Inactivation Lock Date	8	5	12	Picture: X(8)                      Type: FILLER *Range: sp(8) Format Info: Always blank. Consistency Required: 1. Beginning with Version 1.50 of the data specs, this field is no longer active and is now blank filler. Agencies may continue to use this field if they wish, but the contents of this field will be ignored by the State System. Version Notes:
ITEM_FILLER2 Item Filler	41	13	53	Picture: X(41)                      Type: FILLER *Range: sp(41) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
HHA_AGENCY_ID Unique HHA Agency ID Code	16	54	69	Picture: X(16)                      Type: CODE *Range: Valid code Format Info: Left justified; any letters must be upper case. Consistency Required: *1. HHA_AGENCY_ID in the header record must match HHA_AGENCY_ID in every inactivation record. Version Notes:

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
ITEM_FILLER3	27	70	96	Picture: X(27)                      Type: FILLER
Item Filler				*Range: sp(27) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
MASK_VERSION_CD	20	97	116	Picture: X(20)                      Type: CODE
Masking algorithm version code				*Range: FIPS SHA-1 V1.00, sp(20) Format Info: Left justified; any letters must be upper case. Consistency Required: *1. If the key fields were masked in the assessment which is to be inactivated, then this field must be non-blank. The only valid value for MASK_VERSION_CD is "FIPS SHA-1 V1.00" (left justified, blank filled).  *2. If the key fields were not masked in the assessment which is to be inactivated, then MASK_VERSION_CD must be blank.  *3. If MASK_VERSION_CD is not blank, then the following non-blank fields must be masked: M0040_PAT_FNAME, M0040_PAT_LNAME, and M0064_SSN. If any of these fields is blank, then do not mask the field -- submit blanks for that field instead. Do not mask an entirely blank field.  *4. If MASK_VERSION_CD is blank, then no field in the inactivation record is to be masked. Version Notes:
ITEM_FILLER4	60	117	176	Picture: X(60)                      Type: FILLER
Item Filler				*Range: sp(60) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
M0030_START_CARE_DT	8	177	184	Picture: YYYYMMDD                  Type: DATE
Start of Care Date				*Range: Valid date Format Info: YYYYMMDD Consistency Required: *1. This date must match exactly M0030_START_CARE_DT on the assessment which is to be inactivated. Version Notes:

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
M0032_ROC_DT	8	185	192	Picture: YYYYMMDD      Type: DATE
Resumption of Care Date				*Range: Valid date,sp(8)
				Format Info: YYYYMMDD
				Consistency Required: *1. This field must match exactly M0032_ROC_DT on the assessment which is to be inactivated.
				Version Notes:
ITEM_FILLER5	1	193	193	Picture: X      Type: FILLER
Item Filler				*Range: sp(1)
				Format Info: Always blank.
				Consistency Required: Reserved for future use.
				Version Notes:
M0040_PAT_FNAME	12	194	205	Picture: X(12)      Type: TEXT
Patient's First Name				*Range: Text, sp(12), masked text
				Format Info: Left justified; any letters must be upper case.
				Consistency Required: 1. This field should match M0040_PAT_FNAME on the assessment which is to be inactivated.
				*2. If MASK_VERSION_CD is blank, M0040_PAT_FNAME must not be masked.
				*3. If MASK_VERSION_CD is not blank and if the unmasked version of M0040_PAT_FNAME is not blank, then M0040_PAT_FNAME must be masked. If the unmasked version of M0040_PAT_FNAME is blank, the field should not be masked regardless of the value of MASK_VERSION_CD.
				Version Notes:
ITEM_FILLER6	1	206	206	Picture: X      Type: FILLER
Item Filler				*Range: sp(1)
				Format Info: Always blank.
				Consistency Required: Reserved for future use.
				Version Notes:
M0040_PAT_LNAME	18	207	224	Picture: X(18)      Type: TEXT

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
Patient's Last Name				<p>*Range: Text, masked text</p> <p>Format Info: Left justified; any letters must be upper case.</p> <p>Consistency Required: 1. This field should match M0040_PAT_LNAME on the assessment which is to be inactivated.</p> <p>*2. If MASK_VERSION_CD is blank, M0040_PAT_LNAME must not be masked.</p> <p>*3. If MASK_VERSION_CD is not blank and if the unmasked version of M0040_PAT_LNAME is not blank, then M0040_PAT_LNAME must be masked. If the unmasked version of M0040_PAT_LNAME is blank, the field should not be masked regardless of the value of MASK_VERSION_CD.</p> <p>Version Notes:</p>
ITEM_FILLER7	29	225	253	<p>Picture: X(29)                      Type: FILLER</p> <p>*Range: sp(29)</p> <p>Format Info: Always blank.</p> <p>Consistency Required: Reserved for future use.</p> <p>Version Notes:</p>
Item Filler				
M0064_SSN	9	254	262	<p>Picture: X(9)                      Type: CODE</p> <p>*Range: Valid code, masked valid code, sp(9)</p> <p>Format Info: Left justified; no embedded dashes or spaces.</p> <p>Consistency Required: 1. This field should match M0064_SSN on the assessment which is to be inactivated.</p> <p>*2. If MASK_VERSION_CD is blank, M0064_SSN must not be masked.</p> <p>*4. If MASK_VERSION_CD is not blank and if the unmasked version of M0064_SSN is not blank, then M0064_SSN must be masked.</p> <p>Version Notes:</p>
Patient's Social Security Number				
ITEM_FILLER8	16	263	278	<p>Picture: X(16)                      Type: FILLER</p> <p>*Range: sp(16)</p> <p>Format Info: Always blank.</p> <p>Consistency Required: Reserved for future use.</p> <p>Version Notes:</p>
Item Filler				

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
M0066_PAT_BIRTH_DT	8	279	286	Picture: YYYYMMDD      Type: DATE *Range: Valid (or partial) date, dashes(8) Format Info: YYYYMMDD if completely known. If partially known, then a left justified partial entry is allowed of the form YYYYMM or YYYY. If date is partially known, leave unknown portion (DD or MMDD) blank. If birthdate is completely unknown, fill the entire field with 8 dashes (-----). Consistency Required: 1. This field should match M0066_PAT_BIRTH_DT on the assessment which is to be inactivated. Version Notes:
Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
ITEM_FILLER9	1	287	287	Picture: X      Type: FILLER *Range: sp(1) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
M0069_PAT_GENDER	1	288	288	Picture: 9      Type: CODE *Range: 1, 2 Format Info: Consistency Required: 1. This field should match M0069_PAT_GENDER on the assessment which is to be inactivated. Version Notes:
Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
ITEM_FILLER10	13	289	301	Picture: X(13)      Type: FILLER *Range: sp(13) Format Info: Always blank. Consistency Required: Reserved for future use. Version Notes:
Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
M0090_INFO_COMPLETED_DT	8	302	309	Picture: YYYYMMDD      Type: DATE *Range: Valid date Format Info: YYYYMMDD Consistency Required: *1. This field must match M0090_INFO_COMPLETED_DT on the assessment which is to be inactivated.

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
Version Notes:				
M0100_ASSMT_REASON	2	310	311	Picture: 99                      Type: CODE
Reason for Assessment				*Range: 01, 03, 04, 05, 06, 07, 08, 09
				Format Info: Right justified; pad left with zero.
				Consistency Required: *1. This field must match M0100_ASSMT_REASON in the assessment which is to be inactivated.
Version Notes:				
ITEM_FILLER11	425	312	736	Picture: X(425)                      Type: FILLER
Item Filler				*Range: sp(425)
				Format Info: Always blank.
				Consistency Required: Reserved for future use.
Version Notes:				
M0906_DC_TRAN_DTH_DT	8	737	744	Picture: YYYYMMDD                      Type: DATE
Discharge, Transfer, Death Date				*Range: Valid date
				Format Info: YYYYMMDD
				Consistency Required: *1. This field must match M0906_DC_TRAN_DTH_DT on the assessment record which is to be inactivated.
Version Notes:				
ITEM_FILLER12	701	745	1445	Picture: X(701)                      Type: FILLER
Item Filler				*Range: sp(701)
				Format Info: Always blank.
				Consistency Required: Reserved for future use.
Version Notes:				
DATA_END	1	1446	1446	Picture: X                      Type:
End of Data Terminator Code				*Range: %
				Format Info: Must always = %
				Consistency Required: *1. Used to indicate end of data.
Version Notes:				

**Uniform Data Submission Specifications for the OASIS-B1 (01/2008 Update)**  
**Inactivation Record Layout For Submission From the HHA To The State (Version 1.60)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL Error)
CRG_RTN	1	1447	1447	Picture: X                      Type:
Carriage Return (ASCII 013)				*Range: ASCII 013 Format Info: Must always be a carriage return (ASCII 013) Consistency Required: Version Notes:
LN_FD	1	1448	1448	Picture: X                      Type:
Line Feed (ASCII 010)				*Range: ASCII 010 Format Info: Must always be a line feed (ASCII 010) Consistency Required: Version Notes: