

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|----|
| Item ID: S0101 | 17 |
| Item ID: S0102 | 18 |
| Item ID: S0111 | 19 |
| Item ID: S0113 | 20 |
| Item ID: S0114 | 21 |
| Item ID: S0115 | 22 |
| Item ID: S0120 | 23 |
| Item ID: S0122 | 24 |
| Item ID: S0123 | 26 |
| Item ID: S0125 | 27 |
| Item ID: S0130 | 28 |
| Item ID: S0140 | 29 |
| Item ID: S0141 | 30 |
| Item ID: S0150 | 31 |
| Item ID: S0153 | 32 |
| Item ID: S0160 | 33 |
| Item ID: S0161A..... | 34 |
| Item ID: S0161B..... | 35 |
| Item ID: S0161C..... | 36 |
| Item ID: S0161D..... | 37 |
| Item ID: S0161Z | 38 |
| Item ID: S0165A..... | 39 |
| Item ID: S0165B..... | 40 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----------------------|----|
| Item ID: S0165C..... | 41 |
| Item ID: S0165D..... | 42 |
| Item ID: S0165E..... | 43 |
| Item ID: S0165Z..... | 44 |
| Item ID: S0170A..... | 45 |
| Item ID: S0170B..... | 46 |
| Item ID: S0170C..... | 47 |
| Item ID: S0170D..... | 48 |
| Item ID: S0170E..... | 49 |
| Item ID: S0170F..... | 50 |
| Item ID: S0170G..... | 51 |
| Item ID: S0170H..... | 52 |
| Item ID: S0170Z..... | 53 |
| Item ID: S0171A..... | 54 |
| Item ID: S0171B..... | 55 |
| Item ID: S0172A..... | 56 |
| Item ID: S0172B..... | 57 |
| Item ID: S0172C..... | 58 |
| Item ID: S0172D..... | 59 |
| Item ID: S0172E..... | 60 |
| Item ID: S0172F..... | 61 |
| Item ID: S0172G..... | 62 |
| Item ID: S0172H..... | 63 |
| Item ID: S0173..... | 64 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|----|
| Item ID: S0174 | 65 |
| Item ID: S0175 | 66 |
| Item ID: S0180 | 67 |
| Item ID: S0183 | 68 |
| Item ID: S0185 | 69 |
| Item ID: S0500 | 70 |
| Item ID: S0501 | 71 |
| Item ID: S0505 | 72 |
| Item ID: S0509 | 73 |
| Item ID: S0510 | 74 |
| Item ID: S0511 | 75 |
| Item ID: S0512 | 76 |
| Item ID: S0513 | 77 |
| Item ID: S0514 | 78 |
| Item ID: S0515 | 79 |
| Item ID: S0520 | 80 |
| Item ID: S0521 | 81 |
| Item ID: S0600A | 82 |
| Item ID: S0600B | 83 |
| Item ID: S0600C | 84 |
| Item ID: S0600D | 85 |
| Item ID: S0600E | 86 |
| Item ID: S0600Z | 87 |
| Item ID: S1000 | 88 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|------------------------|-----|
| Item ID: S1001 | 89 |
| Item ID: S1002 | 90 |
| Item ID: S1003 | 91 |
| Item ID: S1004 | 92 |
| Item ID: S1100A..... | 93 |
| Item ID: S1100B..... | 94 |
| Item ID: S1100C..... | 95 |
| Item ID: S1100D..... | 96 |
| Item ID: S1100E | 97 |
| Item ID: S1100F | 98 |
| Item ID: S1100F1 | 99 |
| Item ID: S1100F2 | 100 |
| Item ID: S1100G..... | 101 |
| Item ID: S1100H..... | 102 |
| Item ID: S1100I | 103 |
| Item ID: S1100J..... | 104 |
| Item ID: S1100Z | 105 |
| Item ID: S1150 | 106 |
| Item ID: S1200A..... | 107 |
| Item ID: S1200B..... | 108 |
| Item ID: S1200C..... | 109 |
| Item ID: S1200D..... | 110 |
| Item ID: S1200E | 111 |
| Item ID: S1200F | 112 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----------------------|-----|
| Item ID: S1200G..... | 113 |
| Item ID: S1200H..... | 114 |
| Item ID: S1200I..... | 115 |
| Item ID: S1210A..... | 116 |
| Item ID: S1210B..... | 117 |
| Item ID: S1210C..... | 118 |
| Item ID: S1210D..... | 119 |
| Item ID: S1210E..... | 120 |
| Item ID: S1210F..... | 121 |
| Item ID: S1210G..... | 122 |
| Item ID: S1210H..... | 123 |
| Item ID: S1210I..... | 124 |
| Item ID: S1210Z..... | 125 |
| Item ID: S2000..... | 126 |
| Item ID: S2001..... | 127 |
| Item ID: S2010..... | 128 |
| Item ID: S2011..... | 129 |
| Item ID: S2015..... | 130 |
| Item ID: S2016..... | 131 |
| Item ID: S2040..... | 132 |
| Item ID: S2050..... | 133 |
| Item ID: S2060A..... | 134 |
| Item ID: S2060B..... | 135 |
| Item ID: S2060C..... | 136 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----------------------|-----|
| Item ID: S2060D..... | 137 |
| Item ID: S2060E..... | 138 |
| Item ID: S2060Z..... | 139 |
| Item ID: S3100A..... | 140 |
| Item ID: S3100B..... | 141 |
| Item ID: S3100C..... | 142 |
| Item ID: S3100D..... | 143 |
| Item ID: S3100E..... | 144 |
| Item ID: S3100F..... | 145 |
| Item ID: S3100G..... | 146 |
| Item ID: S3100H..... | 147 |
| Item ID: S3100Z..... | 148 |
| Item ID: S3200A..... | 149 |
| Item ID: S3200B..... | 150 |
| Item ID: S3300..... | 151 |
| Item ID: S3305A..... | 152 |
| Item ID: S3305B..... | 153 |
| Item ID: S3305C..... | 154 |
| Item ID: S3305D..... | 155 |
| Item ID: S3305E..... | 156 |
| Item ID: S3305Y..... | 157 |
| Item ID: S3310A..... | 158 |
| Item ID: S3310B..... | 159 |
| Item ID: S3310C..... | 160 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|-----|
| Item ID: S3310D..... | 161 |
| Item ID: S3310Y | 162 |
| Item ID: S3310Z | 163 |
| Item ID: S3315A..... | 164 |
| Item ID: S3315B..... | 165 |
| Item ID: S3315C..... | 166 |
| Item ID: S3315D..... | 167 |
| Item ID: S3315Y | 168 |
| Item ID: S3315Z | 169 |
| Item ID: S4000A..... | 170 |
| Item ID: S4000B..... | 171 |
| Item ID: S4000C..... | 172 |
| Item ID: S4000D..... | 173 |
| Item ID: S4010A..... | 174 |
| Item ID: S4010B..... | 175 |
| Item ID: S4010C..... | 176 |
| Item ID: S4010D..... | 177 |
| Item ID: S4010E | 178 |
| Item ID: S4500 | 179 |
| Item ID: S4510A..... | 180 |
| Item ID: S4510B..... | 181 |
| Item ID: S4510C..... | 182 |
| Item ID: S4510D..... | 183 |
| Item ID: S4510E | 184 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|------------------------|-----|
| Item ID: S4510F | 185 |
| Item ID: S5000 | 186 |
| Item ID: S5005 | 187 |
| Item ID: S5010A1 | 188 |
| Item ID: S5010A2 | 190 |
| Item ID: S5010B1 | 191 |
| Item ID: S5010B2 | 193 |
| Item ID: S5010C1 | 194 |
| Item ID: S5010C2 | 196 |
| Item ID: S5010D1 | 197 |
| Item ID: S5010D2 | 199 |
| Item ID: S5010E1 | 200 |
| Item ID: S5010E2 | 202 |
| Item ID: S5010F1 | 203 |
| Item ID: S5010F2 | 205 |
| Item ID: S5010G1 | 206 |
| Item ID: S5010G2 | 208 |
| Item ID: S5010H1 | 209 |
| Item ID: S5010H2 | 211 |
| Item ID: S5010I1 | 212 |
| Item ID: S5010I2 | 214 |
| Item ID: S6000 | 215 |
| Item ID: S6005 | 216 |
| Item ID: S6010 | 217 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|-----|
| Item ID: S6020A..... | 218 |
| Item ID: S6020B..... | 219 |
| Item ID: S6020C..... | 220 |
| Item ID: S6020D..... | 221 |
| Item ID: S6020Y | 222 |
| Item ID: S6020Z | 223 |
| Item ID: S6022A..... | 224 |
| Item ID: S6022B..... | 225 |
| Item ID: S6022C..... | 226 |
| Item ID: S6023A..... | 227 |
| Item ID: S6023B..... | 228 |
| Item ID: S6023C..... | 229 |
| Item ID: S6024A..... | 230 |
| Item ID: S6024B..... | 231 |
| Item ID: S6024C..... | 232 |
| Item ID: S6050 | 233 |
| Item ID: S6051A..... | 234 |
| Item ID: S6051B..... | 235 |
| Item ID: S6051C..... | 236 |
| Item ID: S6051D..... | 237 |
| Item ID: S6052 | 238 |
| Item ID: S6053A..... | 239 |
| Item ID: S6053B..... | 240 |
| Item ID: S6100A..... | 241 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|------------------------|-----|
| Item ID: S6100B..... | 242 |
| Item ID: S6100C..... | 243 |
| Item ID: S6100D..... | 244 |
| Item ID: S6100E..... | 245 |
| Item ID: S6100F1 | 246 |
| Item ID: S6100F2 | 247 |
| Item ID: S6100F3 | 248 |
| Item ID: S6100Z..... | 249 |
| Item ID: S6200..... | 250 |
| Item ID: S6201 | 251 |
| Item ID: S6202 | 252 |
| Item ID: S6205 | 253 |
| Item ID: S6210 | 254 |
| Item ID: S6211 | 255 |
| Item ID: S6212 | 256 |
| Item ID: S6220 | 257 |
| Item ID: S6230 | 258 |
| Item ID: S6232 | 259 |
| Item ID: S6234 | 260 |
| Item ID: S6236 | 261 |
| Item ID: S6500 | 262 |
| Item ID: S7000 | 263 |
| Item ID: S8000A1..... | 264 |
| Item ID: S8000A2..... | 265 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|-----|
| Item ID: S8000A3..... | 266 |
| Item ID: S8000B1..... | 267 |
| Item ID: S8000B2..... | 268 |
| Item ID: S8000B3..... | 269 |
| Item ID: S8000C1..... | 270 |
| Item ID: S8000C2..... | 271 |
| Item ID: S8000C3..... | 272 |
| Item ID: S8000D1..... | 273 |
| Item ID: S8000D2..... | 274 |
| Item ID: S8000D3..... | 275 |
| Item ID: S8000E1..... | 276 |
| Item ID: S8000E2..... | 277 |
| Item ID: S8000E3..... | 278 |
| Item ID: S8000Z..... | 279 |
| Item ID: S8010A1..... | 280 |
| Item ID: S8010A2..... | 281 |
| Item ID: S8010A3..... | 282 |
| Item ID: S8010B1..... | 283 |
| Item ID: S8010B2..... | 284 |
| Item ID: S8010B3..... | 285 |
| Item ID: S8010C1..... | 286 |
| Item ID: S8010C2..... | 287 |
| Item ID: S8010C3..... | 288 |
| Item ID: S8010D1..... | 289 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|------------------------|-----|
| Item ID: S8010D2..... | 290 |
| Item ID: S8010D3..... | 291 |
| Item ID: S8010E1 | 292 |
| Item ID: S8010E2 | 293 |
| Item ID: S8010E3 | 294 |
| Item ID: S8010F | 295 |
| Item ID: S8010F1 | 296 |
| Item ID: S8010F2 | 297 |
| Item ID: S8010F3 | 298 |
| Item ID: S8010G..... | 299 |
| Item ID: S8010G1..... | 300 |
| Item ID: S8010G2..... | 301 |
| Item ID: S8010G3..... | 302 |
| Item ID: S8010H1..... | 303 |
| Item ID: S8010H2..... | 304 |
| Item ID: S8010H3..... | 305 |
| Item ID: S8010I1 | 306 |
| Item ID: S8010I2 | 307 |
| Item ID: S8010I3 | 308 |
| Item ID: S8010Z | 309 |
| Item ID: S8015 | 310 |
| Item ID: S8020A1..... | 311 |
| Item ID: S8020A2..... | 312 |
| Item ID: S8020A3..... | 313 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|-----|
| Item ID: S8020B1..... | 314 |
| Item ID: S8020B2..... | 315 |
| Item ID: S8020B3..... | 316 |
| Item ID: S8020C1..... | 317 |
| Item ID: S8020C2..... | 318 |
| Item ID: S8020C3..... | 319 |
| Item ID: S8020Z..... | 320 |
| Item ID: S8030A1..... | 321 |
| Item ID: S8030A2..... | 322 |
| Item ID: S8030A3..... | 323 |
| Item ID: S8030B1..... | 324 |
| Item ID: S8030B2..... | 325 |
| Item ID: S8030B3..... | 326 |
| Item ID: S8030C..... | 327 |
| Item ID: S8030Z..... | 328 |
| Item ID: S8040A1..... | 329 |
| Item ID: S8040A2..... | 330 |
| Item ID: S8040A3..... | 331 |
| Item ID: S8040B1..... | 332 |
| Item ID: S8040B2..... | 333 |
| Item ID: S8040B3..... | 334 |
| Item ID: S8040C1..... | 335 |
| Item ID: S8040C2..... | 336 |
| Item ID: S8040C3..... | 337 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|-----------------------|-----|
| Item ID: S8040D1..... | 338 |
| Item ID: S8040D2..... | 339 |
| Item ID: S8040D3..... | 340 |
| Item ID: S8040Z | 341 |
| Item ID: S8050A1..... | 342 |
| Item ID: S8050A2..... | 343 |
| Item ID: S8050A3..... | 344 |
| Item ID: S8050B..... | 345 |
| Item ID: S8050C..... | 346 |
| Item ID: S8050D..... | 347 |
| Item ID: S8055 | 348 |
| Item ID: S8099 | 349 |
| Item ID: S8500 | 350 |
| Item ID: S8510A..... | 351 |
| Item ID: S8510B..... | 352 |
| Item ID: S8512A..... | 353 |
| Item ID: S8512B..... | 354 |
| Item ID: S8520A..... | 355 |
| Item ID: S8520B..... | 356 |
| Item ID: S8520C..... | 357 |
| Item ID: S8521A..... | 358 |
| Item ID: S8521B..... | 359 |
| Item ID: S8521C..... | 360 |
| Item ID: S9000 | 361 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|------------------------|-----|
| Item ID: S9001 | 362 |
| Item ID: S9002A..... | 363 |
| Item ID: S9002B..... | 364 |
| Item ID: S9002C..... | 365 |
| Item ID: S9002D..... | 366 |
| Item ID: S9002E | 367 |
| Item ID: S9002F | 368 |
| Item ID: S9002G..... | 369 |
| Item ID: S9002H..... | 370 |
| Item ID: S9002I | 371 |
| Item ID: S9003 | 372 |
| Item ID: S9020 | 373 |
| Item ID: S9040A..... | 374 |
| Item ID: S9040B..... | 375 |
| Item ID: S9040C..... | 376 |
| Item ID: S9040C1 | 377 |
| Item ID: S9040D..... | 378 |
| Item ID: S9040D1..... | 379 |
| Item ID: S9040E | 380 |
| Item ID: S9040F | 381 |
| Item ID: S9040G..... | 382 |
| Item ID: S9040H..... | 383 |
| Item ID: S9060 | 384 |
| Item ID: S9080A..... | 385 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----------------------|-----|
| Item ID: S9080B..... | 386 |
| Item ID: S9080C..... | 387 |
| Item ID: S9080D..... | 388 |
| Item ID: S9080E..... | 389 |
| Item ID: S9085A..... | 390 |
| Item ID: S9085B..... | 391 |
| Item ID: S9085C..... | 392 |
| Item ID: S9085D..... | 393 |
| Item ID: S9100A..... | 394 |
| Item ID: S9100B..... | 395 |
| Item ID: S9100C..... | 396 |
| Item ID: S9120..... | 397 |
| Item ID: S9140..... | 398 |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S0101

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Admitted from Community Admitted from at entry (if A1800 = 01 Community) | Asmt | | Code | 1 | 1927-1927 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---|
| 1 | | Community with no home care |
| 2 | | Community with Medicare certified home health agency care |
| 3 | | Community with other home care |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0102

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Admitted from NH or SB Admitted from at entry (if A1800 = 02 nursing home or swing bed) | Asmt | | Code | 1 | 1928-1928 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 1 | | Chronic and Convalescent Nursing Home (CCNH) |
| 2 | | Rest Home with Nursing Supervision (RHNS) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0111

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Lived Alone Lived alone (prior to entry) | Asmt | | Code | 1 | 1929-1929 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 2 | | In other facility |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0113

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident Living Situation Prior to Admission | Asmt | | Code | 2 | 2641-2642 |
| Resident Living Situation Prior to Admission | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 01 | | Resident lived alone without services |
| 02 | | Resident lived alone with services |
| 03 | | Resident lived with caregiver in the home who is able to assist with daily medical and custodial needs |
| 04 | | Resident lived in congregate situation |
| 99 | | None of the above |
| ^ | | Blank (skip pattern) when A0310A<> 01 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0114

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident has one or more support person(s) Support Person. Resident has one or more support person(s) who are positive towards discharge. | Asmt | | Code | 1 | 2643-2643 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) when A0310A=99 and A0310F<>10 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0115

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Spouse Location Location of Spouse: If the resident has a spouse, code the spouse's residence | Asmt | | Code | 1 | 1930-1930 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 2 | | In a dwelling the resident and/or spouse owns (i.e., homestead property) |
| 3 | | Other / Unknown living arrangement |
| 5 | | In the same nursing home |
| 6 | | In another nursing home |
| 7 | | With family or friends |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0120

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Prior Residence ZIP Code Residence prior to admission: ZIP code | Asmt | | Text | 5 | 1931-1935 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| Text | | Prior Residence ZIP Code |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0122

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Prior Residence State | Asmt | | Code | 2 | 1936-1937 |
| Prior Primary Residence: | | | | | |
| State code of prior primary residence | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| AL | | Alabama |
| AK | | Alaska |
| AZ | | Arizona |
| AR | | Arkansas |
| CA | | California |
| CO | | Colorado |
| CT | | Connecticut |
| DE | | Delaware |
| DC | | District of Columbia |
| FL | | Florida |
| GA | | Georgia |
| HI | | Hawaii |
| ID | | Idaho |
| IL | | Illinois |
| IN | | Indiana |
| IA | | Iowa |
| KS | | Kansas |
| KY | | Kentucky |
| LA | | Louisiana |
| ME | | Maine |
| MD | | Maryland |
| MA | | Massachusetts |
| MI | | Michigan |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------|
| MN | Minnesota |
| MS | Mississippi |
| MO | Missouri |
| MT | Montana |
| NE | Nebraska |
| NV | Nevada |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NY | New York |
| NC | North Carolina |
| ND | North Dakota |
| OH | Ohio |
| OK | Oklahoma |
| OR | Oregon |
| PA | Pennsylvania |
| PR | Puerto Rico |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| TN | Tennessee |
| TX | Texas |
| UT | Utah |
| VT | Vermont |
| VA | Virginia |
| VI | Virgin Islands |
| WA | Washington |
| WV | West Virginia |
| WI | Wisconsin |
| WY | Wyoming |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0123

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Prior Residence County | Asmt | | Text | 3 | 1938-1940 |
| Prior Primary Residence: County code of prior primary residence (code 999 if out-of-State) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| Text | | Prior Residence County |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0125

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Prior Residence Town Code | Asmt | | Text | 5 | 1941-1945 |
| Prior Primary Residence: Town/city code of prior primary residence (code 99999 if out-of-State) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------|
| Text | | Prior Residence Town Code |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0130

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Highest Education Completed Education (Highest level completed) | Asmt | | Code | 1 | 1946-1946 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 1 | | No Schooling |
| 2 | | 8th grade/less |
| 3 | | Some high school |
| 4 | | High school graduate/GED |
| 5 | | Technical or trade school |
| 6 | | Some college/Associate's degree |
| 7 | | Bachelor's degree |
| 8 | | Graduate degree |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0140

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Physician License Number Physician license number | Asmt | | Text | 11 | 1947-1957 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------------|
| Text | | Physician License Number |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0141

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Physician Name | Asmt | | Text | 18 | 1958-1975 |
| Physician last name | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| Text | | Physician Last Name |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0150

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Resident ID Resident Identifier (if resident does not have a social security number, contact DHHS Division of Medicaid and Long-Term Care for an identification number to be assigned and enter in this section) | Asmt | | Text | 9 | 1976-1984 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------|
| Text | | State Resident Identifier |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0153

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident Identifier | Asmt | | Text | 11 | 2644-2654 |
| Resident Identifier (if resident does not have a social security number or state driver's license, then enter 888-88-8888 for in-state resident and 999-99-9999 for out-of-state residents) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------|
| Text | | Valid resident identifier |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0160

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| Specialty unit | Asmt | | Code | 2 | 2509-2510 |
| Specialty Unit | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--|
| 01 | | Discrete AIDS Unit |
| 02 | | Ventilator Dependent Unit |
| 03 | | Traumatic Brain Injury (TBI) Unit |
| 04 | | Behavioral Intervention Unit |
| 05 | | Behavioral Intervention Step-Down Unit |
| 06 | | Pediatric Specialty Unit / Facility |
| 07 | | AIDS Scatter Beds |
| 08 | | Traumatic Brain Injury (TBI) Extended Care |
| 09 | | Neurodegenerative |
| 99 | | None of the Above |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0161A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Requires specialized unit: dementia/Alzheimer Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Dementia/Alzheimer Unit | Asmt | | Checklist | 1 | 2536-2536 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0161B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Requires specialized unit: behavioral health Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Behavioral Health Unit | Asmt | | Checklist | 1 | 2537-2537 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0161C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Requires specialized unit: TBI Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: TBI unit | Asmt | | Checklist | 1 | 2538-2538 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0161D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Requires specialized unit: ventilator Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Ventilator Unit | Asmt | | Checklist | 1 | 2539-2539 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0161Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Requires specialized unit: none of the above Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: None of the above | Asmt | | Checklist | 1 | 2540-2540 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: Dementia/Alzheimers Specialty services: Dementia/Alzheimers | Asmt | | Checklist | 1 | 2565-2565 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: Behavioral Health Specialty services: Behavioral Health | Asmt | | Checklist | 1 | 2566-2566 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: Traumatic Brain Injury Specialty services: Traumatic Brain Injury | Asmt | | Checklist | 1 | 2567-2567 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: Ventilator Specialty services: Ventilator | Asmt | | Checklist | 1 | 2568-2568 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: On-Site Dialysis Specialty services: On-Site Dialysis | Asmt | | Checklist | 1 | 2569-2569 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0165Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Specialty services: None of the Above Specialty services: None of the Above | Asmt | | Checklist | 1 | 2570-2570 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Guardian Advanced Directive: Guardian | Asmt | | Code | 1 | 2511-2511 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: DPOA-HC Advanced Directive: DPOA-HC | Asmt | | Code | 1 | 2512-2512 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Living will Advanced Directive: Living Will | Asmt | | Code | 1 | 2513-2513 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Do not resuscitate Advanced Directive: Do Not Resuscitate | Asmt | | Code | 1 | 2514-2514 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Do not hospitalize Advanced Directive: Do Not Hospitalize | Asmt | | Code | 1 | 2515-2515 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Do not intubate Advanced Directive: Do Not Intubate | Asmt | | Code | 1 | 2516-2516 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Feeding restrictions Advanced Directive: Feeding Restrictions | Asmt | | Code | 1 | 2517-2517 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: Other treatment restrictions Advanced Directive: Other Treatment Restrictions | Asmt | | Code | 1 | 2518-2518 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0170Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Advanced directive: None of the above Advanced Directive: None of the Above | Asmt | | Code | 1 | 2519-2519 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0171A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident healthcare proxy exists Does the resident have a healthcare proxy? | Asmt | | Code | 1 | 2520-2520 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0171B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident healthcare proxy invoked Has healthcare proxy been invoked? | Asmt | | Code | 1 | 2521-2521 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Goal discussion: documentation received Did you receive documentation of a discussion on goals of care from the referring provider? | Asmt | | Code | 1 | 2522-2522 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 9 | | Not applicable |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S0172B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Goal discussion: hospital If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Hospital | Asmt | | Code | 1 | 2523-2523 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Goal discussion: previous NH If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Previous nursing home | Asmt | | Code | 1 | 2524-2524 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Goal discussion: Home without home health services If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Home Without Home Health Services | Asmt | | Code | 1 | 2525-2525 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Goal discussion: Home with home health services If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Home With Home Health Services | Asmt | | Code | 1 | 2526-2526 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Goal discussion: PCP office If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): PCP Office | Asmt | | Code | 1 | 2527-2527 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Goal discussion: Other If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Other | Asmt | | Code | 1 | 2528-2528 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0172H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Goal discussion: Not occur reason If you answered 'no' to question S0172A, did the referring provider indicate why the discussion did not occur? | Asmt | | Code | 1 | 2529-2529 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0173

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Documentation of goals of care discussion Is there documentation in the medical record that a discussion of goals of care with the resident or legal healthcare representative occurred since the last comprehensive OBRA assessment was completed? | Asmt | | Code | 1 | 2535-2535 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 9 | | Not applicable |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0174

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident has Advanced Directive Does the resident have an Advance Directive (Living Will)? | Asmt | | Code | 1 | 2571-2571 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0175

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident has POA for Health Care Does the resident have a Power of Attorney for Health Care? | Asmt | | Code | 1 | 2572-2572 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0180

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Discharged to Community Discharge Status (if recorded community (01) in item A2100) | Asmt | | Code | 1 | 1985-1985 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 1 | | Community with no home care |
| 2 | | Community with Medicare certified home health agency care |
| 3 | | Community with other home care |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0183

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Discharged prior to admission assessment Did this discharge occur prior to completion of the comprehensive admission assessment? | Asmt | | Code | 1 | 2530-2530 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0185

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Discharge to hospital-healthcare proxy involvement Discharge to hospital: healthcare proxy involvement. If this is a discharge assessment (A0310F = 10 or 11) and the resident is being discharged to an acute hospital (A2100 = 03), is the discharge to hospital due to the request of the resident's healthcare proxy, and against the opinion of the nursing home? | Asmt | | Code | 1 | 2655-2655 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | No |
| 1 | | Yes |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0500

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Level of Care | Asmt | | Code | 2 | 1986-1987 |

Code a level of care for this resident (this may be a provisional judgment for initial admissions, private pay residents or residents with a pending determination for a change in level of care).

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------|
| 01 | | ISN |
| 02 | | SNF |
| 03 | | ICF-1 |
| 04 | | ICF-2 |
| 05 | | ICF-3 |
| 06 | | ICF-4 |
| 07 | | DD 1A |
| 08 | | DD 1B |
| 09 | | DD 2 |
| 10 | | DD 3 |
| 11 | | Traumatic Brain Injury |
| 12 | | Ventilator Dependent |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0501

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CCNH RHNS Level of Care Code level of care. | Asmt | | Code | 1 | 1988-1988 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 1 | | Chronic and Convalescent Nursing Home (CCNH) |
| 2 | | Rest Home with Nursing Supervision (RHNS) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0505

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Level of care | Asmt | | Code | 1 | 2656-2656 |

Code a level of care for this resident (this may be a provisional judgment for initial admissions, private pay residents or residents with a pending determination for a change in level of care).

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------------------------|
| 1 | | Nursing Facility (NF) |
| 2 | | Skilled/Specialized Nursing Facility |
| ^ | | Blank (not available or unknown) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0509

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PASRR Level 1 completed prior to admission Was a PASRR Level 1 completed prior to resident's admission to facility? | Asmt | | Code | 1 | 2602-2602 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------|
| 0 | | No |
| 1 | | Yes |
| 9 | | N/A - PASRR not indicated |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0510

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PASRR Screening Complete Was a PASRR screening completed? | Asmt | | Code | 1 | 1989-1989 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------------|
| 0 | | No |
| 1 | | Yes |
| 9 | | N/A PASRR not indicated |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S0511

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--------------------------------------|------------|------------|-----------|------------|------------------------------|
| PASRR Level 1 Complete Date | Asmt | | Date | 8 | 1990-1997 |
| Record PASRR Level I Completion Date | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|----------|------------|----------------------|
| YYYYMMDD | | PASRR Complete Date |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0512

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PASRR Level 1 In response to item S0510 PASRR, was a referral for Level I Determination made? | Asmt | | Code | 1 | 1998-1998 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 9 | | N/A |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S0513

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| PASRR Screening Outcome What was the outcome of the PASRR screen? | Asmt | | Code | 1 | 2573-2573 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--|
| 0 | | Screen was sent to the NF; no diagnosis, suspected diagnosis or need for specialized services |
| 1 | | Screen was sent for determination of need for Level II screen due to diagnosis, suspected diagnosis or need for specialized services related to mental illness, intellectual disability, or other related condition. |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0514

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Was a PASRR Level 1 determination completed? | Asmt | | Code | 1 | 2657-2657 |
| Was a PASRR Level 1 determination completed? | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------------------------|
| 0 | | No - Level 2 determination completed |
| 1 | | Yes |
| 9 | | N/A - PASRR not indicated |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S0515

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Most rcnt PASRR Lvl 1 or 2 determination cmpltm dt Record the most recent PASRR Level 1 or 2 determination completion date. | Asmt | | Date | 8 | 2658-2665 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|----------|------------|----------------------------------|
| YYYYMMDD | | Valid date |
| ^ | | Blank (not available or unknown) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0520

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Reason for Admission Code the primary reason for admission. | Asmt | | Code | 2 | 1999-2000 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---|
| 01 | | Significant change in functional status |
| 02 | | Deterioration in cognitive status |
| 03 | | Change in the availability/status of primary caregivers |
| 04 | | Difficulty arranging or paying for needed in-home care or support |
| 05 | | Failed to succeed in residential care home |
| 06 | | Short term rehabilitation or skilled care |
| 99 | | None of the Above |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0521

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Reason for Admission Reason for Admission. Code the primary reason for admission. | Asmt | | Code | 2 | 2666-2667 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---|
| 01 | | Significant change in functional status |
| 02 | | Deterioration in cognitive status |
| 03 | | Change in the availability/status of primary caregivers |
| 04 | | Difficulty arranging or paying for needed in-home care or support |
| 05 | | Failed to succeed in residential care home |
| 06 | | Short term rehabilitation or skilled care |
| 99 | | None of the above |
| ^ | | Blank (skip pattern) when A0310A <> 01 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: requires ventilator 10+ hours Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident requires the use of a ventilator for a minimum of 10 hours in a 24 hour period. | Asmt | | Checklist | 1 | 2541-2541 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: requires ventilator 16+ hours Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident requires the use of a ventilator for a minimum of 16 hours in a 24 hour period. | Asmt | | Checklist | 1 | 2542-2542 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: Traumatic Brain Injury-Tier I Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury-Tier I. | Asmt | | Checklist | 1 | 2543-2543 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: Traumatic Brain Injury-Tier II Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury- Tier II. | Asmt | | Checklist | 1 | 2544-2544 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: Traumatic Brain Injury-Tier III Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: Resident meets the criteria and is receiving services under Traumatic Brain Injury-Tier III. | Asmt | | Checklist | 1 | 2545-2545 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S0600Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Meets criteria: none of the above Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement. Check all that apply: None of the above | Asmt | | Checklist | 1 | 2546-2546 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Local Health Department Reporting Has resident had any disease process or condition that has been reported to the local health department since last assessment? | Asmt | | Code | 1 | 2001-2001 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1001

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Health Department Reporting Has resident had any disease process or condition that has been reported to the appropriate state health department since the last assessment? | Asmt | | Code | 1 | 2002-2002 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1002

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Local Health Department Reporting Has resident had any disease process or condition that has been reported to the local health department since the most recent comprehensive or quarterly OBRA assessment? | Asmt | | Code | 1 | 2603-2603 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1003

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Health Department Reporting Has resident had any disease process or condition that has been reported to the appropriate state health department since the most recent comprehensive or quarterly OBRA assessment? | Asmt | | Code | 1 | 2604-2604 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1004

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Local/State Health Department Reporting Resident had a disease process or condition that has been reported to the appropriate local/state health department since the last assessment | Asmt | | Code | 1 | 2605-2605 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: Clostridium Difficile Disease Diagnoses: Check all that apply since last assessment: a. Clostridium difficile | Asmt | | Checklist | 1 | 2003-2003 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: MRSA | Asmt | | Checklist | 1 | 2004-2004 |

Disease: MRSA Disease Diagnoses:
Check all that apply since last assessment:
b. MRSA (Methicillin-Resistant Staphylococcus Aureus)

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: VRE Disease: VRE Disease Diagnoses: Check all that apply since last assessment: c. VRE (Vancomycin-Resistant Enterococci) | Asmt | | Checklist | 1 | 2005-2005 |

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S1100D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Disease: VISA | Asmt | | Checklist | 1 | 2006-2006 |
| Disease: VISA Disease Diagnoses: | | | | | |
| Check all that apply since last assessment: | | | | | |
| d. VISA (Vancomycin-Intermediate Staphylococcus Aureus) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S1100E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Disease: VRSA | Asmt | | Checklist | 1 | 2007-2007 |
| Disease: VRSA Disease Diagnoses: | | | | | |
| Check all that apply since last assessment: | | | | | |
| e.VRSA (Vancomycin-Resistant Staphylococcus Aureus) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: Other MDRO Disease: Other MDRO Disease Diagnoses: Check all that apply since last assessment: f. Other MDRO (Multi-Drug Resistant Organism) | Asmt | | Checklist | 1 | 2008-2008 |

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100F1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: MDRO Name1 Enter name of first MDRO (If S1100F is Checked, please specify) | Asmt | | Text | 30 | 2009-2038 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| Text | | Name of first MDRO |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100F2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: MDRO Name2 Enter name of second MDRO (If S1100F is Checked, please specify) | Asmt | | Text | 30 | 2039-2068 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| Text | | Name of second MDRO |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: Tuberculosis Disease Diagnoses: Check all that apply since last assessment: g. Tuberculosis | Asmt | | Checklist | 1 | 2069-2069 |

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: Herpes Zoster Disease Diagnoses: Check all that apply since last assessment: h. Herpes Zoster | Asmt | | Checklist | 1 | 2070-2070 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100I

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: Scabies Disease Diagnoses: Check all that apply since last assessment: i. Scabies | Asmt | | Checklist | 1 | 2071-2071 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100J

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Disease: CRE | Asmt | | Checklist | 1 | 2574-2574 |
| Disease: CRE Disease Diagnoses: | | | | | |
| Check all that apply since last assessment: | | | | | |
| j. CRE (Carbapenem-Resistant Enterobacteriaceae) | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1100Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Disease: None of the Above Disease Diagnoses: Check all that apply since last assessment: z. None of the Above | Asmt | | Checklist | 1 | 2072-2072 |

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1150

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Active TBI Diagnosis Resident has active diagnosis of TBI and meets the care and service requirements (defined in II Adm Code 147.335 b) and is eligible for the TBI add on | Asmt | | Code | 1 | 2606-2606 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: schizophrenia Primary and secondary SMI diagnosis: Schizophrenia | Asmt | | Code | 1 | 2073-2073 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: delusional disorder Primary and secondary SMI diagnosis: Delusional disorder | Asmt | | Code | 1 | 2074-2074 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: schizoaffective disorder Primary and secondary SMI diagnosis: Schizoaffective disorder | Asmt | | Code | 1 | 2075-2075 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: psychotic disorder NOS Primary and secondary SMI diagnosis: Psychotic disorder not otherwise specified | Asmt | | Code | 1 | 2076-2076 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: bipolar disorder I Primary and secondary SMI diagnosis: Bipolar disorder I mixed, manic, and depressed | Asmt | | Code | 1 | 2077-2077 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: bipolar disorder II Primary and secondary SMI diagnosis: Bipolar disorder II | Asmt | | Code | 1 | 2078-2078 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: cyclothymic disorder Primary and secondary SMI diagnosis: Cyclothymic disorder | Asmt | | Code | 1 | 2079-2079 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: bipolar disorder NOS Primary and secondary SMI diagnosis: Bipolar disorder not otherwise specified | Asmt | | Code | 1 | 2080-2080 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1200I

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Primary/secondary SMI dx: major depress recurrent Primary and secondary SMI diagnosis: Major depression, recurrent | Asmt | | Code | 1 | 2081-2081 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 1 | | Primary |
| 2 | | Secondary |
| 3 | | Neither primary or secondary |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Schizophrenia Mental Health Diagnoses: Check all that apply since last OBRA assessment: a. Schizophrenia | Asmt | | Checklist | 1 | 2668-2668 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Delusional Mental Health Diagnoses: Check all that apply since last OBRA assessment: b. Delusional disorder | Asmt | | Checklist | 1 | 2669-2669 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Schizoaffective disorder Mental Health Diagnoses: Check all that apply since last OBRA assessment: c. Schizoaffective disorder | Asmt | | Checklist | 1 | 2670-2670 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Psychotic disorder not sp Mental Health Diagnoses: Check all that apply since last OBRA assessment: d. Psychotic disorder not otherwise specified | Asmt | | Checklist | 1 | 2671-2671 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Bipolar I mixed, manic Mental Health Diagnoses: Check all that apply since last OBRA assessment: e. Bipolar I mixed, manic, and depressed | Asmt | | Checklist | 1 | 2672-2672 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Bipolar disorder II Mental Health Diagnoses: Check all that apply since last OBRA assessment: f. Bipolar disorder II | Asmt | | Checklist | 1 | 2673-2673 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Cyclothymic disorder Mental Health Diagnoses: Check all that apply since last OBRA assessment: g. Cyclothymic disorder | Asmt | | Checklist | 1 | 2674-2674 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Bipolar disorder not sp Mental Health Diagnoses: Check all that apply since last OBRA assessment: h. Bipolar disorder not otherwise specified | Asmt | | Checklist | 1 | 2675-2675 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210I

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: Major depression, recur Mental Health Diagnoses: Check all that apply since last OBRA assessment: i. Major depression, recurrent | Asmt | | Checklist | 1 | 2676-2676 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S1210Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Mental Health Diagnoses: None of the Above Mental Health Diagnoses: Check all that apply since last OBRA assessment: z. None of the above | Asmt | | Checklist | 1 | 2677-2677 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Capable of self-administration of medications Self-Medication Administration: Resident is capable of self-administration of medications | Asmt | | Code | 1 | 2083-2083 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 2 | | Limited |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2001

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Wishes to self-medicate Self-Medication Administration: Resident wishes to self-medicate | Asmt | | Code | 1 | 2084-2084 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |
| 2 | | Limited |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2010

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Refused meds 3 days Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days | Asmt | | Code | 1 | 2085-2085 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2011

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Staff support for meds 3 days Medication Refusal: Resident required staff supporting/prompting 3 or more times to take medication in the last 3 days | Asmt | | Code | 1 | 2086-2086 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2015

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Refused meds occasionally 30 days Resident refused to take all or some of prescribed medication on occasion (no more than 2 days a week most weeks). (Code for the 30 days preceding the assessment) | Asmt | | Code | 1 | 2087-2087 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2016

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Refused meds frequently 30 days Resident refused to take all or some of prescribed medication frequently (more than 2 days a week most weeks). (Code for the 30 days preceding the assessment) | Asmt | | Code | 1 | 2088-2088 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2040

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Behavior Management Program Resident is provided a Behavior Management Program | Asmt | | Code | 1 | 2089-2089 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 0 | | Program not provided in last 7 days |
| 1 | | Program provided 1 - 3 days in last 7 days |
| 2 | | Program provided 4 - 6 days in last 7 days |
| 3 | | Program provided daily in last 7 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2050

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resists grooming/hygiene Resident resists staff attempts to assist/provide grooming/hygiene. (Code for an average number of days a week the resident has refused care in the 30 days preceding the assessment). | Asmt | | Code | 1 | 2090-2090 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------------|
| 0 | | No |
| 1 | | At least one day a week |
| 2 | | At least two days a week |
| 3 | | At least three days a week |
| 4 | | At least four days a week |
| 5 | | Five or more days a week |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident centered care: Oasis For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Oasis | Asmt | | Code | 1 | 2547-2547 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident centered care: habilitation therapy For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Habilitation therapy | Asmt | | Code | 1 | 2548-2548 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident centered care: hand in hand For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Hand in Hand | Asmt | | Code | 1 | 2549-2549 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident centered care: consistent assignment For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Consistent Assignment | Asmt | | Code | 1 | 2550-2550 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident centered care: other For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Other | Asmt | | Code | 1 | 2551-2551 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S2060Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Resident centered care: none of the above For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: None of the above | Asmt | | Code | 1 | 2552-2552 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Contractures: Hand Contractures: a. Hand | Asmt | | Code | 1 | 2091-2091 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Contractures: Wrist Contractures: b. Wrist | Asmt | | Code | 1 | 2092-2092 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Contractures: Elbow Contractures: c. Elbow | Asmt | | Code | 1 | 2093-2093 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Contractures: Shoulder Contractures: d. Shoulder | Asmt | | Code | 1 | 2094-2094 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Contractures: Neck Contractures: e. Neck | Asmt | | Code | 1 | 2095-2095 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------|------------|------------|-----------|------------|------------------------------|
| Contractures: Ankle | Asmt | | Code | 1 | 2096-2096 |
| Contractures: f. Ankle | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Contractures: Knee Contractures: g. Knee | Asmt | | Code | 1 | 2097-2097 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Contractures: Hip Contractures: h. Hip | Asmt | | Code | 1 | 2098-2098 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3100Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------|------------|------------|-----------|------------|------------------------------|
| Contractures: Other | Asmt | | Code | 1 | 2099-2099 |
| Contractures: z. Other | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | None |
| 1 | | Right |
| 2 | | Left |
| 3 | | Both sides |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3200A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Dominant Side | Asmt | | Code | 1 | 2100-2100 |
| Dominant Side: Indicate resident's dominant side | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---------------------|
| 1 | | Right |
| 2 | | Left |
| 3 | | Ambidextrous |
| 9 | | Unable to determine |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3200B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Use of dominant hand/arm Dominant Side: To what extent does the resident have use of his/her dominant hand/arm? | Asmt | | Code | 1 | 2101-2101 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 1 | | Full |
| 2 | | Limited |
| 3 | | None |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3300

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Weight-based Equipment Need Did this resident require specialized equipment based on weight since last assessment? | Asmt | | Code | 1 | 2575-2575 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | No |
| 1 | | Yes |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Lifting device for weight Lifting device required since last assessment | Asmt | | Checklist | 1 | 2576-2576 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Wheelchair or mobility device for weight Wheelchair or other mobility device required since last assessment | Asmt | | Checklist | 1 | 2577-2577 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Bed for weight Bed required since last assessment | Asmt | | Checklist | 1 | 2578-2578 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Seating for weight Seating required since last assessment | Asmt | | Checklist | 1 | 2579-2579 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| More than 2 staff for weight More than 2 staff required since last assessment | Asmt | | Checklist | 1 | 2580-2580 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3305Y

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other for weight Other equipment required since last assessment | Asmt | | Checklist | 1 | 2581-2581 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - Medicare Part A Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2607-2607 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - Medicare Part B Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2608-2608 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - Managed Care Entity Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2609-2609 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - Medicaid Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2610-2610 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310Y

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - Other Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2611-2611 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3310Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Therapy Services Billed - None Of The Above Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following (check all that apply) | Asmt | | Checklist | 1 | 2612-2612 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - Oxygen Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2613-2613 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - Inhaler/Nebulizer Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2614-2614 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - Acute Monitoring Of Respiratory Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2615-2615 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - Medications Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2616-2616 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315Y

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - Other Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2617-2617 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S3315Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| COPD Treatment - None Of The Above Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. (Check all that apply.) | Asmt | | Checklist | 1 | 2618-2618 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4000A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Harm: Self Injury/Self-injurious attempt Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance) | Asmt | | Code | 1 | 2102-2102 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| 0 | | Never |
| 1 | | Attempt more than 1 year ago |
| 2 | | Attempt in the last year |
| 3 | | Attempt in the last 7 days |
| 4 | | Attempt within last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4000B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Harm: Attempt was to kill self Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself | Asmt | | Code | 1 | 2103-2103 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4000C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Harm: Considered injuring self Harm to Self or Others: Self Injury Considered performing a self-injurious act in the last 30 days | Asmt | | Code | 1 | 2104-2104 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4000D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Harm: Self-injury caregiver concern Harm to Self or Others: Self Injury Family/caregiver/friend/staff expresses concern that resident is at risk for self injury | Asmt | | Code | 1 | 2105-2105 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4010A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Hourly Interval Observation | Asmt | | Number | 1 | 2106-2106 |

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". A.
 Checked at hourly intervals

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 3 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4010B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| 15- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". B. Checked at 15-minute intervals | Asmt | | Number | 1 | 2107-2107 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 3 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4010C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| 5- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". C. Checked at 5-minute intervals | Asmt | | Number | 1 | 2108-2108 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 3 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4010D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Constant Observation for < 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". D. Constant Observation for less than or equal to 1 hour | Asmt | | Number | 1 | 2109-2109 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 3 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4010E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Constant Observation for > 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". E. Constant Observation for more than 1 hour | Asmt | | Number | 1 | 2110-2110 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 3 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4500

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Alcoholic Drinks Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days | Asmt | | Code | 1 | 2111-2111 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | None |
| 1 | | One |
| 2 | | Two to four |
| 3 | | Five or more |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Inhalants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a. Inhalants | Asmt | | Code | 1 | 2112-2112 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Hallucinogens Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: b. Hallucinogens | Asmt | | Code | 1 | 2113-2113 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Cocaine and Crack Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack | Asmt | | Code | 1 | 2114-2114 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Substance Abuse: Stimulants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: d. Stimulants | Asmt | | Code | 1 | 2115-2115 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Opiates Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: e. Opiates | Asmt | | Code | 1 | 2116-2116 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S4510F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Substance Abuse: Cannabis Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis | Asmt | | Code | 1 | 2117-2117 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | Never or more than one year ago |
| 1 | | Within the last year |
| 2 | | Within the last 3 months |
| 3 | | Within the last month |
| 4 | | Within the last 7 days |
| 5 | | Within the last 3 days |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of New Pressure Ulcers Pressure Ulcers: Number of new or reoccurring pressure ulcers during last quarter (if 9 or more, enter 9) | Asmt | | Number | 1 | 2118-2118 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 9 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5005

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| New Pressure Ulcer setting Pressure Ulcers: In what setting did the pressure ulcers in S5000 develop? | Asmt | | Code | 1 | 2119-2119 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | None |
| 1 | | Inhouse |
| 2 | | Other |
| 3 | | Both |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 1 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A1. Location of pressure ulcer 1 | Asmt | | Code | 2 | 2120-2121 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 1 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A2. Status of pressure ulcer 1 | Asmt | | Code | 1 | 2122-2122 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 2 location | Asmt | | Code | 2 | 2123-2124 |

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 2 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B2. Status of pressure ulcer 2 | Asmt | | Code | 1 | 2125-2125 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 3 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C1. Location of pressure ulcer 3 | Asmt | | Code | 2 | 2126-2127 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010C2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 3 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C2. Status of pressure ulcer 3 | Asmt | | Code | 1 | 2128-2128 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010D1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 4 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D1. Location of pressure ulcer 4 | Asmt | | Code | 2 | 2129-2130 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010D2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 4 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D2. Status of pressure ulcer 4 | Asmt | | Code | 1 | 2131-2131 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increase depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010E1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 5 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E1. Location of pressure ulcer 5 | Asmt | | Code | 2 | 2132-2133 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010E2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 5 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E2. Status of pressure ulcer 5 | Asmt | | Code | 1 | 2134-2134 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010F1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 6 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F1. Location of pressure ulcer 6 | Asmt | | Code | 2 | 2135-2136 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010F2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 6 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F2. Status of pressure ulcer 6 | Asmt | | Code | 1 | 2137-2137 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010G1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 7 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G1. Location of pressure ulcer 7 | Asmt | | Code | 2 | 2138-2139 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010G2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 7 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G2. Status of pressure ulcer 7 | Asmt | | Code | 1 | 2140-2140 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010H1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 8 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H1. Location of pressure ulcer 8 | Asmt | | Code | 2 | 2141-2142 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010H2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 8 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H2. Status of pressure ulcer 8 | Asmt | | Code | 1 | 2143-2143 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010I1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 9 location | Asmt | | Code | 2 | 2144-2145 |

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I1. Location of pressure ulcer 9

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------|
| 01 | | Spine - Left |
| 02 | | Spine - Right |
| 03 | | Spine - Center |
| 04 | | Coccyx - Left |
| 05 | | Coccyx - Right |
| 06 | | Coccyx - Center |
| 07 | | Sacrum - Left |
| 08 | | Sacrum - Right |
| 09 | | Sacrum - Center |
| 10 | | Buttock - Left |
| 11 | | Buttock - Right |
| 12 | | Buttock - Center |
| 13 | | Trochanter - Left |
| 14 | | Trochanter - Right |
| 15 | | Trochanter - Center |
| 16 | | Ischium - Left |
| 17 | | Ischium - Right |
| 18 | | Ischium - Center |
| 19 | | Knee - Left |
| 20 | | Knee - Right |
| 21 | | Knee - Center |
| 22 | | Ankle - Left |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

| | |
|----|----------------------|
| 23 | Ankle - Right |
| 24 | Ankle - Center |
| 25 | Heel - Left |
| 26 | Heel - Right |
| 27 | Heel - Center |
| 28 | Foot - Left |
| 29 | Foot - Right |
| 30 | Foot - Center |
| 99 | Other |
| ^ | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S5010I2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Pressure ulcer 9 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I2. Status of pressure ulcer 9 | Asmt | | Code | 1 | 2146-2146 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---------------------------------|
| 0 | | No change |
| 1 | | Decreased depth |
| 2 | | Decreased area |
| 3 | | Decreased depth and area |
| 4 | | Increased depth |
| 5 | | Increased area |
| 6 | | Increased depth and area |
| 7 | | Decreased depth, increased area |
| 8 | | Increased depth, decreased area |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Parenteral/IV feeding in NH Within the last 7-days, Parenteral/IV feeding was provided and administered in and by the nursing home | Asmt | | Code | 1 | 2147-2147 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6005

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IV meds in NH Within the last 14 days, IV medication was provided, administered, and instilled exclusively in and by the nursing home | Asmt | | Code | 1 | 2148-2148 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6010

Item Label/Item Text

Oxygen Therapy in NH
 Within the last 14 days, oxygen therapy was provided within the facility continuously for a period of 2 hours or more, or intermittently with starting and stopping at intervals

| | | | | |
|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
| Asmt | | Code | 1 | 2149-2149 |

Item Subsets

Active:
 Inactive: NPE,IPA,OSA,SP,SD,ST,XX
 State optional: NC,NQ,NP,ND,NT

Item Values

| | | |
|--------------|-------------------|-------------------|
| Value | LOINC Code | Value Text |
| 0 | | No |
| 1 | | Yes |

Item Edits

| | | | |
|----------------|------------------|-----------------|---|
| Edit ID | Edit Type | Severity | Edit Text |
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp specialized RN expertise Ventilator/respirator resident needs specialized RN expertise | Asmt | | Checklist | 1 | 2582-2582 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp specialized CNA training needed Ventilator/respirator resident needs specialized CNA training | Asmt | | Checklist | 1 | 2583-2583 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp specialized therapy (PT,OT,RT) expertise Ventilator/respirator resident needs specialized therapy (PT, OT, RT) expertise | Asmt | | Checklist | 1 | 2584-2584 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp specialized equipment Ventilator/respirator resident needs specialized equipment | Asmt | | Checklist | 1 | 2585-2585 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020Y

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp Other Ventilator/respirator resident needs other | Asmt | | Checklist | 1 | 2586-2586 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6020Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Vent/resp None of the Above Ventilator/respirator resident needs none of the above | Asmt | | Checklist | 1 | 2587-2587 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|-----------------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S6022A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Vent/resp days licensed nurse: hourly intervals Number of days the resident required hourly intervals of direct care by a licensed nurse. | Asmt | | Number | 1 | 2588-2588 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6022B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days licensed nurse: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a licensed nurse. | Asmt | | Number | 1 | 2589-2589 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6022C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days licensed nurse: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a licensed nurse. | Asmt | | Number | 1 | 2590-2590 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6023A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days CNA: hourly intervals Number of days the resident required hourly intervals of direct care by a CNA. | Asmt | | Number | 1 | 2591-2591 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6023B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days CNA: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a CNA. | Asmt | | Number | 1 | 2592-2592 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6023C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days CNA: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a CNA. | Asmt | | Number | 1 | 2593-2593 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6024A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days RT: hourly intervals Number of days the resident required hourly intervals of direct care by a respiratory therapist. | Asmt | | Number | 1 | 2594-2594 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6024B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days RT: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a respiratory therapist. | Asmt | | Number | 1 | 2595-2595 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6024C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vent/resp days RT: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a respiratory therapist. | Asmt | | Number | 1 | 2596-2596 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | Minimum value |
| 7 | | Maximum value |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6050

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation precautions needed Has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions? | Asmt | | Code | 1 | 2150-2150 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6051A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation Precaution: Airborne If yes to item S6050, type of isolation precautions employed: a. Airborne | Asmt | | Checklist | 1 | 2151-2151 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6051B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation Precaution: Contact If yes to item S6050, type of isolation precautions employed: b. Contact | Asmt | | Checklist | 1 | 2152-2152 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6051C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation Precaution: Droplet If yes to item S6050, type of isolation precautions employed: c. Droplet | Asmt | | Checklist | 1 | 2153-2153 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6051D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation Precaution: Protective If yes to item S6050, type of isolation precautions employed: d. Protective | Asmt | | Checklist | 1 | 2154-2154 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6052

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Isolation Required Resident required isolation procedures and was assigned a private room and did not leave the room except for medical treatments/procedures. If "Yes", then entry below must contain Start/End Dates. | Asmt | | Code | 1 | 2619-2619 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6053A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Met Isolation Requirements Start Date Resident met the isolation requirements Start Date | Asmt | | Date | 8 | 2620-2627 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| YYYYMMDD | | Valid date |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S6053B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Met Isolation Requirements End Date | Asmt | | Date | 8 | 2628-2635 |
| Resident met the isolation requirements End Date | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|----------|------------|----------------------|
| YYYYMMDD | | Valid date |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: Varicella | Asmt | | Checklist | 1 | 2155-2155 |

Vaccinations : Indicate if the following vaccination is current:
a. Varicella (Herpes Zoster or shingles)

Item Subsets

Active:
Inactive: NPE,IPA,OSA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: Tetanus, diphtheria (Td) Vaccinations: Indicate if the following the vaccination is current: b. Tetanus, diphtheria (Td) | Asmt | | Checklist | 1 | 2156-2156 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: Tetanus, diphtheria, pertussis (Tdap) Vaccinations: Indicate if the following vaccination is current: c. Tetanus, diphtheria, pertussis (Tdap) | Asmt | | Checklist | 1 | 2157-2157 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: Measles, Mumps, Rubella (MMR) Vaccinations: Indicate if the following vaccination is current: d. Measles, mumps, rubella (MMR) | Asmt | | Checklist | 1 | 2158-2158 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S6100E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| Vaccination: Other | Asmt | | Checklist | 1 | 2159-2159 |

Vaccinations: Indicate vaccinations that are current, excluding pneumococcal, seasonal influenza, and S6100A - S6100D.

e. Other

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100F1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: Other Name 1 Vaccinations: If other vaccination is checked, please specify name | Asmt | | Text | 20 | 2160-2179 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------------|
| Text | | Other Vaccination 1 Name |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S6100F2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Vaccination: Other Name 2 | Asmt | | Text | 20 | 2180-2199 |
| Vaccinations: | | | | | |
| If other vaccination is checked, please specify name | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--------------------------|
| Text | | Other Vaccination 2 Name |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S6100F3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Vaccination: Other Name 3 Vaccinations: If other vaccination is checked, please specify name | Asmt | | Text | 20 | 2200-2219 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--------------------------|
| Text | | Other Vaccination 3 Name |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6100Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Vaccination: None of the above Vaccinations: Indicate the vaccinations that are current z. None of the above | Asmt | | Checklist | 1 | 2220-2220 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6200

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of Hospital Stays | Asmt | | Number | 2 | 2221-2222 |

Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days).
Enter 0 if no hospital admissions.

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 90 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6201

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of Unreported Hospital Stays Record previously unreported number of times resident was admitted to hospital with an overnight stay in the last 92 days. Enter '0' if no hospital admissions. | Asmt | | Number | 2 | 2636-2637 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 00 | | Minimum value |
| 99 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6202

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Hosp admissions w/overnight stay in last 90 days Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days(or since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no hospital admissions. | Asmt | | Number | 2 | 2678-2679 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 90 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6205

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of Observation Stays | Asmt | | Number | 1 | 2597-2597 |

Observation Stays: Record number of times resident had at least one overnight stay without being admitted to the hospital since the last assessment.

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 9 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6210

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of ER visits Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits. | Asmt | | Number | 3 | 2223-2225 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 999 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6211

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Number of Unreported ER Visits Record previously unreported number of times resident visited ER without an overnight stay in the last 92 days. Enter '0' if no ER visits. | Asmt | | Number | 3 | 2638-2640 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 000 | | Minimum value |
| 999 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6212

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| ER visits w/o overnight stay in last 90 days Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no ER visits. | Asmt | | Number | 2 | 2680-2681 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Minimum value |
| 90 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6220

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Alzheimer's/Dementia Special Care Unit Alzheimer's/Dementia Special Care Unit- Program provided while a resident of this facility within the last 14 days | Asmt | | Code | 1 | 2226-2226 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6230

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Has resident received antipsychotic Has this resident received an antipsychotic medication since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)? | Asmt | | Code | 1 | 2553-2553 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6232

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Is resident currently receiving antipsychotic medication? Is the resident currently receiving an antipsychotic medication? | Asmt | | Code | 1 | 2554-2554 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6234

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Attempt to reduce amount of antipsychotic Has an attempt been made to reduce the total amount of antipsychotic medication the resident receives since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)? | Asmt | | Code | 1 | 2555-2555 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6236

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Was reduction in antipsychotic maintained Was the reduction in the total amount of antipsychotic medication that the resident receives maintained? | Asmt | | Code | 1 | 2556-2556 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|----------------------|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S6500

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Comfort care provided in the last 14 days Comfort care provided. In the last 14 days, has the resident received comfort care? Comfort care consists of medical care and treatment provided with the primary goal of reducing suffering. Food and fluids are offered by mouth; medication, turning in bed, wound care, and other measures are used to relieve suffering; and oxygen, suctioning, and manual treatment of airway obstruction are used as needed for comfort. | Asmt | | Code | 1 | 2682-2682 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-----------------------------|
| 0 | | No |
| 1 | | Yes |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S7000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| Dental Care | Asmt | | Code | 1 | 2598-2598 |
| Dental care | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--|
| 1 | | Routine dental care since last assessment |
| 2 | | Emergent dental care since last assessment |
| 9 | | None of the above |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare - Primary Payor Medicare - Primary Payor | Asmt | | Checklist | 1 | 2227-2227 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------|------------|------------|-----------|------------|------------------------------|
| Medicare - Secondary Payor | Asmt | | Checklist | 1 | 2228-2228 |
| Medicare - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------|------------|------------|-----------|------------|------------------------------|
| Medicare Payor Medicare | Asmt | | Checklist | 1 | 2229-2229 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part A - Primary Payor | Asmt | | Checklist | 1 | 2230-2230 |
| Medicare Part A - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part A - Secondary Payor | Asmt | | Checklist | 1 | 2231-2231 |
| Medicare Part A - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000B3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part A Payor Medicare Part A | Asmt | | Checklist | 1 | 2232-2232 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part B - Primary Payor | Asmt | | Checklist | 1 | 2233-2233 |
| Medicare Part B - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000C2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part B - Secondary Payor | Asmt | | Checklist | 1 | 2234-2234 |
| Medicare Part B - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000C3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part B Payor Medicare Part B | Asmt | | Checklist | 1 | 2235-2235 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000D1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part C - Primary Payor Medicare Part C (Medicare Advantage) - Primary Payor | Asmt | | Checklist | 1 | 2236-2236 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000D2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part C - Secondary Payor Medicare Part C (Medicare Advantage) - Secondary Payor | Asmt | | Checklist | 1 | 2237-2237 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000D3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Part C Payor Medicare Part C (Medicare Advantage) | Asmt | | Checklist | 1 | 2238-2238 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000E1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare per diem - Primary Payor | Asmt | | Checklist | 1 | 2239-2239 |
| Medicare per diem - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000E2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare per diem - Secondary Payor | Asmt | | Checklist | 1 | 2240-2240 |
| Medicare per diem - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000E3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare per diem Payor Medicare per diem | Asmt | | Checklist | 1 | 2241-2241 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8000Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------|------------|------------|-----------|------------|------------------------------|
| Medicare not a payment source | Asmt | | Checklist | 1 | 2242-2242 |
| Medicare not a payment source | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| In-state Medicaid - Primary Payor | Asmt | | Checklist | 1 | 2243-2243 |
| In-state Medicaid - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| In-state Medicaid - Secondary Payor | Asmt | | Checklist | 1 | 2244-2244 |
| In-state Medicaid - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| In-state Medicaid payor In-state Medicaid | Asmt | | Checklist | 1 | 2245-2245 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Out-of-state Medicaid - Primary Payor | Asmt | | Checklist | 1 | 2246-2246 |
| Out-of-state Medicaid - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Out-of-state Medicaid - Secondary Payor | Asmt | | Checklist | 1 | 2247-2247 |
| Out-of-state Medicaid - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010B3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Out-of-state Medicaid Payor Out-of-state Medicaid | Asmt | | Checklist | 1 | 2248-2248 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem - Primary Payor | Asmt | | Checklist | 1 | 2249-2249 |
| Medicaid per diem - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010C2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem - Secondary Payor | Asmt | | Checklist | 1 | 2250-2250 |
| Medicaid per diem - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010C3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem Payor Medicaid per diem | Asmt | | Checklist | 1 | 2251-2251 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010D1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid managed care per diem - Primary Payor | Asmt | | Checklist | 1 | 2252-2252 |
| Medicaid managed care per diem - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010D2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid managed care per diem - Secondary Payor | Asmt | | Checklist | 1 | 2253-2253 |
| Medicaid managed care per diem - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010D3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid managed care per diem Payor Medicaid managed care per diem | Asmt | | Checklist | 1 | 2254-2254 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010E1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem (not MC) - Primary Payor Medicaid per diem (not managed care) - Primary Payor | Asmt | | Checklist | 1 | 2255-2255 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010E2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem (not MC) - Secondary Payor Medicaid per diem (not managed care) - Secondary Payor | Asmt | | Checklist | 1 | 2256-2256 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010E3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid per diem (not MC) Payor Medicaid per diem (not managed care) | Asmt | | Checklist | 1 | 2257-2257 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| Medicaid per diem type Type of Medicaid per Diem | Asmt | | Code | 1 | 2531-2531 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--------------------------------------|
| 1 | | Medicaid managed care per diem |
| 2 | | Medicaid per diem (not managed care) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010F1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Resident Liability - Primary Payor | Asmt | | Checklist | 1 | 2258-2258 |
| Medicaid Resident Liability - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010F2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Resident Liability - Secondary Payor | Asmt | | Checklist | 1 | 2259-2259 |
| Medicaid Resident Liability - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010F3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Resident Liability Payor Medicaid Resident Liability | Asmt | | Checklist | 1 | 2260-2260 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S8010G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Medicaid state source Medicaid State Source | Asmt | | Code | 1 | 2532-2532 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|-----------------------|
| 1 | | In-state Medicaid |
| 2 | | Out-of-state Medicaid |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010G1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Co-Pay - Primary Payor | Asmt | | Checklist | 1 | 2261-2261 |
| Medicare Co-pay - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010G2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|------------|------------|-----------|------------|------------------------------|
| Medicare Co-pay - Secondary Payor | Asmt | | Checklist | 1 | 2262-2262 |
| Medicare Co-pay - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010G3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicare Co-pay Payor Medicare Co-pay | Asmt | | Checklist | 1 | 2263-2263 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010H1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Picture Date reporting Check this item if the assessment is a Discharge Return Anticipated assessment AND is to be used as a Discharge Return Not Anticipated for Picture Date reporting requirements | Asmt | | Checklist | 1 | 2264-2264 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010H2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Other - Secondary Payor | Asmt | | Checklist | 1 | 2265-2265 |
| Medicaid Other - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010H3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Medicaid Other Payor Medicaid Other | Asmt | | Checklist | 1 | 2266-2266 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010I1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Pending - Primary Payor | Asmt | | Checklist | 1 | 2267-2267 |
| Medicaid Pending - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S801012

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------------|------------|------------|-----------|------------|------------------------------|
| Medicaid Pending - Secondary Payor | Asmt | | Checklist | 1 | 2268-2268 |
| Medicaid Pending - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S801013

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Pending Payor Medicaid Pending | Asmt | | Checklist | 1 | 2269-2269 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8010Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------|------------|------------|-----------|------------|------------------------------|
| Medicaid not a payment source | Asmt | | Checklist | 1 | 2270-2270 |
| Medicaid not a payment source | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8015

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| MMIS Identification Number | Asmt | | Number | 8 | 2683-2690 |

Enter the Medicaid Management Information System (MMIS) identification number for the Managed Long Term Care or Mainstream Managed Care Plan in which the patient was enrolled for this assessment. If the patient was not enrolled in any plan enter a dash.

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------------|
| 00000000 | | Minimum value |
| 99999999 | | Maximum value |
| - | | Not enrolled in any plan |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private - Primary Payor | Asmt | | Checklist | 1 | 2271-2271 |
| Private - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private - Secondary Payor | Asmt | | Checklist | 1 | 2272-2272 |
| Private - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private Payor Private | Asmt | | Checklist | 1 | 2273-2273 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private per diem - Primary Payor Private per diem (including co-pay) - Primary Payor | Asmt | | Checklist | 1 | 2274-2274 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private per diem - Secondary Payor Private per diem (including co-pay) - Secondary Payor | Asmt | | Checklist | 1 | 2275-2275 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020B3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private per diem Payor Private per diem (including co-pay) | Asmt | | Checklist | 1 | 2276-2276 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private LTC insurance policy - Primary Payor | Asmt | | Checklist | 1 | 2277-2277 |
| Private LTC insurance policy - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020C2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private LTC insurance policy - Secondary Payor | Asmt | | Checklist | 1 | 2278-2278 |
| Private LTC insurance policy - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020C3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------|------------|------------|-----------|------------|------------------------------|
| Private LTC insurance policy | Asmt | | Checklist | 1 | 2279-2279 |
| Private LTC insurance policy | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|----------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8020Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Private insurance not a payment source Private insurance not a payment source | Asmt | | Checklist | 1 | 2280-2280 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Self-pay - Primary Payor | Asmt | | Checklist | 1 | 2281-2281 |
| Self-pay - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Self-pay - Secondary Payor | Asmt | | Checklist | 1 | 2282-2282 |
| Self-pay - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Self-pay Payor Self-pay | Asmt | | Checklist | 1 | 2283-2283 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Family pay - Primary Payor | Asmt | | Checklist | 1 | 2284-2284 |
| Family pay - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Family pay - Secondary Payor | Asmt | | Checklist | 1 | 2285-2285 |
| Family pay - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030B3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--------------------------------|------------|------------|-----------|------------|------------------------------|
| Family pay Payor Family pay | Asmt | | Checklist | 1 | 2286-2286 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Self or Family pay for full per diem Self or family pay for full per diem | Asmt | | Checklist | 1 | 2287-2287 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8030Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Self or Family not a payment source Self or family not a payment source | Asmt | | Checklist | 1 | 2288-2288 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Run Medical Assistance - Primary Payor | Asmt | | Checklist | 1 | 2289-2289 |
| State Run Medical Assistance - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Run Medical Assistance - Secondary Payor | Asmt | | Checklist | 1 | 2290-2290 |
| State Run Medical Assistance - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| State Run Medical Assistance Payor State Run Medical Assistance | Asmt | | Checklist | 1 | 2291-2291 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040B1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Tricare per diem - Primary Payor | Asmt | | Checklist | 1 | 2292-2292 |
| Tricare per diem - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040B2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Tricare per diem - Secondary Payor | Asmt | | Checklist | 1 | 2293-2293 |
| Tricare per diem - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040B3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Tricare per diem Payor Tricare per diem | Asmt | | Checklist | 1 | 2294-2294 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| VA per diem - Primary Payor | Asmt | | Checklist | 1 | 2295-2295 |
| VA per diem - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040C2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| VA per diem - Secondary Payor | Asmt | | Checklist | 1 | 2296-2296 |
| VA per diem - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040C3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------------------|------------|------------|-----------|------------|------------------------------|
| VA per diem Payor VA per diem | Asmt | | Checklist | 1 | 2297-2297 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040D1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other Public - Primary Payor | Asmt | | Checklist | 1 | 2298-2298 |
| Other public - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040D2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other Public - Secondary Payor | Asmt | | Checklist | 1 | 2299-2299 |
| Other public - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040D3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other Public Payor Other public | Asmt | | Checklist | 1 | 2300-2300 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8040Z

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---------------------------------------|------------|------------|-----------|------------|------------------------------|
| Other government not a payment source | Asmt | | Checklist | 1 | 2301-2301 |
| Other government not a payment source | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050A1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------|------------|------------|-----------|------------|------------------------------|
| Other - Primary Payor | Asmt | | Checklist | 1 | 2302-2302 |
| Other - Primary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050A2

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other - Secondary Payor | Asmt | | Checklist | 1 | 2303-2303 |
| Other - Secondary Payor | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050A3

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| Other Payor Other | Asmt | | Checklist | 1 | 2304-2304 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other Payor Name 1 Other Name 1 | Asmt | | Text | 30 | 2305-2334 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------|
| Text | | Other Payor Name 1 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| Other Payor Name 2 | Asmt | | Text | 30 | 2335-2364 |
| Other Name 2 | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--------------------|
| Text | | Other Payor Name 2 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8050D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|------------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Other Payor Name 3 Other Name 3 | Asmt | | Text | 30 | 2365-2394 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--------------------|
| Text | | Other Payor Name 3 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8055

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--------------------------------|------------|------------|-----------|------------|------------------------------|
| Primary payor Primary Payor | Asmt | | Code | 1 | 2533-2533 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------------|
| 1 | | Medicare |
| 2 | | Medicaid |
| 3 | | Medicaid Pending |
| 4 | | Medicaid Managed Care |
| 5 | | Managed Long Term Care |
| 9 | | None of the above |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8099

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Payor: None of the Above None of the Above | Asmt | | Checklist | 1 | 2395-2395 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8500

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid begin date Date Medicaid Coverage Began- If applicable, enter date | Asmt | | Date | 8 | 2396-2403 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|------------------------------|
| YYYYMMDD | | Medicaid Coverage Begin Date |
| - | | Not assessed/no information |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8510A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment | Asmt | | Number | 2 | 2557-2558 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 00 | | Minimum value |
| 99 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8510B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Therapeutic bed-hold days - YTD Number of therapeutic bed-hold days paid by Medicaid year-to-date | Asmt | | Number | 2 | 2559-2560 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 00 | | Minimum value |
| 99 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8512A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid hospital bed-hold days since last asmt Number of hospital bed-hold days paid by Medicaid since last assessment | Asmt | | Number | 2 | 2561-2562 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 00 | | Minimum value |
| 99 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8512B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid hospital bed-hold days - YTD Number of hospital bed-hold days paid by Medicaid year-to-date | Asmt | | Number | 2 | 2563-2564 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 00 | | Minimum value |
| 99 | | Maximum value |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8520A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Leave Days Type 1 Leave Days for Medicaid (Bed-Hold days) Type 1 | Asmt | | Code | 1 | 2408-2408 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| H | | Hospital |
| T | | Therapeutic |
| D | | Deletion Request |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8520B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Leave Days for Medicaid begin date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1 | Asmt | | Date | 8 | 2409-2416 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| YYYYMMDD | | Leave Days for Medicaid Begin Date Type 1 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8520C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Leave Days for Medicaid end date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1 | Asmt | | Date | 8 | 2417-2424 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| YYYYMMDD | | Leave Days for Medicaid End Date Type 1 |
| - | | Not assessed/no information |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8521A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Medicaid Leave Days Type 2 Leave Days for Medicaid (Bed-Hold days) Type 2 | Asmt | | Code | 1 | 2425-2425 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| H | | Hospital |
| T | | Therapeutic |
| D | | Deletion Request |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8521B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Leave Days for Medicaid begin date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2 | Asmt | | Date | 8 | 2426-2433 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| YYYYMMDD | | Leave Days for Medicaid Begin Date Type 2 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S8521C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Leave Days for Medicaid end date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2 | Asmt | | Date | 8 | 2434-2441 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| YYYYMMDD | | Leave Days for Medicaid End Date Type 2 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9000

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL Skills Training | Asmt | | Code | 1 | 2442-2442 |

IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and Illinois DPA Section 147, Table A

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9001

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S criteria IL - Does resident meet Illinois IDPH Subpart S criteria | Asmt | | Code | 1 | 2443-2443 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Schizophrenia IL -If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: a. Schizophrenia | Asmt | | Checklist | 1 | 2444-2444 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Delusional disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: b. Delusional disorder | Asmt | | Checklist | 1 | 2445-2445 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Schizoaffective disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: c. Schizoaffective disorder | Asmt | | Checklist | 1 | 2446-2446 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S:Psychotic disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: d. Psychotic disorder not otherwise specified | Asmt | | Checklist | 1 | 2447-2447 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Bipolar I mixed, manic, & depr IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: e. Bipolar I mixed, manic, and depressed | Asmt | | Checklist | 1 | 2448-2448 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Bipolar disorder II IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: f. Bipolar disorder II | Asmt | | Checklist | 1 | 2449-2449 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Cyclothymic disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: g. Cyclothymic disorder | Asmt | | Checklist | 1 | 2450-2450 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Bipolar disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: h. Bipolar disorder not otherwise specified | Asmt | | Checklist | 1 | 2451-2451 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9002I

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Major depression, recurrent IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: i. Major depression, recurrent | Asmt | | Checklist | 1 | 2452-2452 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | Not checked (No) |
| 1 | | Checked (Yes) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9003

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| IL IDPH Subpart S: Ancillary IL - Ancillary Provider Services. Does resident receive direct services delivered by non-facility providers to meet requirements of Illinois Subpart S? (exclude only medical/psychiatric management by primary psychiatrist/physician) | Asmt | | Code | 1 | 2453-2453 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9020

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|-----------------------------------|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| FL FRAES number | Asmt | | Text | 8 | 2454-2461 |
| FL -Florida Facility FRAES number | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| Text | | FL FRAES Number |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| CA POLST Does resident have a California POLST form in chart? | Asmt | | Code | 1 | 2462-2462 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Version Changes

| Type | ID | Description |
|------|--------|---|
| Item | S9040A | [V3.00.0]-Removed [2] as a valid value for this item. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST Section A CA - Item selected in California POLST Section A | Asmt | | Code | 1 | 2463-2463 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------------------|
| 1 | | Attempt resuscitation/CPR |
| 2 | | Do not attempt resuscitation/DNR |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST Section B CA - Item selected in California POLST Section B | Asmt | | Code | 1 | 2464-2464 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 1 | | Comfort measures only is checked |
| 2 | | Limited additional interventions is the only box checked |
| 3 | | Limited additional interventions AND "Transfer to hospital only if comfort needs cannot be met in current location" are BOTH checked |
| 4 | | Full Treatment is checked |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040C1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST Section B (revised) CA - item selected in California POLST Section B (revised) | Asmt | | Code | 1 | 2599-2599 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 1 | | "Full Treatment" is the only box checked. |
| 2 | | "Full Treatment" AND "Trial Period of Full Treatment" are both checked. |
| 3 | | "Selective Treatment" or "Limited Additional Interventions" is the only box checked. |
| 4 | | "Selective Treatment" or "Limited Additional Interventions" AND "Transfer to hospital only if comfort needs cannot be met in current location" are checked. |
| 5 | | "Comfort-Focused Treatment" or "Comfort Measures Only" |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)

Detailed Data Specifications Report

Section: S

Item ID: S9040D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| CA POLST Section C CA - item selected in California POLST Section C | Asmt | | Code | 1 | 2465-2465 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--|
| 1 | | No artificial means of nutrition, including feeding tubes |
| 2 | | Trial period of artificial nutrition including feeding tubes |
| 3 | | Long term artificial nutrition including feeding tubes |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040D1

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST Section C (revised) CA - item selected in California POLST Section C (revised) | Asmt | | Code | 1 | 2600-2600 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 1 | | Long-term artificial nutrition, including feeding tubes |
| 2 | | Trial period of artificial nutrition, including feeding tubes |
| 3 | | No artificial means of nutrition, including feeding |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST D phys/nurse prac/phys asst signature CA - POLST Section D - Signature of Physician, Nurse Practitioner or Physician Assistant | Asmt | | Code | 1 | 2466-2466 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040F

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CA POLST D resident signature CA - POLST Section D - Signature by Patient or Decisionmaker | Asmt | | Code | 1 | 2467-2467 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 0 | | No |
| 1 | | Yes - Patient or Legally Recognized Decisionmaker |
| 2 | | Both Patient and Legally Recognized Decisionmaker |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Version Changes

| Type | ID | Description |
|-------------|-----------|---|
| Item | S9040F | [V3.00.0]-Revised text for item response value [1]. Added item response value [2] as a valid value. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040G

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| CA POLST D discussed with patient or decisionmaker Discussed with in California POLST Section D | Asmt | | Code | 1 | 2468-2468 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|---|
| 1 | | Patient |
| 2 | | Legally Recognized Decisionmaker |
| 5 | | Both Patient and Legally Recognized Decisionmaker |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Version Changes

| Type | ID | Description |
|------|--------|---|
| Item | S9040G | [V3.00.0]-Added item response value [5] as a valid value. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9040H

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|------------|------------|-----------|------------|------------------------------|
| CA POLST advanced directive California POLST Section D- Advance Directive: | Asmt | | Code | 1 | 2534-2534 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|--|
| 1 | | Advance directive available and reviewed |
| 2 | | Advance directive not available |
| 3 | | No advance directive |
| 9 | | Not completed |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9060

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident | Asmt | | Code | 1 | 2469-2469 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| 1 | | AIDS Scatter Beds |
| 2 | | Traumatic Brain Injury (TBI) Extended Care |
| 9 | | None of the Above |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9080A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PA MA CASE-MIX PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions) | Asmt | | Code | 1 | 2470-2470 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9080B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PA MA CASE-MIX Date PA - Source of Payment: b. Date of change to/from Medical Assistance for MA CASE-MIX | Asmt | | Date | 8 | 2471-2478 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------------------------|
| YYYYMMDD | | PA Medical Assistance Case Mix Date |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9080C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PA MA CASE-MIX Access Card Number PA - Source of Payment: c. Recipient Number from PA ACCESS Card (must be completed if item S9080A =1) | Asmt | | Text | 10 | 2479-2488 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| Text | | PA Medical Assistance Case Mix ACCESS Card Number |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9080D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PA MA CASE-MIX MA NF Effective Date PA - Source of Payment: d. MA NF Effective date from PA/FS 162 | Asmt | | Date | 8 | 2489-2496 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|--|
| YYYYMMDD | | PA Medical Assistance Case Mix NF Effective Date |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9080E

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| PA MA CASE-MIX Day One MA PA - Source of Payment: e. Is the resident DAY ONE MA eligible | Asmt | | Code | 1 | 2497-2497 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9085A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| Resident enrolled in Community HealthChoices (CHC) Is the resident enrolled in Community HealthChoices (CHC)? | Asmt | | Code | 1 | 2691-2691 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|-------------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9085B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| CHC effective date | Asmt | | Date | 8 | 2692-2699 |
| CHC effective date | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|----------|------------|------------------------------------|
| YYYYMMDD | | Valid date |
| ^ | | Blank (skip pattern) when S9085A=0 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9085C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| CHC product name CHC product name. Enter the two-digit code from table. | Asmt | | Number | 2 | 2700-2701 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------------------------|
| 01 | | Minimum value |
| 20 | | Maximum value |
| ^ | | Blank (skip pattern) when S9085A=0 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9085D

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|----------------------|------------|------------|-----------|------------|------------------------------|
| CHC member ID | Asmt | | Text | 14 | 2702-2715 |
| CHC member ID | | | | | |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------------------------------|
| Text | | Valid CHC member ID |
| ^ | | Blank (skip pattern) when S9085A=0 |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9100A

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| VA Room & Board Payment Assessment Reference Date Code for the primary source of per diem room and board reimbursement for the resident on the date indicated - Assessment Reference Date (A2300) | Asmt | | Code | 1 | 2498-2498 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 1 | | Virginia Medicaid per diem |
| 2 | | Virginia Commonwealth Coordinated Care (CCC) Plus |
| 3 | | Other reimbursement source |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9100B

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| VA Room & Board Payment Entry Date VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Date of Entry (A1600) | Asmt | | Code | 1 | 2499-2499 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|---|
| 1 | | Virginia Medicaid per diem |
| 2 | | Virginia Medicaid Specialized Care per diem |
| 3 | | Managed Care Organization reimbursement |
| 4 | | Other reimbursement source |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9100C

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| VA Medicaid Room & Board initial date VA - Initial Date Medicaid Per Diem: Initial date for primary source of per diem room and board reimbursement to be Virginia Medicaid for this stay. | Asmt | | Date | 8 | 2500-2507 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------------------|
| YYYYMMDD | | Valid date |
| ^ | | Blank (not available or unknown) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9120

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|---|-------------------|-------------------|------------------|-------------------|-------------------------------------|
| CT Approved LTC CT - If S8020C3 is Checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy? | Asmt | | Code | 1 | 2508-2508 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|--------------|-------------------|----------------------|
| 0 | | No |
| 1 | | Yes |
| ^ | | Blank (skip pattern) |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|----------------|------------------|-----------------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |

Data Submission Specifications for the MDS Item Set (V3.00.0 DRAFT)
Detailed Data Specifications Report
Section: S

Item ID: S9140

| Item Label/Item Text | Item Group | LOINC Code | Item Type | Max Length | Fixed Format Start-End Bytes |
|--|------------|------------|-----------|------------|------------------------------|
| Completed LAPOST Does the resident have a completed LaPOST document | Asmt | | Code | 1 | 2601-2601 |

Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

Item Values

| Value | LOINC Code | Value Text |
|-------|------------|------------|
| 0 | | No |
| 1 | | Yes |

Item Edits

| Edit ID | Edit Type | Severity | Edit Text |
|---------|-----------|----------|---|
| -3808 | Format | Warning | When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted. |