

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
CA	S1	Admission	Does the resident have a POLST form in the chart?	0. No 1. Yes	
CA	S2a	Admission	Item Selected in POLST Section A:	1. Attempt resuscitation 2. Do not attempt resuscitation 9. Not completed	
CA	S2b	Admission	Item Selected in POLST Section B:	1. Comfort measures only 2. Limited additional interventions 3. Do no transfer to the hospital for medical intervention 4. Full treatment 9. Not completed	
CA	S2c	Admission	Item Selected in POLST Section C:	1. No artificial nutrition by tube 2. Defined period of artificial nutrition by tube 3. Long term artificial nutrition by tube 9. Not completed	
CA	S2d1	Admission	Signature by physician in POLST Section D	0. No 1. Yes	
CA	S2d2	Admission	Signature by resident or decision maker in POLST Section D	0. No 1. Yes	
CA	S2d3	Admission	Discussed with in POLST Section D	1. Patient 2. Decision maker 3. Parent of minor 4. Conservator	
CT	S1	Admission	Level of Care	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS)	
CT	S2	Admission	Admitted From (At Entry) (If you recorded Nursing Home, Section AB.2.4.)	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS)	
CT	S3A	Payment	Current Payment Sources for Nursing Home Stay Type of Medicaid (If you checked Medicaid per diem, Section A.7.a)	1. Medicaid managed care per diem 2. Medicaid per diem (not managed care)	
CT	S3B	Payment	Current Payment Sources for Nursing Home Stay Medicaid Source (If you checked Medicaid per diem, Section A.7.a)	1. Connecticut Medicaid 2. Out of State Medicaid	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
CT	S3C	Payment	Current Payment Sources for Nursing Home Stay Type of Medicare (If you checked Medicare per diem, Section A.7.b)	1. Medicare managed care per diem 2. Medicare per diem (not managed care)	
CT	S3D	Payment	Current Payment Sources for Nursing Home Stay Does the resident have a private long term care insurance policy? (If you checked Private insurance per diem, Section A.7.i)	0. No 1. Yes	
CT	S3E	Payment	Current Payment Sources for Nursing Home Stay If yes, is it a Connecticut Partnership for Long-Term Care approved policy?	0. No 1. Yes	
FL	S1	Identifier	Facility FRAES Number		
FL	S2	Identifier	Physician License Number		
FL	S3	Identifier	Physician Last Name		
IL	S1	Mental Health	Subpart S Does resident meet IDPH Subpart S criteria	0. No 1. Yes	
IL	S2A	Mental Health	If answered <u>Yes</u> to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed. SMI Diagnoses Check all that apply: Schizophrenia	0. Unchecked 1. Checked	This item is I16000 on the MDS 3.0. This will be removed from Section S.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S2B	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Delusional disorder</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item E0100C on the MDS 3.0.
IL	S2C	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Schizoaffective disorder</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is I16000 on the MDS 3.0. This will be removed from Section S.
IL	S2D	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Psychotic disorder not otherwise specified</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5950 on the MDS 3.0.
IL	S2E	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Bipolar disorder I mixed, manic, and depressed</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5800 and I5900 on the MDS 3.0.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S2F	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Bipolar disorder II</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5900 on the MDS 3.0.
IL	S2G	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Cyclothymic disorder</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5800 and I5900 on the MDS 3.0.
IL	S2H	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Bipolar disorder not otherwise specified</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5900 on the MDS 3.0.
IL	S2I	Mental Health	<p>If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.</p> <p>SMI Diagnoses</p> <p>Check all that apply:</p> <p>Major depression, recurrent</p>	<p>0. Unchecked</p> <p>1. Checked</p>	This item is similar to item I5800 on the MDS 3.0.
IL	S3A	Substance Abuse	<p>Substance Abuse & Excessive Behaviors</p> <p>Alcohol - Code for the highest number of drinks in any single sitting episode in the last 14 days:</p>	<p>0. None</p> <p>1. One</p> <p>2. Two to Four</p> <p>3. Five or more</p>	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S3B A	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Inhalants	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	
IL	S3B B	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Hallucinogens	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	
IL	S3B C	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Cocaine and crack	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	
IL	S3B D	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Stimulants	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	
IL	S3B E	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Heroin and other opiates	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	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S3B F	Substance Abuse	Substance Abuse & Excessive Behaviors Substance Abuse Time since any use of the following substances: Cannabis	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	
IL	S4A A	Mental Health	Harm to Self or Others Self Injury Self-injurious attempt (Code for most recent instance)	0. Never 1. Attempt more than 1 year ago 2. Attempt in the last year 3. Attempt in the last 7 days 4. Attempt in the last 3 days	This item is similar to items D0200 (PHQ 9 Interview items) and E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4A B	Mental Health	Harm to Self or Others Self Injury Intent of any self-injurious attempt was to kill him/herself.	0. No 1. Yes	This item is similar to items D0200 (PHQ 9 Interview items) and E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4A C	Mental Health	Harm to Self or Others Self Injury Considered performing a self-injurious act in the last 30 days.	0. No 1. Yes	This item is similar to items D0200 (PHQ 9 Interview items) and E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4A D	Mental Health	Harm to Self or Others Self Injury Family/caregiver/friend/staff expresses concern that resident is at risk for self injury.	0. No 1. Yes	This item is similar to items D0500 (PHQ 9 Staff Assessment items) and E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4B A	Mental Health	Harm to Self or Others Violence Code for most recent instance: Violence to others	0. Never 1. Any instance prior to last year 2. Any instance in the last year 3. Instance in the last 7 days 4. Instance in the last 3 days	This item is similar to items E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S4B B	Mental Health	Harm to Self or Others Violence Code for most recent instance: Intimidation of others or threatened violence	0. Never 1. Any instance prior to last year 2. Any instance in the last year 3. Instance in the last 7 days 4. Instance in the last 3 days	This item is similar to items E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4B C	Mental Health	Harm to Self or Others Violence Code for most recent instance: Violent ideation	0. Never 1. Any instance prior to last year 2. Any instance in the last year 3. Instance in the last 7 days 4. Instance in the last 3 days	This item is similar to items E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S4C	Mental Health	Harm to Self or Others Sexual Violence Any history of sexual violence.	0. No 1. Yes	This item is similar to items E0200 through E0800 (Behavioral Symptoms) on the MDS 3.0.
IL	S5A	Mental Health	Close or Constant Observation Number of days of supervision of the following type in the last 3 days. If none, code "0". Checked hourly	Valid number	
IL	S5B	Mental Health	Close or Constant Observation Number of days of supervision of the following type in the last 3 days. If none, code "0". Checked at 15-minute intervals	Valid number	
IL	S5C	Mental Health	Close or Constant Observation Number of days of supervision of the following type in the last 3 days. If none, code "0". Checked at 5-minute intervals	Valid number	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	S5D	Mental Health	Close or Constant Observation Number of days of supervision of the following type in the last 3 days. If none, code "0". Constant observation for less than 1 hour	Valid number	
IL	S5E	Mental Health	Close or Constant Observation Number of days of supervision of the following type in the last 3 days. If none, code "0". Constant observation for more than 1 hour	Valid number	
IL	S6A	Medication	Medication Refusal Refused to take some or all of prescribed medication in the last 3 days:	0. No 1. Yes	This item is similar to item E0800 on the MDS 3.0.
IL	S6B	Medication	Medication Refusal Required staff support/prompting 3 or more times to take medication in the last 3 days:	0. No 1. Yes	This item is similar to item E0800 on the MDS 3.0.
IL	S7	Skills Training	Skills Training Skills Training was provided in accordance with DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and DPA Section 147, Table A.	0. No 1. Yes	
IL	S8	Mental Health	Ancillary Provider Services Does resident receive direct services delivered by non-facility providers to meet requirements of Subpart S? (exclude only medical/psychiatric management by primary psychiatrist/physician).	0. No 1. Yes	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA1 A	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <p>1. Check if MHAP is triggered.</p> <p>2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status.</p> <p>3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found.</p> <p>4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)</p> <p>MHAP Problem Area</p> <p>Addictive Behaviors</p> <p>Check if MHAP triggered</p>	<p>0. Unchecked</p> <p>1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA1 B	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <p>1. Check if MHAP is triggered.</p> <p>2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status.</p> <p>3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found.</p> <p>4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)</p> <p>MHAP Problem Area</p> <p>Addictive Behaviors</p> <p>Care Plan Decision - check if addressed in care plan</p>	<p>0. Unchecked</p> <p>1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA2 A	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <p>1. Check if MHAP is triggered.</p> <p>2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status.</p> <p>3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found.</p> <p>4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)</p> <p>MHAP Problem Area</p> <p>Self-Harm</p> <p>Check if MHAP triggered</p>	<p>0. Unchecked</p> <p>1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA2 B	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <ol style="list-style-type: none"> 1. Check if MHAP is triggered. 2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status. 3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found. 4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.) <p>MHAP Problem Area</p> <p>Self-Harm</p> <p>Care Plan Decision - check if addressed in care plan</p>	<p>0. Unchecked 1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA3 A	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <p>1. Check if MHAP is triggered. 2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status. 3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found. 4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)</p> <p>MHAP Problem Area</p> <p>Violence</p> <p>Check if MHAP triggered</p>	<p>0. Unchecked 1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
IL	SA3 B	Mental Health	<p>Mental Health Assessment Protocol (MHAP) Summary</p> <p>1. Check if MHAP is triggered. 2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status .3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found. 4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)</p> <p>MHAP Problem Area</p> <p>Violence</p> <p>Care Plan Decision - check if addressed in care plan</p>	<p>0. Unchecked 1. Checked</p>	<p>This item may be similar to the D0200 and D0500 (PHQ-9 items) and the E0200 through E0800 (Behavioral Symptoms) items on the MDS 3.0.</p>
MS	S1	Identifier	<p>Identifiers - MS Unique Identifiers (1 & 2a) must be included with submission of any record type (full assessments, tracking forms, or Section S only)</p> <p>Facility ID (Q1AA__-82ZZ__) Mississippi Unique Identifier for facility. Case-Mix ID and Automation ID</p>		

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
MS	S2A	Identifier	Identifiers - MS Unique Identifiers (1 & 2a) must be included with submission of any record type (full assessments, tracking form, or section S only) Correct MS Resident # (or other Resident Identifier) as noted on Medicaid Roster Report.		
MS	S2B	Identifier	Incorrect Social Security # - (supply only if wrong on previous submissions)		This item is X0500 on the MDS 3.0. This item will be removed from Section S.
MS	S3	Identifier	Corrections - of other Key Identifiers (If no corrections skip to 5.) Do Not complete this section unless corrections need to be made. Optional with any Section S submission. Corrected Medicaid Number		This item is A0700 on the MDS 3.0. This item will be removed from Section S.
MS	S4	Identifier	Corrections of other Key Identifiers (If no corrections skip to 5.) Do Not complete this section unless corrections need to be made. Optional with any Section S submission. Corrected Medicare Number		This item is A0600B on the MDS 3.0. This item will be removed from Section S.
MS	S5A1	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Type H / T / D	H - Hospital T - Therapeutic D - Deletion Request	
MS	S5A2	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Left Facility (From Date)	Valid date	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
MS	S5A3	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Returned to Facility (To Date)	Valid date	
MS	S5B1	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Type H / T / D	H - Hospital T - Therapeutic D - Deletion Request	
MS	S5B2	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Left Facility (From Date)	Valid date	
MS	S5B3	Payment	Leave Days for Medicaid (Bed-Hold days) H = Hospital T = Therapeutic D = Deletion Request Optional with any Section S submission Returned to Facility (To Date)	Valid date	
MS	S6A	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Chemotherapy	0. No 1. Yes	This item is O0100A2 on the MDS 3.0. This item will be removed from Section S.
MS	S6B	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Dialysis	0. No 1. Yes	This item is O0100J2 on the MDS 3.0. This item will be removed from Section S.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
MS	S6C	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. IV Medication	0. No 1. Yes	This item is O0100H2 on the MDS 3.0. This item will be removed from Section S.
MS	S6G	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Oxygen Therapy	0. No 1. Yes	This item is O0100C2 on the MDS 3.0. This item will be removed from Section S.
MS	S6H	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Radiation	0. No 1. Yes	This item is O0100B2 on the MDS 3.0. This item will be removed from Section S.
MS	S6I	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Suctioning	0. No 1. Yes	This item is O0100D2 on the MDS 3.0. This item will be removed from Section S.
MS	S6J	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Tracheostomy Care	0. No 1. Yes	This item is O0100E2 on the MDS 3.0. This item will be removed from Section S.
MS	S6K	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Transfusions	0. No 1. Yes	This item is O0100I2 on the MDS 3.0. This item will be removed from Section S.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
MS	S6L	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. Ventilator or respirator	0. No 1. Yes	This item is O0100F2 on the MDS 3.0. This item will be removed from Section S.
MS	S6S	Special Treatments	Special Care - Check treatments or programs received during the last 14 days inside facility. Only complete with a full assessment. None of the above	0. No 1. Yes	This item is O0100Z2 on the MDS 3.0. This item will be removed from Section S.
MS	S7	Special Treatments	Nutrition - Check if received within last 7 days inside the facility. Only complete with full assessment. Parenteral/IV	0. No 1. Yes	
MS	S8A	Discharge	Final Discharge Status - (Resident is not anticipated to return) Optional with any Section S submission. Final Discharge Status	1. Home 2. Home w/HH 3. B&C or Assisted Living 4. Another Nursing Facility 5. Hospital 6. Psych 7. Rehab 8. Deceased 9. Other-HCBS	This item is similar to item A2100 on the MDS 3.0.
MS	S8B	Discharge	Final Discharge Status (Resident is not anticipated to return) Optional with any Section S submission. Correct Final Discharge Date	Valid date	This item is A2000 on the MDS 3.0. This item will be removed from Section S.
MS	S8C	Discharge	Final Discharge Status (Resident is not anticipated to return) Optional with any Section S submission. Incorrect Final Discharge Date (only complete if incorrect on Medicaid Roster report)	Valid date	This item is X0700B on the MDS 3.0. This item will be removed from Section S.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
ND	S1	Special Treatments	Within the last fourteen- (14) days IV medication was received in the facility.	0. No 1. Yes	This item is O0100H2 on the MDS 3.0. This item will be removed from Section S.
ND	S2	Special Treatments	Within the last fourteen- (14) days Oxygen Therapy was received in the facility.	0. No 1. Yes	This item is O0100C2 on the MDS 3.0. This item will be removed from Section S.
NE	S1A	Identifier	Resident Name (First)		This item is A0500A on the MDS 3.0. This item will be removed from Section S.
NE	S1B	Identifier	(Middle Initial)		This item is A0500B on the MDS 3.0. This item will be removed from Section S.
NE	S1C	Identifier	(Last)		This item is A0500C on the MDS 3.0. This item will be removed from Section S.
NE	S1D	Identifier	(Jr/Sr)		This item is A0500D on the MDS 3.0. This item will be removed from Section S.
NE	S2	Identifier	Resident Identifier (Complete if resident does not have a social security number. Use number assignment by Nebraska Department of Social Services)		
NE	S3	Identifier	Nebraska Medicaid Number (Enter the resident's current active Nebraska 11-digit Medicaid Number. If none, leave blank. If pending, leave blank)		This item is A0700 on the MDS 3.0. This item will be removed from Section S.
NE	S4	Identifier	Alternate Facility Provider Number (Complete if resident's care is provided under an alternate provider number, such as special contract or hospice.)		

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NE	S5	Payment	<p>Payment/Hospice Date</p> <p>To be used if: The resident is hospitalized and returns to the same facility. In this case, enter the date of original admission (as shown in field AB1). The resident has been hospitalized, and the bed has been held for his/her return for the entire hospitalization. This is true whether the resident returns for SNF or NF care.</p> <p>NOTE: If the resident's bed was dropped (bed-hold discontinued) or if the resident went to another facility for SNF care, leave this field blank.</p> <p>OR</p> <p>The resident is receiving Medicare/Medicaid hospice services. In this case, enter the date of admission to hospice.</p>	Valid date	
NE	S6	Special Treatments	Foot Soaks (Check if applicable to resident during the last 30 days)		
NE	S7	Special Treatments	Physician Orders (IN THE PRIOR 30 DAY PERIOD/since the resident was admitted, how many times has the physician (authorized assistant/practitioner) changed the resident's orders? (Do not include order renewals without change)).		This item is similar to O0700 on the MDS 3.0.
NY	S1	Identifier	<p>Unit Number</p> <p>Enter current number. Follow instructions in the manual.</p>		
NY	S2	Special Treatments	<p>Pressure Ulcers</p> <p>Record the appropriate response. Stage 3 or 4 pressure ulcer sites present upon admission or readmission.</p>	<p>1. All currently reported sites were present on admission or readmission</p> <p>2. Some of the currently reported sites were present on admission or readmission</p> <p>3. None of the currently reported sites were present on admission or readmission</p> <p>4. No stage 3 or 4 sites currently reported</p>	This item is similar to M0300C and M0300D on the MDS 3.0.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NY	S3	Substance Abuse	<p>Substance Abuse</p> <p>Substance Abuse History. Has the resident with HIV engaged in substance abuse behaviors more than one month ago which continue to influence care currently given to the resident? Record the appropriate response.</p>	<p>0. No</p> <p>1. Yes</p> <p>2. Resident does not have HIV</p>	
NY	S4	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days.</p>		
NY	S4A	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>HIV Dementia</p>	<p>0. No</p> <p>1. Yes</p>	
NY	S4B	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>HIV Wasting Syndrome</p>	<p>0. No</p> <p>1. Yes</p>	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NY	S4C	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Non-psychotic disorder following organic brain damage</p>	<p>0. No</p> <p>1. Yes</p>	
NY	S4D	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Psychotic disorder following organic brain damage</p>	<p>0. No</p> <p>1. Yes</p>	
NY	S4E	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Spinal cord injury</p>	<p>0. No</p> <p>1. Yes</p>	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NY	S4F	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Hemiplegia</p>	<p>0. No</p> <p>1. Yes</p>	This item is similar to I4900 on the MDS 3.0.
NY	S4G	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Hemipareses</p>	<p>0. No</p> <p>1. Yes</p>	This item is similar to I4900 on the MDS 3.0.
NY	S4H	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Huntington's Disease</p>	<p>0. No</p> <p>1. Yes</p>	This item is similar to I5250 on the MDS 3.0.

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NY	S4I	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Dementia registry reporting</p>	<p>0. No</p> <p>1. Yes</p>	
NY	S4I1	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Dementia Registry Reporting</p> <p>County (FIPS) code of prior residence</p>		
NY	S4I2	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>Dementia Registry Reporting</p> <p>Physician license number</p>		

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
NY	S4J	Disease Diagnosis	<p>Disease Diagnoses</p> <p>Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). (Check all the apply)</p> <p>None of the above</p>	<p>0. No</p> <p>1. Yes</p>	
NY	S5	Admission	<p>Specialty Unit/Facility Reimbursement</p> <p>Record the appropriate approved specialty unit/facility applicable for the resident</p>	<p>1. Discrete AIDS Unit</p> <p>2. Ventilator Dependent Unit</p> <p>3. Traumatic Brain Injured Unit (TBI)</p> <p>4. Behavioral Intervention Unit</p> <p>5. Behavioral Intervention Step Down Unit</p> <p>6. Pediatric Specialty Unit/Facility</p> <p>7. None of the above</p>	
NY	S6	Admission	<p>Resident Eligible for enhanced Medicaid Reimbursement (Add-On) for the following condition(s):</p> <p>Record the appropriate approved specialty unit/facility applicable for the resident</p>	<p>1. AIDS Scatter Beds</p> <p>2. Traumatic Brain Injury (TBI) Extended Care</p> <p>3. None of the above</p>	
NY	S7	Payment	<p>Primary Payor</p> <p>Report the payor:</p>	<p>1. Medicaid</p> <p>2. Medicare</p> <p>3. Other</p> <p>4. Medicaid Pending</p>	
OH	S1	Special Treatments	<p>Vent Weaning Indicator</p> <p>Resident was started on a vent weaning program in the last 14 days. (If yes, section P1L must be checked. If No, skip to S3)</p>	<p>0. No</p> <p>1. Yes</p>	
OH	S2	Special Treatments	<p>Vent Weaning Start Date</p> <p>Date vent weaning program started</p>	Valid Date	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
OH	S3	Special Treatments	Trach Suctioning Daily Frequency Code the frequency of tracheal suctioning during the last 14 days	0. None 1. 1-4 Times Daily 2. 5-8 Times Daily 3. 9-12 Times Daily 4. 13 or More Times Daily 5. PRN	
OH	S4A	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Vancomycin Resistant Enterococcus/Staph	0. Unchecked 1. Checked	This item is similar to I1700 on the MDS 3.0.
OH	S4B	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Methicillin Resistant Staph	0. Unchecked 1. Checked	This item is similar to I1700 on the MDS 3.0.
OH	S4C	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Salmonella	0. Unchecked 1. Checked	
OH	S4D	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Shigella	0. Unchecked 1. Checked	
OH	S4E	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Campylobacter	0. Unchecked 1. Checked	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
OH	S4F	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment E. coli 0157:H7	0. Unchecked 1. Checked	
OH	S4G	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Legionnaires' Disease	0. Unchecked 1. Checked	
OH	S4H	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Meningococcal Disease	0. Unchecked 1. Checked	
OH	S4I	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Giardia	0. Unchecked 1. Checked	
OH	S4J	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Cryptosporidiosis	0. Unchecked 1. Checked	
OH	S4K	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Streptococcal Pneumonia, invasive	0. Unchecked 1. Checked	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
OH	S4L	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment Influenza	0. Unchecked 1. Checked	
OH	S4M	Disease Diagnosis	Infectious Diseases Check all diseases that were present during the last 90 days or since last assessment None of the above	0. Unchecked 1. Checked	
OH	S5A	Vaccines	Vaccines Record date resident received vaccine during the last 90 days. (If not received, leave blank) Influenza Vaccine	Valid Date	This item is similar to O0250B on the MDS 3.0.
OH	S5B	Vaccines	Vaccines Record date resident received vaccine during the last 90 days. (If not received, leave blank) Pneumonia Vaccine	Valid Date	
OH	S5C	Vaccines	Vaccines Record date resident received vaccine during the last 90 days. (If not received, leave blank) Hepatitis Vaccine	Valid Date	
OH	S10	Payment	Medicaid MCO Resident is enrolled in a Medicaid Managed Care Organization	0. No 1. Yes	
OH	S11	Payment	Medicare MCO Resident is enrolled in a Medicare Managed Care Organization	0. No 1. Yes	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
OH	S12	Identifier	Resident Identifier Code Record alternative resident identifier code if resident does not have a Social Security Number. See instructions. (If SSN is coded in Section AA5a, leave blank)		
OH	S14A	Payment	Special Codes Record special reimbursement codes as appropriate		
OH	S14B	Payment	Special Codes Record special reimbursement codes as appropriate		
OH	S15	Payment	Medicare Part A If this resident has been covered through a Medicare Part A stay in your facility within the last 90 days, enter the last day for which skilled services were billed to Medicare Part A.	Valid Date	This item is A2400C on the MDS 3.0. This item will be removed from Section S.
PA	S1A	Identifier	MA (Medical Assistance) Resident Determination Recipient Number from PA ACCESS Card (if applicable)		
PA	S1B	Payment	MA (Medical Assistance) Resident Determination MA NF Effective Date from PA/FS 162 (if applicable)	Valid date	
PA	S1C	Payment	MA (Medical Assistance) Resident Determination Is the resident funded through a long term care capitated assistance program?	0. No 1. Yes	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
PA	S1D	Payment	MA (Medical Assistance) Resident Determination Is the resident Medical Assistance for MA CASE-MIX? (see instructions)	0. No 1. Yes	
PA	S2	Payment	Date of Change To/From MA Date of change to/from Medical Assistance for MA CASE-MIX	Valid date	
PA	S3A	Payment	Resident Admission Information Is the resident DAY ONE MA eligible?	0. No 1. Yes	
PA	S3B	Admission	Resident Admission Information Has the resident been assessed by an OPTIONS Level II site?	0. No 1. Yes	
PA	S3C	Payment	Resident Admission Information Is the resident funded through a managed care organization?	0. No 1. Yes	
PA	S4	Medication	Schedule II Drugs During the LAST 7 DAYS, did the resident receive any Schedule II (controlled substances) drugs?	0. No 1. Yes	
VA	S1A	Payment	Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Assessment Reference Date (A3a)	1. Virginia Medicaid per diem 2. Virginia Medicaid Specialized Care per diem 3. Managed care organization reimbursement 4. Other reimbursement source	
VA	S1B	Payment	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 (AB1) (Leave blank if not completing an Admission Assessment)	1. Virginia Medicaid per diem 2. Virginia Medicaid Specialized Care per diem 3. Managed care organization reimbursement 4. Other reimbursement source	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
VA	S2	Payment	Initial Date Medicaid Per Diem Initial date for primary source of per diem room and board reimbursement to be Virginia Medicaid for this stay.	Valid date	
VT	S1	Payment	Date Medicaid Coverage Began - If applicable, enter date	Valid date	
VT	S2A	Admission	Reason for admission. Check Primary Reason Only. Significant change in functional status	0. Unchecked 1. Checked	
VT	S2B	Admission	Reason for admission. Check Primary Reason Only. Deterioration in cognitive status	0. Unchecked 1. Checked	
VT	S2C	Admission	Reason for admission. Check Primary Reason Only. Change in the availability/status of primary caregivers	0. Unchecked 1. Checked	
VT	S2D	Admission	Reason for admission. Check Primary Reason Only. Difficulty arranging or paying for needed in-home care or support	0. Unchecked 1. Checked	
VT	S2E	Admission	Reason for admission. Check Primary Reason Only. Failed to succeed in residential care home	0. Unchecked 1. Checked	
VT	S2F	Admission	Reason for admission. Check Primary Reason Only. Short term rehab or skilled care	0. Unchecked 1. Checked	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
VT	S3A	Demographic	<p>Town and State of Residence prior to Nursing Facility Admission. Record the name of the town and State in which the resident resided prior to any nursing home admission. Enter codes for town and county. The mailing address is not sufficient, since it often is different from the town of residence.</p> <p>Town</p>		
VT	S3B	Demographic	<p>Town and State of Residence prior to Nursing Facility Admission. Record the name of the town and State in which the resident resided prior to any nursing home admission. Enter codes for town and county. The mailing address is not sufficient, since it often is different from the town of residence.</p> <p>State</p>		
VT	S3C	Demographic	<p>Town and State of Residence prior to Nursing Facility Admission. Record the name of the town and State in which the resident resided prior to any nursing home admission. Enter codes for town and county. The mailing address is not sufficient, since it often is different from the town of residence.</p> <p>County Code</p>		
VT	S3D	Demographic	<p>Town and State of Residence prior to Nursing Facility Admission. Record the name of the town and State in which the resident resided prior to any nursing home admission. Enter codes for town and county. The mailing address is not sufficient, since it often is different from the town of residence.</p> <p>Town Code</p>		

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
VT	S4	Payment	<p>Is Vermont Medicaid the current payment source for the resident routine daily charge?</p> <p>DEFINITION: Medicaid is the current payment source for the resident routine daily charge if the day of care was paid 100% by Medicaid; by a combination of Medicaid with resident pay; or a combination of Medicaid, resident pay, and/or third party pay <u>not</u> including Medicare Part A.</p>	<p>0. No 1. Yes</p>	
WI	S1A	Demographic	<p>Residence Prior to Admission:</p> <p>State</p>		
WI	S1B	Demographic	<p>Residence Prior to Admission:</p> <p>If WI, indicate county</p>		
WI	S2	Admission	<p>Location of Spouse</p> <p>If the resident has a spouse, code the spouse's residence</p>	<p>1. In a nursing home (same or other) 2. In a dwelling the resident and/or spouse owns (i.e., homestead property) 3. Other/unknown living arrangement If the resident is not married (i.e., never married, widowed, separated, divorced), code the following: 4. All other</p>	
WI	S3	Admission	<p>Level of Care</p> <p>For each resident, code a level of care. (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).</p>	<p>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</p>	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
WV	S1A	Medication	Self-Medication Administration Capable of self-administration of medications	0. No 1. Yes 2. Limited	
WV	S1B	Medication	Self-Medication Administration Wishes to self-medicate	0. No 1. Yes 2. Limited	
WV	S2A	Special Treatments	Pressure Sore Development Number of new or reoccurring pressure sores during the last quarter	0. None 9. 9 or more	This item is similar to items in section M on the MDS 3.0.
WV	S2B	Special Treatments	Pressure Sore Development Where developed	0. None 1. Inhouse 2. Other 3. Both	This item is similar to items in section M on the MDS 3.0.
WV	S3A	Contractures	Contractures Hand	0. None 1. Right 2. Left 3. Both sides	
WV	S3B	Contractures	Contractures Wrist	0. None 1. Right 2. Left 3. Both sides	
WV	S3C	Contractures	Contractures Elbow	0. None 1. Right 2. Left 3. Both sides	
WV	S3D	Contractures	Contractures Shoulder	0. None 1. Right 2. Left 3. Both sides	
WV	S3E	Contractures	Contractures Neck	0. None 1. Right 2. Left 3. Both sides	
WV	S3F	Contractures	Contractures Ankle	0. None 1. Right 2. Left 3. Both sides	

Consolidated States Section S Items

State	Item ID	Category	Item Text	Value Text	MDS 3.0 Related Item
WV	S3G	Contractures	Contractures Knee	0. None 1. Right 2. Left 3. Both sides	
WV	S3H	Contractures	Contractures Hip	0. None 1. Right 2. Left 3. Both sides	
WV	S3I	Contractures	Contractures Other	0. None 1. Right 2. Left 3. Both sides	
WV	S4	Behavior	Behavior Management Program	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	