

Data Submission Specifications for the MDS 3.0 (V3.11.0)

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Detailed Data Specifications Report

Section: S

Item ID: S0101

Item Label/Item Text

Admitted from Community

Admitted from at entry (if A1800 = 01 Community)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	1927-1927

Item Subsets

Active:

Inactive: NPE,IPA,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.

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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,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.

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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,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.

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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,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.

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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,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.

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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,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.

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Section: S

Item ID: S0120

Item Label/Item Text

Prior Residence ZIP Code
Residence prior to admission: ZIP code

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Text	5	1931-1935

Item Subsets

Active:
Inactive: NPE,IPA,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.

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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,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

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Value	LOINC Code	Value Text
MI		Michigan
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

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Section: S

Item Edits

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

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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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0130

Item Label/Item Text

Highest Education Completed
Education (Highest level completed)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	1946-1946

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0140

Item Label/Item Text

Physician License Number
Physician license number

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Text	11	1947-1957

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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 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)	Asmt		Text	11	2644-2654

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0160

Item Label/Item Text

Resident resides in specialty unit
Resident resides in specialty unit

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2509-2510

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0161C

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2538-2538

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0161D

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2539-2539

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0161Z

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2540-2540

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165A

Item Label/Item Text

Specialty services: Dementia/Alheimers
Specialty services: Dementia/Alheimers

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2565-2565

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165B

Item Label/Item Text

Specialty services: Behavioral Health
Specialty services: Behavioral Health

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2566-2566

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165C

Item Label/Item Text

Specialty services: Traumatic Brain Injury
Specialty services: Traumatic Brain Injury

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2567-2567

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165D

Item Label/Item Text

Specialty services: Ventilator

Specialty services: Ventilator

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2568-2568

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165E

Item Label/Item Text

Specialty services: On-Site Dialysis

Specialty services: On-Site Dialysis

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2569-2569

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0165Z

Item Label/Item Text

Specialty services: None of the Above
Specialty services: None of the Above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2570-2570

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0166

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident rqrd srvcs rsded spclzd unit last 14 days Resident required the services and resided on a specialized unit during the last 14 days	Asmt		Code	2	2912-2913

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Dementia/Alzheimer Unit
02		Behavioral Health Unit
03		TBI Unit
04		Ventilator Unit
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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170A

Item Label/Item Text

Advanced directive: Guardian
Advanced Directive: Guardian

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2511-2511

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170B

Item Label/Item Text

Advanced directive: DPOA-HC

Advanced Directive: DPOA-HC

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2512-2512

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170C

Item Label/Item Text

Advanced directive: Living will
Advanced Directive: Living Will

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2513-2513

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170D

Item Label/Item Text

Advanced directive: Do not resuscitate
Advanced Directive: Do Not Resuscitate

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2514-2514

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170E

Item Label/Item Text

Advanced directive: Do not hospitalize
Advanced Directive: Do Not Hospitalize

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2515-2515

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170F

Item Label/Item Text

Advanced directive: Do not intubate
Advanced Directive: Do Not Intubate

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2516-2516

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170G

Item Label/Item Text

Advanced directive: Feeding restrictions
Advanced Directive: Feeding Restrictions

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2517-2517

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0170Z

Item Label/Item Text

Advanced directive: None of the above
Advanced Directive: None of the Above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2519-2519

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0171A

Item Label/Item Text

Resident healthcare proxy exists

Does the resident have a healthcare proxy?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2520-2520

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0171B

Item Label/Item Text

Resident healthcare proxy invoked
Has healthcare proxy been invoked?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2521-2521

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0172A

Item Label/Item Text

Goal discussion: documentation received

Did you receive documentation of a discussion on goals of care from the referring provider?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2522-2522

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0173

Item Label/Item Text

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?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2535-2535

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0175

Item Label/Item Text

Resident has POA for Health Care

Does the resident have a Power of Attorney for Health Care?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2572-2572

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 A2105)	Asmt		Code	1	1985-1985

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195A

Item Label/Item Text

Lcl Cntct Agency Rfrrl Dcsn - Active disch in prcss
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Active discharge in process

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2883-2883

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195B

Item Label/Item Text

Lcl Cntct Agency Rfrrl Dcsn - Legal reasons
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Legal reasons

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2884-2884

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195C

Item Label/Item Text

Lcl Cntct Agency Rfrl Dcsn - Clinical reasons
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Clinical reasons

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2885-2885

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195D

Item Label/Item Text

Lcl Cntct Agency Rfrl Dcsn - Behavioral reasons
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Behavioral reasons

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2886-2886

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195Y

Item Label/Item Text

Lcl Cntct Agency Rfrl Dcsn - Other reasons
Local Contact Agency Referral Decision. If Q0610 answer is 0. No,
check all that apply: Other

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2887-2887

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0195Z

Item Label/Item Text

Lcl Cntct Agency Rfrrl Dcsn - None of the Above
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: None of the above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2888-2888

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0200A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Local Contact Agency Referral Decision	Asmt		Code	1	2716-2716
Local Contact Agency Referral Decision - If Q0610 Answer Was "0. No – referral not needed" or "1. No – referral is or may be needed" select reason for response.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		Active Discharge in Process
2		Legal Reasons
3		Clinical Reasons
4		Behavioral Reasons
5		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0200B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Local Contact Agency Referral Decision - Other Local Contact Agency Referral. If S0195 is answered, provide a detailed explanation for the reason(s) selected.	Asmt		Code	100	2717-2816

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Reason for 'Other' response
^		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 3.0 (V3.11.0)

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 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).	Asmt		Code	2	1986-1987

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0501

Item Label/Item Text

CCNH RHNS Level of Care
Code level of care.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	1988-1988

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 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).	Asmt		Code	1	2656-2656

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0509

Item Label/Item Text

PASRR Level I completed prior to admission
Was a PASRR Level I completed prior to resident's admission to facility? A0310E = 1 Complete on first OBRA (Admission, Annual, Quarterly, & Significant change) assessment since admission/entry or reentry.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2602-2602

Item Subsets

Active:
Inactive: NPE,IPA,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
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0509B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PASRR Level I completed - Significant change Was a PASRR Level I completed as a result of a Significant change in status assessment? Complete only if A0310A = 04 Significant change in status assessment.	Asmt		Code	1	2889-2889

Item Subsets

Active:
Inactive: NPE,IPA,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
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: **S0510**

Item Label/Item Text

PASRR Screening Complete
Was a PASRR screening completed?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	1989-1989

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 I Complete Date Record PASRR Level I Completion Date. Complete when S0509 or S0509B = 1 Yes.	Asmt		Date	8	1990-1997

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PASRR Complete 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 3.0 (V3.11.0)

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 I 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,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 3.0 (V3.11.0)

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,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 Levell 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 3.0 (V3.11.0)

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 I determination completed?	Asmt		Code	1	2657-2657
Was a PASRR Level I determination completed?					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0515

Item Label/Item Text

Mst rcnt PASRR Lvl I or II determination cmpltm dt
Record the most recent PASRR Level I or II determination completion date.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Date	8	2658-2665

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	2	2666-2667
Reason for Admission. Code the primary reason for admission.					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0535

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Referral - PASRR Level II Assessment Determination Was a referral for Level II Assessment Determination made? Complete when S0509 or S0509B = 1 Yes.	Asmt		Code	1	2890-2890

Item Subsets

Active:
Inactive: NPE,IPA,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
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0540

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PASRR Level II Assessment Determination Made Was a PASRR Level II determination completed? Complete if S0535 = 1 Yes.	Asmt		Code	1	2891-2891

Item Subsets

Active:
Inactive: NPE,IPA,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
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0545

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Most Recent PASRR Level II determination Record the most recent PASRR Level II determination. Complete if S0540 = 1 Yes.	Asmt		Date	8	2892-2899

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Date of most recent PASSRR Level II determination
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0550

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Outcome Of Most Recent Determination Record the outcome of the most recent determination. Complete if S0540 = 1 Yes.	Asmt		Code	1	2900-2900

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		Approved for NF long-term placement
2		Approved for NF short-term placement
8		Denied
9		Not subject to PASRR
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S0555

Item Label/Item Text

Approved Time Frame for NF Short Term Placement
If approved for NF short-term placement, indicate approved time frame. Complete if S0550 = 2 Approved for NF short-term placement.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2901-2901

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		30 days or less
2		31 days to 90 days
3		91 days to 6 months
-		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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1000

Item Label/Item Text

Local Health Department Reporting

Has resident had any disease process or condition that has been reported to the local health department since last assessment?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2001-2001

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1001

Item Label/Item Text

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?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2002-2002

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1002

Item Label/Item Text

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?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2603-2603

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100A

Item Label/Item Text

Disease: Clostridium Difficile

Disease Diagnoses: Check all that apply since last assessment: a.

Clostridium difficile

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2003-2003

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Checklist	2	2005-2005
Disease: VRE Disease Diagnoses: Check all that apply since last assessment: c. VRE (Vancomycin-Resistant Enterococci)					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100D

Item Label/Item Text

Disease: VISA

Disease: VISA Disease Diagnoses: Check all that apply since last assessment: d. VISA (Vancomycin-Intermediate Staphylococcus Aureus)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2006-2006

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100G

Item Label/Item Text

Disease: Tuberculosis

Disease Diagnoses: Check all that apply since last assessment:

g. Tuberculosis

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2069-2069

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100H

Item Label/Item Text

Disease: Herpes Zoster

Disease Diagnoses: Check all that apply since last assessment:

h. Herpes Zoster

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2070-2070

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100I

Item Label/Item Text

Disease: Scabies

Disease Diagnoses: Check all that apply since last assessment:

i. Scabies

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2071-2071

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1100Z

Item Label/Item Text

Disease: None of the Above

Disease Diagnoses: Check all that apply since last assessment:

z. None of the Above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2072-2072

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1110A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Active diagnosis of Asthma/COPD with treatment Does the resident have an active diagnosis of Asthma/COPD and receiving treatment?	Asmt		Code	1	2914-2914

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1110B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Diagnosis of Pneumonia documented Was the diagnosis of Pneumonia documented in the medical record?	Asmt		Code	1	2915-2915

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1110C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Diagnosis of Septicemia documented Was the diagnosis of Septicemia documented in the medical record?	Asmt		Code	1	2916-2916

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1120A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Start date for treatment of asthma/COPD Provide start date for treatment of acute Asthma/COPD.	Asmt		Date	8	3463-3470

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid 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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1120A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
End date for treatment of asthma/COPD Provide end date for treatment of acute Asthma/COPD.	Asmt		Date	8	3471-3478

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-		Not assessed/no information
-----		Ongoing
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1120B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Last treatment date of Pneumonia diagnosis Provide last treatment date of Pneumonia diagnosis	Asmt		Date	8	3479-3486

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-		Not assessed/no information
-----		Ongoing
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1120C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Last treatment date for Septicemia Diagnosis Provide last date of treatment for Septicemia Diagnosis	Asmt		Date	8	3487-3494

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-		Not assessed/no information
-----		Ongoing
^		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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2073-2073
Primary and secondary SMI diagnosis: Schizophrenia					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2074-2074
Primary and secondary SMI diagnosis: Delusional disorder					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2075-2075
Primary and secondary SMI diagnosis: Schizoaffective disorder					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2078-2078
Primary and secondary SMI diagnosis: Bipolar disorder II					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2079-2079
Primary and secondary SMI diagnosis: Cyclothymic disorder					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2081-2081
Primary and secondary SMI diagnosis: Major depression, recurrent					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210A

Item Label/Item Text

Mental Health Diagnoses: Schizophrenia
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: a. Schizophrenia

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2668-2668

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210B

Item Label/Item Text

Mental Health Diagnoses: Delusional
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: b. Delusional disorder

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2669-2669

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210C

Item Label/Item Text

Mental Health Diagnoses: Schizoaffective disorder
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: c. Schizoaffective disorder

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2670-2670

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2672-2672
Mental Health Diagnoses: Check all that apply since last OBRA assessment: e. Bipolar I mixed, manic, and depressed					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210F

Item Label/Item Text

Mental Health Diagnoses: Bipolar disorder II
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: f. Bipolar disorder II

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2673-2673

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210G

Item Label/Item Text

Mental Health Diagnoses: Cyclothymic disorder

Mental Health Diagnoses: Check all that apply since last OBRA

assessment: g. Cyclothymic disorder

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2674-2674

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210H

Item Label/Item Text

Mental Health Diagnoses: Bipolar disorder not sp
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: h. Bipolar disorder not otherwise specified

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2675-2675

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210I

Item Label/Item Text

Mental Health Diagnoses: Major depression, recur
Mental Health Diagnoses: Check all that apply since last OBRA
assessment: i. Major depression, recurrent

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2676-2676

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S1210Z

Item Label/Item Text

Mental Health Diagnoses: None of the Above

Mental Health Diagnoses: Check all that apply since last OBRA assessment: z. None of the above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2677-2677

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2000

Item Label/Item Text

Capable of self-administration of medications

Self-Medication Administration: Resident is capable of self-administration of medications

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2083-2083

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2010

Item Label/Item Text

Refused meds 3 days

Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2085-2085

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2060E

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2551-2551

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2070

Item Label/Item Text

Type of counseling received by resident
What type of counseling is the resident receiving?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	3495-3495

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		None
1		Individual
2		Group
3		Individual and Group

Item Edits

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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2200A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident received Restorative Nursing Did the resident receive Restorative Nursing?	Asmt		Code	1	3496-3496

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2200B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Evaluation of Restorative program w/licensed nurse Is there an evaluation of the Restorative Program by a licensed nurse?	Asmt		Code	1	3497-3497

Item Subsets

Active:
Inactive: NPE,IPA,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
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2200C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Start date of Restorative program Provide start date for Restorative Program	Asmt		Date	8	3498-3505

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid 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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2200D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
End date of Restorative program Provide end date for Restorative Program	Asmt		Date	8	3506-3513

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-		Not assessed/no information
-----		Ongoing
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2300A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident received Respiratory Therapy Did the resident receive Respiratory Therapy?	Asmt		Code	1	2917-2917

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2300B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Respiratory Therapy documented as rsnl/ncssry Is Respiratory Therapy documented as reasonable and necessary?	Asmt		Code	1	2918-2918

Item Subsets

Active:
Inactive: NPE,IPA,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
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S2300C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Date of progress note for Respiratory Therapy	Asmt		Date	8	2919-2926
Enter date of progress note for Respiratory Therapy					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid 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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100A

Item Label/Item Text

Contractures: Hand
Contractures: a. Hand

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2091-2091

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: **S3100B**

Item Label/Item Text

Contractures: Wrist
Contractures: b. Wrist

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2092-2092

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100C

Item Label/Item Text

Contractures: Elbow
Contractures: c. Elbow

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2093-2093

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100D

Item Label/Item Text

Contractures: Shoulder
Contractures: d. Shoulder

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2094-2094

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100F

Item Label/Item Text

Contractures: Ankle
Contractures: f. Ankle

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2096-2096

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100G

Item Label/Item Text

Contractures: Knee
Contractures: g. Knee

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2097-2097

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100H

Item Label/Item Text

Contractures: Hip
Contractures: h. Hip

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2098-2098

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3100Z

Item Label/Item Text

Contractures: Other
Contractures: z. Other

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2099-2099

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 Dominant Side: Indicate resident's dominant side	Asmt		Code	1	2100-2100

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3200B

Item Label/Item Text

Use of dominant hand/arm

Dominant Side: To what extent does the resident have use of his/her dominant hand/arm?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2101-2101

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3300

Item Label/Item Text

Weight-based Equipment Need

Did this resident require specialized equipment based on weight since last assessment?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2575-2575

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2576-2576
Lifting device required since last assessment					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2577-2577
Wheelchair or other mobility device required since last assessment					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3305D

Item Label/Item Text

Seating for weight
Seating required since last assessment

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2579-2579

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3320A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident had shortness of breath while lying flat Did the resident experience an acute episode of shortness of breath while lying flat?	Asmt		Code	1	3514-3514

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: **S3320B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Last date Rsprrtry/Nrsng note shrtncs brth lyng flt Provide last date of Respiratory/Nursing note for shortness of breath while lying flat.	Asmt		Date	8	3515-3522

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid 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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3321A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Rsdnt avoided lying flat scndry to shrtss of brth Did the resident avoid lying flat secondary to becoming short of breath?	Asmt		Code	1	3523-3523

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S3321B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Last date Rsptry/Nrsng note avoided lyng flt Provide last date of Respiratory/Nursing note for avoiding lying flat	Asmt		Date	8	3524-3531

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid 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 3.0 (V3.11.0)

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	Asmt		Code	1	2102-2102
Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance)					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4000B

Item Label/Item Text

Harm: Attempt was to kill self

Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2103-2103

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4000C

Item Label/Item Text

Harm: Considered injuring self

Harm to Self or Others: Self Injury Considered performing a self-injurious act in the last 30 days

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2104-2104

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4000D

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2105-2105

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4010A

Item Label/Item Text

Hourly Interval Observation

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 Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2106-2106

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4010B

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2107-2107

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4010C

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2108-2108

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4010D

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2109-2109

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S4010E

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2110-2110

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2112-2112
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a. Inhalants					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2113-2113
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: b. Hallucinogens					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2114-2114
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2115-2115
Substance Abuse & Excessive Behaviors: Substance Abuse time since any use of the following substance: d. Stimulants					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5000

Item Label/Item Text

Number of New Pressure Ulcers

Pressure Ulcers: Number of new or reoccurring pressure ulcers during last quarter (if 9 or more, enter 9)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2118-2118

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5005

Item Label/Item Text

New Pressure Ulcer setting

Pressure Ulcers: In what setting did the pressure ulcers in S5000 develop?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2119-2119

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5010A1

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2120-2121

Item Subsets

Active:

Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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 Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2	Asmt		Code	2	2123-2124

Item Subsets

Active:
Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5010D1

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2129-2130

Item Subsets

Active:

Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5010E1

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2132-2133

Item Subsets

Active:

Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5010F1

Item Label/Item Text

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

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2135-2136

Item Subsets

Active:

Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S5010I1

Item Label/Item Text

Pressure ulcer 9 location

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): 11. Location of pressure ulcer 9

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2144-2145

Item Subsets

Active:

Inactive: NPE,IPA,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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Value	LOINC Code	Value Text
21		Knee - Center
22		Ankle - Left
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 3.0 (V3.11.0)

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): 12. Status of pressure ulcer 9	Asmt		Code	1	2146-2146

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6000

Item Label/Item Text

Parenteral/IV feeding in NH

Within the last 7 days, Parenteral/IV feeding was provided and administered in and by the nursing home

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2147-2147

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6001A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Parenteral nutrition while not a resident Did the resident receive parenteral nutrition while not a resident?	Asmt		Code	1	3532-3532

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6001B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Parenteral nutrition while a resident Did the resident receive parenteral nutrition while a resident?	Asmt		Code	1	3533-3533

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6002

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
501cc or greater of prntrl ntrtn while a resident Did the resident receive 501cc or greater of parenteral nutrition while a resident?	Asmt		Code	1	3534-3534

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2582-2582
Ventilator/respirator resident needs specialized RN expertise					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2585-2585
Ventilator/respirator resident needs specialized equipment					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6050

Item Label/Item Text

Isolation precautions needed
Has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2150-2150

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6051A

Item Label/Item Text

Isolation Precaution: Airborne

If yes to item S6050, type of isolation precautions employed:

a. Airborne

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2151-2151

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6051B

Item Label/Item Text

Isolation Precaution: Contact

If yes to item S6050, type of isolation precautions employed:

b. Contact

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2152-2152

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6051C

Item Label/Item Text

Isolation Precaution: Droplet

If yes to item S6050, type of isolation precautions employed:

c. Droplet

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2153-2153

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6051D

Item Label/Item Text

Isolation Precaution: Protective

If yes to item S6050, type of isolation precautions employed:

d. Protective

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2154-2154

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Date	8	2620-2627
Resident met the isolation requirements Start Date					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-		Not assessed/no information
-----		Ongoing
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6060A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident In Strict Isolation Strict Isolation for active infectious disease since admission, reentry, or the prior OBRA assessment whichever is more recent. Has the resident been in strict isolation for active infectious disease since admission, reentry, or the prior OBRA assessment whichever is more recent?	Asmt		Code	1	2817-2817

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6060B

Item Label/Item Text

Strict Isolation Start Date
Enter the Start Date of strict isolation.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Date	8	2818-2825

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6060C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Strict Isolation End Date Enter the End Date of strict isolation. Enter dashes if isolation is ongoing.	Asmt		Date	8	2826-2833

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
-----		Isolation is ongoing
^		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100A

Item Label/Item Text

Vaccination: Varicella

Vaccinations : Indicate if the following vaccination is current:

a. Varicella (Herpes Zoster or shingles)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2155-2155

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100B

Item Label/Item Text

Vaccination: Tetanus, diphtheria (Td)

Vaccinations: Indicate if the following the vaccination is current:

b. Tetanus, diphtheria (Td)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2156-2156

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100C

Item Label/Item Text

Vaccination: Tetanus, diphtheria, pertussis (Tdap)

Vaccinations: Indicate if the following vaccination is current:

c. Tetanus, diphtheria, pertussis (Tdap)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2157-2157

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100D

Item Label/Item Text

Vaccination: Measles, Mumps, Rubella (MMR)

Vaccinations: Indicate if the following vaccination is current:

d. Measles, mumps, rubella (MMR)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2158-2158

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100E

Item Label/Item Text

Vaccination: Other

Vaccinations: Indicate vaccinations that are current, excluding pneumococcal, seasonal influenza, and S6100A - S6100D.
e. Other

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2159-2159

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Text	20	2160-2179
Vaccinations: If other vaccination is checked, please specify name					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6100Z

Item Label/Item Text

Vaccination: None of the above

Vaccinations: Indicate the vaccinations that are current

z. None of the above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2220-2220

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 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.	Asmt		Number	2	2221-2222

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6201

Item Label/Item Text

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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2636-2637

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6205

Item Label/Item Text

Number of Observation Stays

Observation Stays: Record number of times resident had at least one overnight stay without being admitted to the hospital since the last assessment.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	1	2597-2597

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6210

Item Label/Item Text

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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	3	2223-2225

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6211

Item Label/Item Text

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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	3	2638-2640

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6212

Item Label/Item Text

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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2680-2681

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2554-2554
Is the resident currently receiving an antipsychotic medication?					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6299

Item Label/Item Text

Resident Currently Has SUD Diagnosis
Does the resident currently have an SUD diagnosis?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2902-2902

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Not assessed

Item Edits

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

Data Submission Specifications for the MDS 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6300

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident meds - opioid use disorder Is the resident currently receiving any medications for opioid use disorder? (If yes, please specify the most recent medication.)	Asmt		Code	1	2858-2858

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Methadone
2		Buprenorphine
3		Naltrexone
9		Yes, 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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6301

Item Label/Item Text

Standing order for Naloxone
Does the resident have a standing order for Naloxone in their medication list? (complete if responded 0. No to S6300)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2859-2859

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6301A

Item Label/Item Text

Current prescription or standing order - Opioid
Does this resident have a current opioid or MOUD prescription
and/or a standing order for Naloxone in their medication list?
Check all that apply - Opioid prescriptions for a reason not related
to opioid disorder.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2903-2903

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6301B

Item Label/Item Text

Current prescription or standing order - MOUD
Does this resident have a current opioid or MOUD prescription
and/or a standing order for Naloxone in their medication list?
Check all that apply - Medications for Opioid Disorder (MOUD).

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2904-2904

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6301C

Item Label/Item Text

Current prescription or standing order - Naxalone
Does this resident have a current opioid or MOUD prescription
and/or a standing order for Naloxone in their medication list?
Check all that apply – Naloxone

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2905-2905

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6301Z

Item Label/Item Text

Current prescription or standing order - None
Does this resident have a current opioid or MOUD prescription
and/or a standing order for Naloxone in their medication list?
Check all that apply - None of the above.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2906-2906

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6302

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Buprenorphine prescribed Was Buprenorphine prescribed at this facility or by an outside provider? (Complete if S6300 = 2.)	Asmt		Code	1	2860-2860

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		At this facility
2		By an outside provider
3		Both
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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303A

Item Label/Item Text

Counseling for opioid use disorder - No
Is the resident currently receiving counseling for opioid use disorder?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2861-2861

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303B

Item Label/Item Text

Counseling for opioid use disorder - onsite
Is the resident currently receiving counseling for opioid use disorder?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2862-2862

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303C

Item Label/Item Text

Counseling for opioid use disorder - alt location
Is the resident currently receiving counseling for opioid use disorder?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2863-2863

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303D

Item Label/Item Text

Counseling for opioid use disorder - virtually
Is the resident currently receiving counseling for opioid use
disorder?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2864-2864

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303E

Item Label/Item Text

Counseling for opioid use disorder - No
Is the resident currently receiving counseling for opioid use
disorder? No (Complete if S6299 = 1.)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2907-2907

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Counseling for opioid use disorder - onsite Is the resident currently receiving counseling for opioid use disorder? Yes, Onsite (Complete if S6299 = 1.)	Asmt		Checklist	1	2908-2908

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Counseling for opioid use disorder - alt location Is the resident currently receiving counseling for opioid use disorder? Yes, At another location (Complete if S6299 = 1.)	Asmt		Checklist	1	2909-2909

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6303H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Counseling for opioid use disorder - virtually Is the resident currently receiving counseling for opioid use disorder? Yes, Virtually (telehealth) (Complete if S6299 = 1.)	Asmt		Checklist	1	2910-2910

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304

Item Label/Item Text

Resident diag warrants psychotropic medication
Does the resident have a diagnosis that warrants a psychotropic medication?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2911-2911

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Antidepressants Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2865-2865

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Anxiolytics Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2866-2866

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Antipsychotics Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2867-2867

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Stimulants Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2868-2868

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Chemical Dependency Adjuncts Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2869-2869

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Monoamine Oxidase Inhibitors Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2870-2870

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Mood Stabilizers Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2871-2871

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Miscellaneous Drugs Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2872-2872

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6304I

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Psychotropic med - Other Is the resident currently on an psychotropic medications?	Asmt		Checklist	1	2873-2873

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6305A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Active order for PRN psychotropics	Asmt		Code	1	2874-2874
Does this resident have an active order for PRN psychotropics?					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S6305B

Item Label/Item Text

Last date received psychotropics

If yes, when was the last date that this resident received PRN psychotropics

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Date	8	2875-2882

Item Subsets

Active:

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

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

Item Values

Value	LOINC Code	Value Text
MMDDYYYY		Valid date
99999999		Not yet received
-		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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7001

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dental Care Routine	Asmt		Code	1	2834-2834
Dental Care Routine					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7002

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dental Care Emergent	Asmt		Code	1	2835-2835
Dental Care Emergent					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500A

Item Label/Item Text

Resident requires room w/o roommate
Resident requires a room without a roommate because of
challenging behaviors related to an organic or psychiatric disorder
of thought, mood, perception, orientation, memory, or social
history (i.e., criminal background).

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2836-2836

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500B

Item Label/Item Text

Date resident placed in room w/o roommate
Date resident was placed in a room without a roommate due to
challenging behaviors.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Date	8	2837-2844

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident behavior puts roommate safety at risk Resident has demonstrated behaviors that place a roommate's safety at risk (e.g., documented evidence in the medical record of behaviors such as physical or verbal aggression towards a roommate or other residents, repetitive placement of belongings or other items on the floor that could cause a roommate to fall or be injured, or a criminal background causing a safety concern for a roommate).	Asmt		Code	1	2845-2845

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident behavior infringes on roommate rights Resident has demonstrated behaviors that infringe upon a roommate's rights and/or quality of life (e.g., documented evidence in the medical record of paranoid and territorial behaviors over room and/or belongings, routine urinating/defecating in inappropriate places, inconsolable yelling or calling out, continuous rummaging in roommate's private space/belongings, etc.).	Asmt		Code	1	2846-2846

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500E

Item Label/Item Text

Resident care plan documents need for own room
Resident's current care plan documents the need for a room
without a roommate related to challenging behaviors.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2847-2847

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident requires own room - bariatric equipment Resident requires a room without a roommate because of the need for bariatric equipment resulting in insufficient space for a roommate (e.g., documented evidence in the medical record of obesity diagnosis and need for bariatric equipment that makes it too crowded for the resident to share a room).	Asmt		Code	1	2848-2848

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Date resident placed in own room - bariatric equip	Asmt		Date	8	2849-2856
Date resident was placed in a room without a roommate due to bariatric equipment and no space for roommate.					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S7500H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident care plan - need for own room - bariatric Resident's current care plan documents the need for a room without a roommate related to bariatric equipment and no space for a roommate.	Asmt		Code	1	2857-2857

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000A1

Item Label/Item Text

Medicare - Primary Payor
Medicare - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2227-2227

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000A2

Item Label/Item Text

Medicare - Secondary Payor
Medicare - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2228-2228

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000B1

Item Label/Item Text

Medicare Part A - Primary Payor

Medicare Part A - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2230-2230

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000B2

Item Label/Item Text

Medicare Part A - Secondary Payor

Medicare Part A - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2231-2231

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000B3

Item Label/Item Text

Medicare Part A Payor
Medicare Part A

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2232-2232

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000C1

Item Label/Item Text

Medicare Part B - Primary Payor
Medicare Part B - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2233-2233

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000C2

Item Label/Item Text

Medicare Part B - Secondary Payor

Medicare Part B - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2234-2234

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000C3

Item Label/Item Text

Medicare Part B Payor
Medicare Part B

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2235-2235

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2236-2236
Medicare Part C (Medicare Advantage) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2237-2237
Medicare Part C (Medicare Advantage) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000D3

Item Label/Item Text

Medicare Part C Payor
Medicare Part C (Medicare Advantage)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2238-2238

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000E1

Item Label/Item Text

Medicare per diem - Primary Payor

Medicare per diem - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2239-2239

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000E2

Item Label/Item Text

Medicare per diem - Secondary Payor

Medicare per diem - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2240-2240

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000E3

Item Label/Item Text

Medicare per diem Payor
Medicare per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2241-2241

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8000Z

Item Label/Item Text

Medicare not a payment source
Medicare not a payment source

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2242-2242

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010A1

Item Label/Item Text

In-state Medicaid - Primary Payor

In-state Medicaid - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2243-2243

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010A2

Item Label/Item Text

In-state Medicaid - Secondary Payor

In-state Medicaid - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2244-2244

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010A3

Item Label/Item Text

In-state Medicaid payor
In-state Medicaid

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2245-2245

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010B1

Item Label/Item Text

Out-of-state Medicaid - Primary Payor

Out-of-state Medicaid - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2246-2246

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010B2

Item Label/Item Text

Out-of-state Medicaid - Secondary Payor
Out-of-state Medicaid - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2247-2247

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010B3

Item Label/Item Text

Out-of-state Medicaid Payor
Out-of-state Medicaid

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2248-2248

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010C1

Item Label/Item Text

Medicaid per diem - Primary Payor

Medicaid per diem - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2249-2249

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010C2

Item Label/Item Text

Medicaid per diem - Secondary Payor

Medicaid per diem - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2250-2250

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010C3

Item Label/Item Text

Medicaid per diem Payor
Medicaid per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2251-2251

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010D3

Item Label/Item Text

Medicaid managed care per diem Payor
Medicaid managed care per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2254-2254

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2255-2255
Medicaid per diem (not managed care) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2256-2256
Medicaid per diem (not managed care) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010E3

Item Label/Item Text

Medicaid per diem (not MC) Payor
Medicaid per diem (not managed care)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2257-2257

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010F3

Item Label/Item Text

Medicaid Resident Liability Payor
Medicaid Resident Liability

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2260-2260

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010G1

Item Label/Item Text

Medicare Co-Pay - Primary Payor

Medicare Co-pay - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2261-2261

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010G2

Item Label/Item Text

Medicare Co-pay - Secondary Payor

Medicare Co-pay - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2262-2262

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010G3

Item Label/Item Text

Medicare Co-pay Payor
Medicare Co-pay

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2263-2263

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010H2

Item Label/Item Text

Medicaid Other - Secondary Payor

Medicaid Other - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2265-2265

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010H3

Item Label/Item Text

Medicaid Other Payor
Medicaid Other

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2266-2266

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010I1

Item Label/Item Text

Medicaid Pending - Primary Payor

Medicaid Pending - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2267-2267

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010I2

Item Label/Item Text

Medicaid Pending - Secondary Payor

Medicaid Pending - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2268-2268

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010I3

Item Label/Item Text

Medicaid Pending Payor
Medicaid Pending

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2269-2269

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8010Z

Item Label/Item Text

Medicaid not a payment source
Medicaid not a payment source

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2270-2270

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 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.	Asmt		Number	8	2683-2690

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020A1

Item Label/Item Text

Private - Primary Payor

Private - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2271-2271

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020A2

Item Label/Item Text

Private - Secondary Payor
Private - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2272-2272

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2274-2274
Private per diem (including co-pay) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Checklist	1	2275-2275
Private per diem (including co-pay) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020B3

Item Label/Item Text

Private per diem Payor
Private per diem (including co-pay)

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2276-2276

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020C1

Item Label/Item Text

Private LTC insurance policy - Primary Payor

Private LTC insurance policy - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2277-2277

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020C2

Item Label/Item Text

Private LTC insurance policy - Secondary Payor

Private LTC insurance policy - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2278-2278

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020C3

Item Label/Item Text

Private LTC insurance policy
Private LTC insurance policy

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2279-2279

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8020Z

Item Label/Item Text

Private insurance not a payment source
Private insurance not a payment source

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2280-2280

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030A1

Item Label/Item Text

Self-pay - Primary Payor

Self-pay - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2281-2281

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030A2

Item Label/Item Text

Self-pay - Secondary Payor

Self-pay - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2282-2282

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030A3

Item Label/Item Text

Self-pay Payor
Self-pay

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2283-2283

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030B1

Item Label/Item Text

Family pay - Primary Payor

Family pay - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2284-2284

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030B2

Item Label/Item Text

Family pay - Secondary Payor

Family pay - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2285-2285

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030B3

Item Label/Item Text

Family pay Payor
Family pay

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2286-2286

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030C

Item Label/Item Text

Self or Family pay for full per diem
Self or family pay for full per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2287-2287

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8030Z

Item Label/Item Text

Self or Family not a payment source
Self or Family not a payment source

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2288-2288

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040A3

Item Label/Item Text

State Run Medical Assistance Payor
State Run Medical Assistance

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2291-2291

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040B1

Item Label/Item Text

Tricare per diem - Primary Payor

Tricare per diem - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2292-2292

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040B2

Item Label/Item Text

Tricare per diem - Secondary Payor

Tricare per diem - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2293-2293

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040B3

Item Label/Item Text

Tricare per diem Payor
Tricare per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2294-2294

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040C1

Item Label/Item Text

VA per diem - Primary Payor

VA per diem - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2295-2295

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040C2

Item Label/Item Text

VA per diem - Secondary Payor

VA per diem - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2296-2296

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040C3

Item Label/Item Text

VA per diem Payor

VA per diem

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2297-2297

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040D1

Item Label/Item Text

Other Public - Primary Payor
Other public - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2298-2298

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040D2

Item Label/Item Text

Other Public - Secondary Payor
Other public - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2299-2299

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040D3

Item Label/Item Text

Other Public Payor
Other public

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2300-2300

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8040Z

Item Label/Item Text

Other government not a payment source
Other government not a payment source

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2301-2301

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8050A1

Item Label/Item Text

Other - Primary Payor

Other - Primary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2302-2302

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8050A2

Item Label/Item Text

Other - Secondary Payor

Other - Secondary Payor

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2303-2303

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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 Other Name 2	Asmt		Text	30	2335-2364

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8099

Item Label/Item Text

Payor: None of the Above
None of the Above

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2395-2395

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8510A

Item Label/Item Text

Medicaid Therapeutic bed-hold days since last asmt
Number of therapeutic bed-hold days paid by Medicaid since the last assessment

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2557-2558

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8510B

Item Label/Item Text

Medicaid Therapeutic bed-hold days - YTD
Number of therapeutic bed-hold days paid by Medicaid year-to-date

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2559-2560

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S8512A

Item Label/Item Text

Medicaid hospital bed-hold days since last asmt
Number of hospital bed-hold days paid by Medicaid since last
assessment

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2561-2562

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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	Asmt		Code	1	2408-2408
Leave Days for Medicaid (Bed-Hold days) Type 1					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Date	8	2409-2416
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Date	8	2417-2424
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Code	1	2425-2425
Leave Days for Medicaid (Bed-Hold days) Type 2					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Date	8	2426-2433
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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	Asmt		Date	8	2434-2441
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2					

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

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 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	Asmt		Code	1	2442-2442

Item Subsets

Active:
Inactive: NPE,IPA,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S9001

Item Label/Item Text

IL IDPH Subpart S criteria

IL - Does resident meet Illinois IDPH Subpart S criteria

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2443-2443

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S9020

Item Label/Item Text

FL FRAES number

FL -Florida Facility FRAES number

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Text	8	2454-2461

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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)	Asmt		Code	1	2599-2599
CA - item selected in California POLST Section B (revised)					

Item Subsets

Active:
 Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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.

Data Submission Specifications for the MDS 3.0 (V3.11.0)

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,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.

Data Submission Specifications for the MDS 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S9060

Item Label/Item Text

Reimbursement (Add-on) conditions

Reimbursement (Add-on) conditions

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2469-2469

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

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,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 3.0 (V3.11.0)

Detailed Data Specifications Report

Section: S

Item ID: S9120

Item Label/Item Text

CT Approved LTC

CT - If S8020C3 is checked, is the insurance a Connecticut

Partnership for Long-Term Care approved policy?

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2508-2508

Item Subsets

Active:

Inactive: NPE,IPA,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 3.0 (V3.11.0)

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,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.