

Item ID: S0101

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

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.

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.

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.

Item ID: S0115

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Spouse Location	Asmt		Code	1	1930-1930

Location of Spouse: If the resident has a spouse, code the spouse's 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
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.

Item ID: S0120

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0122

Item Label/Item Text

Prior Residence State
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
MI		Michigan
MN		Minnesota

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	1936-1937

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

Item Edits

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

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.

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.

Item ID: S0130

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0140

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0141

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

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.

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.

Item ID: S0153

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident Identifier	Asmt		Text	11	2644-2654

Resident Identifier (if resident does not have a social security number or state driver’s license, then enter 888-88-8888 for in-state resident and 999-99-9999 for out-of-state residents)

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0160

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Specialty unit Specialty Unit	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.

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.

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.

Item ID: S0161C

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

Item ID: S0161D

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

Item Subsets

Active:
Inactive: NPE,IPA,SP,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.

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 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.

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

Item ID: S0165A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165B

Item Label/Item Text

Specialty services: Behavioral Health
Specialty services: Behavioral Health

Item 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.

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

Item ID: S0165C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165E

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165Z

Item Label/Item Text

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

Item 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.

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

Item ID: S0170A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170E

Item Label/Item Text

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

Item 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.

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

Item ID: S0170F

Item Label/Item Text

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

Item 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.

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

Item ID: S0170G

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

Item Subsets

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

Item Values

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

Item Edits

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

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.

Item ID: S0170Z

Item Label/Item Text

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

Item 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.

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

Item ID: S0171A

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0171B

Item Label/Item Text

Resident healthcare proxy invoked
Has healthcare proxy been invoked?

Item 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.

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

Item ID: S0172A

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0172B

Item Label/Item Text

Goal discussion: hospital
If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Hospital

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2523-2523

Item ID: S0172C

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2524-2524

Item ID: S0172D

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2525-2525

Item ID: S0172E

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2526-2526

Item ID: S0172F

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2527-2527

Item ID: S0172G

Item Label/Item Text

Goal discussion: Other
If you answered ‘yes’ to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Other

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2528-2528

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.

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 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.

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

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.

Item ID: S0175

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

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	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.

Version Changes

Type	ID	Description
Item	S0180	[V3.02.0]-Revised item text to refer to item A2105.

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.

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.

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 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.	Asmt		Code	1	2716-2716

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.

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 Decision - If value 5 was selected above in S0200, please add reason.	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.

Item ID: S0500

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

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0501

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

Item ID: S0509

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0510

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S0511

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PASRR Level 1 Complete Date Record PASRR Level I Completion Date	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
^		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.

Item ID: S0512

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

Item ID: S0514

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

Item 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.

Item ID: S0515

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Most rcnt PASRR Lvl 1 or 2 determination cmplt n dt Record the most recent PASRR Level 1 or 2 determination completion date.	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.

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.

Item ID: S0521

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

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.

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.

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.

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.

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.

Item ID: S1000

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 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.

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

Item ID: S1002

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

Item ID: S1003

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 most recent comprehensive or
quarterly OBRA 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		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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2604-2604

Item ID: S1004

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2605-2605

Item ID: S1100A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: Clostridium Difficile	Asmt		Checklist	1	2003-2003

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

Item 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.

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.

Item ID: S1100C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: VRE	Asmt		Checklist	1	2005-2005

Disease: VRE Disease Diagnoses: Check all that apply since last assessment: c. VRE (Vancomycin-Resistant

Item 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.

Item ID: S1100D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: VISA	Asmt		Checklist	1	2006-2006

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100E

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

Item 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.

Item ID: S1100F

Item Label/Item Text

Disease: Other MDRO
Disease: Other MDRO Disease Diagnoses: Check all that apply since last assessment: f. Other MDRO (Multi-Drug Resistant Organism)

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2008-2008

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.

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.

Item ID: S1100G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100H

Item Label/Item Text

Disease: Herpes Zoster
Disease Diagnoses: Check all that apply since last assessment: h. Herpes Zoster

Item 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.

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

Item ID: S1100I

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: Scabies	Asmt		Checklist	1	2071-2071

Disease Diagnoses: Check all that apply since last assessment: i. Scabies

Item 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.

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.

Item ID: S1100Z

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

Item Subsets

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

Item Values

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

Item Edits

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

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.

Item ID: S1200A

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

Item ID: S1200C

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

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.

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.

Item ID: S1200G

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

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.

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.

Item ID: S1200I

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S1210A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Schizophrenia	Asmt		Checklist	1	2668-2668

Mental Health Diagnoses: Check all that apply since last OBRA assessment: a. 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
0		Not checked (No)
1		Checked (Yes)

Item Edits

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

Item ID: S1210B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Delusional	Asmt		Checklist	1	2669-2669
Mental Health Diagnoses: Check all that apply since last					
OBRA assessment: b. 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
0		Not checked (No)
1		Checked (Yes)

Item Edits

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

Item ID: S1210C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Schizoaffective disorder	Asmt		Checklist	1	2670-2670
Mental Health Diagnoses: Check all that apply since last					
OBRA assessment: c. 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
0		Not checked (No)
1		Checked (Yes)

Item Edits

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

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.

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.

Item ID: S1210F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Bipolar disorder II	Asmt		Checklist	1	2673-2673

Mental Health Diagnoses: Check all that apply since last OBRA assessment: f. 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
0		Not checked (No)
1		Checked (Yes)

Item Edits

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

Item ID: S1210G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Cyclothymic disorder	Asmt		Checklist	1	2674-2674

Mental Health Diagnoses: Check all that apply since last OBRA assessment: g. 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
0		Not checked (No)
1		Checked (Yes)

Item Edits

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

Item ID: S1210H

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210I

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210Z

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

Item 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.

Item ID: S2000

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S2001

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Wishes to self-medicate	Asmt		Code	1	2084-2084

Self-Medication Administration: Resident wishes to self-medicate

Item 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.

Item ID: S2010

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

Item ID: S2015

Item Label/Item Text

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

Item 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.

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
1

**Fixed Format
Start-End Bytes**
2087-2087

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.

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.

Item ID: S2050

Item Label/Item Text

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).

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2090-2090

Item ID: S2060A

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2547-2547

Item ID: S2060B

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2548-2548

Item ID: S2060C

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2549-2549

Item ID: S2060D

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2550-2550

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 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.

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

Item ID: S2060Z

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2552-2552

Item ID: S3100A

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

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S3100B

Item Label/Item Text

Contractures: Wrist
Contractures: b. Wrist

Item 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.

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

Item ID: S3100C

Item Label/Item Text

Contractures: Elbow
Contractures: c. Elbow

Item 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.

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

Item ID: S3100D

Item Label/Item Text

Contractures: Shoulder
Contractures: d. Shoulder

Item 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.

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

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.

Item ID: S3100F

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

Item ID: S3100G

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Contractures: Knee Contractures: g. Knee	Asmt		Code	1	2097-2097

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S3100H

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Contractures: Hip Contractures: h. Hip	Asmt		Code	1	2098-2098

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S3100Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Contractures: Other Contractures: z. Other	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.

Item ID: S3200A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dominant Side	Asmt		Code	1	2100-2100
Dominant Side: Indicate resident's dominant side					

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S3200B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Use of dominant hand/arm	Asmt		Code	1	2101-2101

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

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.

Item ID: S3300

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Weight-based Equipment Need Did this resident require specialized equipment based on weight since last assessment?	Asmt		Code	1	2575-2575

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S3305A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Lifting device for weight Lifting device required since last assessment	Asmt		Checklist	1	2576-2576

Item Subsets

Active:
Inactive: NPE,IPA,SP,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.

Item ID: S3305B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Wheelchair or mobility device for weight Wheelchair or other mobility device required since last assessment	Asmt		Checklist	1	2577-2577

Item Subsets

Active:
Inactive: NPE,IPA,SP,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.

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.

Item ID: S3305D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Seating for weight Seating required since last assessment	Asmt		Checklist	1	2579-2579

Item Subsets

Active:
Inactive: NPE,IPA,SP,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.

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.

Item ID: S3305Y

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other for weight	Asmt		Checklist	1	2581-2581
Other equipment 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.

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.

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.

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.

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.

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.

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.

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.

Item ID: S3315B

Item Label/Item Text

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.)

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2614-2614

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.

Item ID: S3315D

Item Label/Item Text

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.)

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2616-2616

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.

Item ID: S3315Z

Item Label/Item Text

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.)

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2618-2618

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.

Item ID: S4000B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Harm: Attempt was to kill self Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself	Asmt		Code	1	2103-2103

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 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.

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

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 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.

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

Item ID: S4010A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Hourly Interval Observation	Asmt		Number	1	2106-2106

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". A. Checked at hourly intervals

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S4010B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
15- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". B. Checked at 15-minute intervals	Asmt		Number	1	2107-2107

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S4010C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
5- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". C. Checked at 5-minute intervals	Asmt		Number	1	2108-2108

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 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.

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

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 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.

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

Item ID: S4500

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Substance Abuse: Alcoholic Drinks	Asmt		Code	1	2111-2111

Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days

Item 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.

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.

Item 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.

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.

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.

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.

Item 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.

Item ID: S4510E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Substance Abuse: Opiates	Asmt		Code	1	2116-2116

Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: e. Opiates

Item 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.

Item ID: S4510F

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Substance Abuse: Cannabis	Asmt		Code	1	2117-2117

Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis

Item 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.

Item ID: S5000

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of New Pressure Ulcers	Asmt		Number	1	2118-2118

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

Item 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.

Item ID: S5005

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
New Pressure Ulcer setting Pressure Ulcers: In what setting did the pressure ulcers in S5000 develop?	Asmt		Code	1	2119-2119

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2120-2121

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.

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.

Item ID: S5010B1

Item Label/Item Text

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

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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2123-2124

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.

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.

Item ID: S5010C1

Item Label/Item Text

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

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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2126-2127

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.

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.

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 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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2129-2130

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.

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.

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 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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2132-2133

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.

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.

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 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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2135-2136

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.

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.

Item ID: S5010G1

Item Label/Item Text

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

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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	2	2138-2139

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.

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.

Item ID: S5010H1

Item Label/Item Text

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

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
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

**Item
Group**
Asmt

**LOINC
Code**

**Item
Type**
Code

**Max
Length**
2

**Fixed Format
Start-End Bytes**
2141-2142

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.

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.

Item ID: S5010I1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 9 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I1. Location of pressure ulcer 9	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			
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.

Item ID: S5010I2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 9 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I2. Status of pressure ulcer 9	Asmt		Code	1	2146-2146

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S6000

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Parenteral/IV feeding in NH	Asmt		Code	1	2147-2147

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

Item 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.

Item ID: S6005

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IV meds in NH	Asmt		Code	1	2148-2148

Within the last 14 days, IV medication was provided, administered, and instilled exclusively in and by the nursing home

Item 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.

Item ID: S6010

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Oxygen Therapy in NH	Asmt		Code	1	2149-2149

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 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.

Item ID: S6020A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized RN expertise Ventilator/respirator resident needs specialized RN expertise	Asmt		Checklist	1	2582-2582

Item Subsets

Active:
Inactive: NPE,IPA,SP,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.

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.

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.

Item ID: S6020D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp specialized equipment Ventilator/respirator resident needs specialized	Asmt		Checklist	1	2585-2585

Item 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.

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.

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.

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.

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.

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.

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.

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.

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	Asmt		Number	1	2593-2593

Number of days the resident required 5-minute intervals of direct care by a CNA.

Item 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.

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.

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.

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.

Item ID: S6050

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Isolation precautions needed Has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?	Asmt		Code	1	2150-2150

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S6051A

Item Label/Item Text

Isolation Precaution: Airborne
If yes to item S6050, type of isolation precautions
employed: a. Airborne

Item 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.

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

Item ID: S6051B

Item Label/Item Text

Isolation Precaution: Contact
If yes to item S6050, type of isolation precautions
employed: b. Contact

Item 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.

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

Item ID: S6051C

Item Label/Item Text

Isolation Precaution: Droplet
If yes to item S6050, type of isolation precautions
employed: c. Droplet

Item 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.

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

Item ID: S6051D

Item Label/Item Text

Isolation Precaution: Protective
If yes to item S6050, type of isolation precautions
employed: d. Protective

Item 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.

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

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.

Item ID: S6053A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Met Isolation Requirements Start Date Resident met the isolation requirements Start Date	Asmt		Date	8	2620-2627

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 Resident met the isolation requirements End Date	Asmt		Date	8	2628-2635

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.

Item ID: S6060A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident In Strict Isolation	Asmt		Code	1	2817-2817

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

Item 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.

Item ID: S6060B

Item Label/Item Text

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

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.

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

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.

Item ID: S6100A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Varicella	Asmt		Checklist	1	2155-2155

Vaccinations : Indicate if the following vaccination is current: a. Varicella (Herpes Zoster or shingles)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Tetanus, diphtheria (Td) Vaccinations: Indicate if the following the vaccination is current: b. Tetanus, diphtheria (Td)	Asmt		Checklist	1	2156-2156

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Tetanus, diphtheria, pertussis (Tdap) Vaccinations: Indicate if the following vaccination is current: c. Tetanus, diphtheria, pertussis (Tdap)	Asmt		Checklist	1	2157-2157

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Measles, Mumps, Rubella (MMR) Vaccinations: Indicate if the following vaccination is current: d. Measles, mumps, rubella (MMR)	Asmt		Checklist	1	2158-2158

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other	Asmt		Checklist	1	2159-2159

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

Item Subsets

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

Item Values

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

Item Edits

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

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.

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.

Item ID: S6100F3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other Name 3	Asmt		Text	20	2200-2219

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 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.

Item ID: S6100Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: None of the above Vaccinations: Indicate the vaccinations that are current z. None of the above	Asmt		Checklist	1	2220-2220

Item Subsets

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

Item Values

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

Item Edits

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

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.

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 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.

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

Item ID: S6202

Item Label/Item Text

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.

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Number	2	2678-2679

Item ID: S6205

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
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.	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.

Item ID: S6210

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of ER visits Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits.	Asmt		Number	3	2223-2225

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S6211

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of Unreported ER Visits Record previously unreported number of times resident visited ER without an overnight stay in the last 92 days. Enter '0' if no ER visits.	Asmt		Number	3	2638-2640

Item Subsets

Active:
Inactive: NPE,IPA,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.

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 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.

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

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	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.

Item ID: S6230

Item Label/Item Text

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)?

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2553-2553

Item ID: S6232

Item Label/Item Text

Is resident currently receiving antipsychotic
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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2554-2554

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.

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.

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		Yes, Methadone
2		Yes, Buprenorphine AKA Suboxone
3		Yes, 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.

Item ID: S6301

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Standing order for Naloxone Does the resident have a standing order for Naloxone in their medication list? (complete if responded 0. No to S6300)	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.

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 responded 2. Buprenorphine, AKA Suboxone to S6300)	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.

Item ID: S6303A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Counseling for opioid use disorder - No Is the resident currently receiving counseling for opioid use disorder?	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.

Item ID: S6303B

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?	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.

Item ID: S6303C

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?	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.

Item ID: S6303D

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?	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.

Item ID: S6304A

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

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.

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.

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.

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.

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.

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.

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.

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.

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.

Item ID: S6305B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Last date received psychotropics If yes, when was the last date that this resident received PRN psychotropics	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
-		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.

Item ID: S6500

Item Label/Item Text

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.

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Code	1	2682-2682

Item ID: S7000

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dental Care Dental care	Asmt		Code	1	2598-2598

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.

Item ID: S7001

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

Item 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.

Item ID: S7002

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

Item 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.

Item ID: S7500A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
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).	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.

Item ID: S7500B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Date resident placed in room w/o roommate Date resident was placed in a room without a roommate due to challenging behaviors.	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.

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.

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.

Item ID: S7500E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
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	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.

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.

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 Date resident was placed in a room without a roommate due to bariatric equipment and no space for roommate.	Asmt		Date	8	2849-2856

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.

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.

Item ID: S8000A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Primary Payor Medicare - Primary Payor	Asmt		Checklist	1	2227-2227

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8000A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Secondary Payor Medicare - Secondary Payor	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.

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.

Item ID: S8000B1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A - Primary Payor Medicare Part A - Primary Payor	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.

Item ID: S8000B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A - Secondary Payor Medicare Part A - Secondary Payor	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.

Item ID: S8000B3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part A Payor Medicare Part A	Asmt		Checklist	1	2232-2232

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8000C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B - Primary Payor Medicare Part B - Primary Payor	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.

Item ID: S8000C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B - Secondary Payor Medicare Part B - Secondary Payor	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.

Item ID: S8000C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B Payor Medicare Part B	Asmt		Checklist	1	2235-2235

Item Subsets

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

Item Values

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

Item Edits

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

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.

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.

Item ID: S8000D3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part C Payor Medicare Part C (Medicare Advantage)	Asmt		Checklist	1	2238-2238

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8000E1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem - Primary Payor Medicare per diem - Primary Payor	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.

Item ID: S8000E2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem - Secondary Payor Medicare per diem - Secondary Payor	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.

Item ID: S8000E3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem Payor Medicare per diem	Asmt		Checklist	1	2241-2241

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8000Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare not a payment source Medicare not a payment source	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.

Item ID: S8010A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid - Primary Payor In-state Medicaid - Primary Payor	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.

Item ID: S8010A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid - Secondary Payor In-state Medicaid - Secondary Payor	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.

Item ID: S8010A3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
In-state Medicaid payor In-state Medicaid	Asmt		Checklist	1	2245-2245

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010B1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid - Primary Payor Out-of-state Medicaid - Primary Payor	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.

Item ID: S8010B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid - Secondary Payor Out-of-state Medicaid - Secondary Payor	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.

Item ID: S8010B3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid Payor Out-of-state Medicaid	Asmt		Checklist	1	2248-2248

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem - Primary Payor Medicaid per diem - Primary Payor	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.

Item ID: S8010C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem - Secondary Payor Medicaid per diem - Secondary Payor	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.

Item ID: S8010C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem Payor Medicaid per diem	Asmt		Checklist	1	2251-2251

Item Subsets

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

Item Values

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

Item Edits

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

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 Medicaid managed care per diem - Primary Payor	Asmt		Checklist	1	2252-2252

Item 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.

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 Medicaid managed care per diem - Secondary Payor	Asmt		Checklist	1	2253-2253

Item 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.

Item ID: S8010D3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid managed care per diem Payor Medicaid managed care per diem	Asmt		Checklist	1	2254-2254

Item Subsets

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

Item Values

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

Item Edits

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

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.

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.

Item ID: S8010E3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem (not MC) Payor Medicaid per diem (not managed care)	Asmt		Checklist	1	2257-2257

Item Subsets

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

Item Values

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

Item Edits

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

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.

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.

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.

Item ID: S8010F3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability Payor Medicaid Resident Liability	Asmt		Checklist	1	2260-2260

Item Subsets

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

Item Values

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

Item Edits

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

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.

Item ID: S8010G1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-Pay - Primary Payor Medicare Co-pay - Primary Payor	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.

Item ID: S8010G2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay - Secondary Payor	Asmt		Checklist	1	2262-2262
Medicare Co-pay - Secondary Payor					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010G3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay Payor Medicare Co-pay	Asmt		Checklist	1	2263-2263

Item Subsets

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

Item Values

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

Item Edits

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

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.

Item ID: S8010H2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Other - Secondary Payor Medicaid Other - Secondary Payor	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.

Item ID: S8010H3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Other Payor Medicaid Other	Asmt		Checklist	1	2266-2266

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010I1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Primary Payor Medicaid Pending - Primary Payor	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.

Item ID: S8010I2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Secondary Payor	Asmt		Checklist	1	2268-2268
Medicaid Pending - Secondary Payor					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010I3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending Payor Medicaid Pending	Asmt		Checklist	1	2269-2269

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8010Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid not a payment source Medicaid not a payment source	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.

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.

Item ID: S8020A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Primary Payor Private - Primary Payor	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.

Item ID: S8020A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Secondary Payor Private - Secondary Payor	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.

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.

Item ID: S8020B1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem - Primary Payor Private per diem (including co-pay) - Primary Payor	Asmt		Checklist	1	2274-2274

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8020B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem - Secondary Payor Private per diem (including co-pay) - Secondary Payor	Asmt		Checklist	1	2275-2275

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8020B3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem Payor Private per diem (including co-pay)	Asmt		Checklist	1	2276-2276

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8020C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy - Primary Payor Private LTC insurance policy - Primary Payor	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.

Item ID: S8020C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy - Secondary Payor Private LTC insurance policy - Secondary Payor	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.

Item ID: S8020C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private LTC insurance policy Private LTC insurance policy	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.

Item ID: S8020Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private insurance not a payment source Private insurance not a payment source	Asmt		Checklist	1	2280-2280

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8030A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay - Primary Payor	Asmt		Checklist	1	2281-2281
Self-pay - Primary Payor					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8030A2

Item Label/Item Text

Self-pay - Secondary Payor
Self-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.

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

Item ID: S8030A3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay Payor Self-pay	Asmt		Checklist	1	2283-2283

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8030B1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Primary Payor Family pay - Primary Payor	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.

Item ID: S8030B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Secondary Payor Family pay - Secondary Payor	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.

Item ID: S8030B3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay Payor Family pay	Asmt		Checklist	1	2286-2286

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8030C

Item Label/Item Text

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

Item 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.

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

Item ID: S8030Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self or Family not a payment source Self or family not a payment source	Asmt		Checklist	1	2288-2288

Item Subsets

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

Item Values

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

Item Edits

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

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.

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 State Run Medical Assistance - Secondary Payor	Asmt		Checklist	1	2290-2290

Item 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.

Item ID: S8040A3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
State Run Medical Assistance Payor State Run Medical Assistance	Asmt		Checklist	1	2291-2291

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8040B1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem - Primary Payor Tricare per diem - Primary Payor	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.

Item ID: S8040B2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem - Secondary Payor Tricare per diem - Secondary Payor	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.

Item ID: S8040B3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem Payor Tricare per diem	Asmt		Checklist	1	2294-2294

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8040C1

Item Label/Item Text

VA per diem - Primary Payor
VA 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.

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

Item ID: S8040C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem - Secondary Payor	Asmt		Checklist	1	2296-2296
VA per diem - Secondary Payor					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8040C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem Payor VA per diem	Asmt		Checklist	1	2297-2297

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8040D1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Primary Payor Other public - Primary Payor	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.

Item ID: S8040D2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Secondary Payor Other public - Secondary Payor	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.

Item ID: S8040D3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public Payor Other public	Asmt		Checklist	1	2300-2300

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S8040Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other government not a payment source Other government not a payment source	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.

Item ID: S8050A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other - Primary Payor Other - Primary Payor	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.

Item ID: S8050A2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other - Secondary Payor Other - Secondary Payor	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.

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.

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.

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.

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.

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.

Item ID: S8099

Item Label/Item Text

Payor: None of the Above
None of the Above

Item 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.

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

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.

Item ID: S8510A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment	Asmt		Number	2	2557-2558

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8510B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Therapeutic bed-hold days - YTD Number of therapeutic bed-hold days paid by Medicaid year-to-date	Asmt		Number	2	2559-2560

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8512A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid hospital bed-hold days since last asmt Number of hospital bed-hold days paid by Medicaid since last assessment	Asmt		Number	2	2561-2562

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

Item ID: S8520A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Leave Days Type 1 Leave Days for Medicaid (Bed-Hold days) Type 1	Asmt		Code	1	2408-2408

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8520B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1	Asmt		Date	8	2409-2416

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8520C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 1 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1	Asmt		Date	8	2417-2424

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8521A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Leave Days Type 2 Leave Days for Medicaid (Bed-Hold days) Type 2	Asmt		Code	1	2425-2425

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8521B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2	Asmt		Date	8	2426-2433

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S8521C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 2 Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2	Asmt		Date	8	2434-2441

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S9000

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL Skills Training	Asmt		Code	1	2442-2442

IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and Illinois DPA Section 147, Table A

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S9001

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S criteria	Asmt		Code	1	2443-2443
IL - Does resident meet Illinois IDPH Subpart S criteria					

Item 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.

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.

Item ID: S9002B

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2445-2445

Item ID: S9002C

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2446-2446

Item ID: S9002D

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2447-2447

Item ID: S9002E

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2448-2448

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.

Item ID: S9002G

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2450-2450

Item ID: S9002H

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2451-2451

Item ID: S9002I

Item Label/Item Text

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

Item 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.

Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Asmt		Checklist	1	2452-2452

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.

Item ID: S9020

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
FL FRAES number FL -Florida Facility FRAES number	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.

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.

Item ID: S9040B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section A	Asmt		Code	1	2463-2463
CA - Item selected in California POLST Section A					

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.

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.

Item ID: S9040C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section B (revised) CA - item selected in California POLST Section B (revised)	Asmt		Code	1	2599-2599

Item Subsets

Active:
Inactive: NPE,IPA,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.

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.

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.

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.

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.

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.

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.

Item ID: S9060

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident	Asmt		Code	1	2469-2469

Item Subsets

Active:
Inactive: NPE,IPA,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.

Item ID: S9080A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX	Asmt		Code	1	2470-2470

PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)

Item 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.

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.

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.

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.

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.

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	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.

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.

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.

Item ID: S9085D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CHC member ID CHC member ID	Asmt		Text	14	2702-2715

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.

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.

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	Asmt		Code	1	2499-2499

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)

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.

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.

Item ID: S9120

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CT Approved LTC	Asmt		Code	1	2508-2508

CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?

Item 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.

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.