

***CHANGES FROM VERSION 1.10 TO VERSION 1.20 OF
THE MDS 2.0 DATA SPECIFICATIONS***

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Changes with Version 1.20 involves the following:

- **Specification Changes.**
The only substantive specifications changes involve the new MDS Medicare PPS Assessment Form (MPAF).
- **Updates and Clarifications.**
Updates include:
 - Changes required to identify the new 1.20 version of the specifications have been made.
 - Specifications changes that were implemented prior to Version 1.20 (but not included in the specifications for Version 1.10) have been incorporated into the data specifications documents.Clarifications include:
 - Misleading or incorrect specifications in Version 1.10 have been clarified or corrected in Version 1.20.

SPECIFICATIONS CHANGES

The only substantive changes with Version 1.20 of the data specifications involve the new MDS Medicare PPS Assessment Form (MPAF), which will be available for use in July 2002. The MPAF will provide facilities with new options concerning the forms used for Medicare PPS assessments. To allow reduction in assessment burden, facilities can *choose* to complete and submit the shorter MPAF form rather than a full MDS assessment for Medicare PPS assessments.

Use of the MPAF form is *completely optional*. If a facility continues to submit a full assessment for PPS reasons, the extra MDS items (that are not on the MPAF form) will be ignored and will not be stored in the state database. No errors or warnings will occur because a full assessment is submitted for PPS reasons. If vendor software is not updated before implementation of the MPAF form in July 2002, then no MDS submission problems will result. PPS assessments completed and submitted as full assessments will still be acceptable. However, vendors should update their systems for the MPAF form as soon as possible after MPAF implementation in order to allow facilities to take advantage of the reduced assessment burden available with the shorter MPAF form.

The requirements for OBRA assessments (admission, quarterly, annual, significant change, and significant correction) supercede the use of the abbreviated MPAF PPS form. When assessments are completed for both OBRA reasons and PPS reasons, then all OBRA-required items, all PPS-required items, and any state-specific items (Section S) must all be submitted, with all required items being stored in the state MDS database. When assessments are PPS-only (no OBRA reason present), only the MPAF items and any state-specific items (Section S) will be active and stored in the state MDS database.

The major specifications changes for the MPAF form include changes in item status. The pattern of which items are active or state-option on PPS records has changed. Other changes for the

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MPAF form involve the consistency checks for several "none of above" checklist items and changes to the facesheet (Sections AB and AC) submission requirements.

Changes in Item Status. The following changes were made based on the items available on the MPAF form:

1. For REC_TYPE AM admission/PPS combination records (AA8a = 01 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 1.1. No changes were necessary. (A full assessment with facesheet is still required for any admission assessment.)
2. For REC_TYPE YM comprehensive/PPS combination records (AA8a = 02, 03, or 04 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 2.1. No changes were necessary. (A full assessment is still required for any comprehensive assessment.)
3. For REC_TYPE QM quarterly/PPS combination records (AA8a = 05 or 10 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 3.1. All full assessment items (Sections A through R) that are not on the MPAF form or the Minimum Quarterly (2-page) have been changed from Active (A) to State-Option (S).
 - 3.2. All Section T items that are not on the MPAF form have been changed from Active (A) to State-Option (S).
4. For REC_TYPE OM PPS-only records (AA8a = 00 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 4.1. All full assessment items (Sections A through R) that are not on the MPAF form have been changed from Active (A) to Inactive (I).
 - 4.2. All Section T items that are not on the MPAF form have been changed from Active (A) to Inactive (I).

Note that the item statuses for 6 items on the MPAF form (AB5a through AB5f) have not been changed. These are background (facesheet) items. The item statuses remain as required (active) on admission/PPS combinations assessments and remain as facility option on comprehensive/PPS combination records, quarterly/PPS combination records, and PPS-only records.

Changes in Consistency Checks for "None of Above" Items. The following changes were made:

1. For REC_TYPE QM quarterly/PPS combination records (AA8a = 05 or 10 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 1.1. The "none of above" consistency requirement was changed from a fatal error to a warning for the following "none of above" checklist items which now have state option status on REC_TYPE QM: A9g, A10i, C2d, C3g, D2c, F1g, F2h, F3d, G5e, G6f, G8e, H2e, H3j, I1rr, J1p, K1d, K4d, K5i, L1g, N3e, N4m, and P2f.
2. For REC_TYPE OM (AA8a = 00 and AA8b = 1, 2, 3, 4, 5, 7, or 8):
 - 2.1. The "none of above" consistency requirement was completely removed for the following "none of above" checklist items which are now inactive on REC_TYPE OM: A9g, A10i, C2d, C3g, D2c, F1g, F2h, F3d, G5e, G6f, G8e, H2e, H3j, I1rr, J1p, K1d, K4d, K5i, L1g, N3e, N4m, and P2f.

Change in Facesheet Submission Rule. The facesheet submission rule is given in the Section AB General Notes and Section AC General Notes of the "Data Record Layout for Submission from the Nursing Home to the State (Version 1.20)". For discharge, reentry, and non-admission

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assessment records, the optional facesheet submission requirement has been changed so that items AB5a through AB5f (items included on the new MPAF form) can be optionally submitted alone (without other facesheet items). With this change there are 3 acceptable patterns for optional submission of facesheet items: (1) ALL optional items are submitted, (2) NONE of the optional items are submitted, and (3) a SPECIAL AB5 pattern where all of the AB5a through AB5f items are present and with none of the other optional items present.

UPDATES AND CLARIFICATIONS

1. **General Update.** Throughout the detailed specifications, references to the "1/30/98 version" of the MDS have been updated to the newer "September 2000 version", and references have been added for the new "July 2002 version" of the MPAF PPS form.
1. **General Clarification.** Throughout the detailed data specifications, references to a "full assessment" have been changed to a "comprehensive assessment". The assessments referenced are always comprehensive assessments that include the RAPs.
2. **VCODE1 Field Update.** The range for the VCODE1 field (MDS form version used) has been changed. The value "2.0D" has been added to the valid value range to accommodate the September 2000 version of the MDS forms and the MPAF July 2002 form.
3. **VCODE2 Field Updates.**
 - 3.1. The range for the VCODE2 field (MDS data specifications version used) has been changed. The value "1.20" has been added to the valid value range to accommodate version 1.20 of the specifications.
 - 3.2. If the value "1.10" is submitted for VCODE2 (MDS data specifications version used), then a warning occurs that there is a newer version (1.20) of the specifications available.
4. **REC_TYPE Field.**
 - 4.1. **Update.** The specifications for the REC_TYPE field have been changed to indicate that errors in the submitted value of REC_TYPE are fatal and will cause record rejection. REC_TYPE errors became fatal with the MDS system upgrade in 11/2001.
 - 4.2. **Clarification.** The language defining REC_TYPE has been reorganized for better clarity. The definitions of the different values of REC_TYPE have not changed.
5. **AA3 Field Update.** If the birthdate (AA3) is more than 140 years earlier than the assessment reference date (A3a) then a fatal error will occur and the record will be rejected. This fatal error was implemented with the system upgrade in 11/2001.
6. **AA5a and AA5b Fields Update.** Any Medicare PPS assessment (AA8b = 1,2,3,4,5,7, or 8) is rejected if both the SSN (AA5a) and the resident Medicare number or comparable railroad insurance number (AA5b) are missing. This fatal error was implemented with the system upgrade in 4/2001.
7. **AA5a Field Updates.**
 - 7.1. The SSN (AA5a) value must be 9 digits, 9 dashes (unable to determine), or 9 spaces (blank). The value cannot start with 000. The value cannot be 11111111, 33333333, or 123456789. All of these errors are fatal and lead to record rejection. These fatal errors were implemented with the system upgrade in 4/2001.

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7.2. The format information for the SSN (AA5a) was changed. The statement that "any letters must be upper case" was removed, since letters are no longer allowed in the field (implemented with the system upgrade in 4/2001).

8. AA5b Field.

8.1. **Clarification.** In the Format Info the following a clarification has been added concerning railroad insurance numbers. The instructions on the MDS form and in the "RAI User's Manual" stipulate that a railroad insurance number in AA5b should be preceded by a leading letter "C". This is inappropriate since the AA5b field is 12 characters long and railroad insurance numbers can now be 12 characters long. There is insufficient room for a leading "C". For this reason, the following clarification has been added to the Format Info:

"5. Enter the Medicare number or railroad insurance number for the resident without any extra characters. **DO NOT PLACE THE LETTER C IN FRONT OF A RAILROAD INSURANCE NUMBER.**"

8.2. **Update.** New fatal errors for the AA5b field were implemented in 4/2001. The corresponding specifications have been added in version 1.20:

*2. If the first character is numeric, then the first 9 characters must be digits (0-9).

*3 If the first character is a C, it must be at least 2 characters long (the C and one or more other characters).

*4. If the first character is a letter, but not a C, then there must 1-3 alphabetic characters followed by 6 or 9 numbers followed by spaces up to the field length of 12.

9. **AA7 Field Update.** The AA7 resident Medicaid number field allows an entry of + to indicate pending and an entry of N to indicate non-Medicaid. The instructions on the MDS form and the "RAI User's Manual" refer to these entries as "+" and "N". This caused some confusion and the entries sometimes included the quotation marks. New fatal edits to disallow quotation marks in this field were added in 4/2001. The Format Info for AA7 has been updated accordingly, as follows:

*2. No quotation marks (").

5. Allow + in first character to indicate pending. A valid value of + should be entered in the left most box if the number is pending (not "+" in the first 3 boxes)

6. Allow N in 1st character to indicate non-Medicaid. A valid value of N should be entered in the left most box when a number is not applicable because the resident is not a Medicaid recipient (not "N" in the first 3 boxes)

10. **Section AB General Notes and Section AC General Notes Clarification.** The General Notes for Sections AB and AC have been corrected. In Version 1.10, reentry records (REC_TYPE R) were not included in the list of records allowing optional submission of facesheet items. In Version 1.20, reentry records have been added to the list of records allowing optional facesheet submission.

11. **AB1 Field Update.** In 4/2001, a warning was added when an admission assessment for a resident had the same AB1 admission date as a prior admission assessment for that resident. The "Consistency If Active" has been update accordingly, as follows:

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6. If the record is an admission assessment (AA8a = 01) and the AB1 (admission date) equals the AB1 (admission date) on a prior admission assessment record in the state database, then it appears that a repeat admission assessment has been submitted and a warning message will be issued.
12. **A4a Field Clarification.** The date of reentry (A4a) cannot be blank on a reentry record with AA8a = 09. This requirement has been in place since 4/1999. To make this requirement clear, a consistency check has been added explicitly stating that A4a cannot be blank on a reentry (REC_TYPE R with AA8a = 09).
13. **K6b Field Clarification.** Consistency requirements #1 and #2 for this item indicated that K6b must be 0 through 4 or - if either K5a or K5b = 1. The range for K6b allows values of 0 through 5, not 0 through 4. The "Consistency If Active" has been update accordingly, as follows:
- *1. If REC_TYPE A,AM,AO,Y,YM, or YO, K6b must be 0 thru 5 or - if either K5a or K5b = 1; otherwise K6b must be blank.
 - *2. If REC_TYPE is Q, QM, or QO, and K6b is active by State option, then K6b must be 0 thru 5 or - if either K5a or K5b is active and = 1; otherwise K6b must be blank.
14. **N1d Field Clarification.** Consistency requirement #1 had incorrect text in Version 1.10. The requirement included: "...if each N1a thru N1c = and...". The requirement should read: "...if any N1a thru N1c = - and...". The "Consistency If Active" has been update accordingly, as follows:
- *1. N1d must be 0 (zero) if any N1a thru N1c = 1; N1d must be 1 if each N1a thru N1c = 0 (zero); N1d must be - if any N1a thru N1c = - and no N1a thru N1c = 1.
15. **P1baB Field Update.** In 4/2001, new fatal consistency requirements were added for the speech therapy minutes item (P1baB). The "Consistency If Active" has been update accordingly, as follows:
- *2. If P1baA = 0, then P1baB <= 98 or P1baB = '----'. (If there are 99 or more minutes across 7 days, at least one of the days must have 15 minutes or more.)
 - *3. If P1baA is not = '-' and P1baA is also not = 0 and P1baB is not = '----', then P1baB/P1baA <= 1440. (The number of minutes divided by the number of days cannot exceed 1440, the total number of minutes in a day.)
16. **P1bbB Field Update.** In 4/2001, new fatal consistency requirements were added for the occupational therapy minutes item (P1bbB). The "Consistency If Active" has been update accordingly, as follows:
- *2. If P1bbA = 0, then P1bbB <= 98 or P1bbB = '----'. (If there are 99 or more minutes across 7 days, at least one of the days must have 15 minutes or more.)
 - *3. If P1bbA is not = '-' and P1bbA is also not = 0 and P1bbB is not = '----', then P1bbB/P1bbA <= 1440. (The number of minutes divided by the number of days cannot exceed 1440, the total number of minutes in a day.)

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17. **P1bcB Field Update.** In 4/2001, new fatal consistency requirements were added for the physical therapy minutes item (P1bcB). The "Consistency If Active" has been update accordingly, as follows:
- *2. If P1bcA = 0, then P1bcB \leq 98 or P1bcB = '----'. (If there are 99 or more minutes across 7 days, at least one of the days must have 15 minutes or more.)
 - *3. If P1bcA is not = '-' and P1bcA is also not = 0 and P1bcB is not = '----', then P1bcB/P1bcA \leq 1440. (The number of minutes divided by the number of days cannot exceed 1440, the total number of minutes in a day.)
18. **P1bdB Field Update.** In 4/2001, new fatal consistency requirements were added for the respiratory therapy minutes item (P1bdB). The "Consistency If Active" has been update accordingly, as follows:
- *2. If P1bdA = 0, then P1bdB \leq 98 or P1bdB = '----'. (If there are 99 or more minutes across 7 days, at least one of the days must have 15 minutes or more.)
 - *3. If P1bdA is not = '-' and P1bdA is also not = 0 and P1bdB is not = '----', then P1bdB/P1bdA \leq 1440. (The number of minutes divided by the number of days cannot exceed 1440, the total number of minutes in a day.)
19. **P1beB Field Update.** In 4/2001, new fatal consistency requirements were added for the psychological therapy minutes item (P1beB). The "Consistency If Active" has been update accordingly, as follows:
- *2. If P1beA = 0, then P1beB \leq 98 or P1beB = '----'. (If there are 99 or more minutes across 7 days, at least one of the days must have 15 minutes or more.)
 - *3. If P1beA is not = '-' and P1beA is also not = 0 and P1beB is not = '----', then P1beB/P1beA \leq 1440. (The number of minutes divided by the number of days cannot exceed 1440, the total number of minutes in a day.)