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**Section: S**

**Item ID: S0101**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
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**Item ID: S0102**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Chronic and Convalescent Nursing Home (CCNH)
2		Rest Home with Nursing Supervision (RHNS)
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
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**Item ID: S0111**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
2		In other facility

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
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**Item ID: S0113**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

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**Item ID: S0114**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
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**Section: S**

**Item ID: S0115**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

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**Item ID: S0120**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Prior Residence ZIP Code
-		Not assessed/no information

**Item Edits**

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

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**Item ID: S0122**

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

**Item Subsets**

Active:

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

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

**Item Values**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0123**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0125**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
Text		Prior Residence Town Code

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0130**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0140**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Physician License Number

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0141**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Physician Last Name

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0150**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
State Resident ID	Asmt		Text	9	1976-1984

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)

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		State Resident Identifier
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0153**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Valid resident identifier

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0160**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161A**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0161B**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0161D**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0161Z**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0165A**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0165B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0165C**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0165D**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0165E**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0165Z**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170C**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0170D**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170E**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170F**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170G**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0170H**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0170Z**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0171A**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0171B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0172A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
9		Not applicable

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0172B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172C**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0172D**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0172E**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172F**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172G**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0172H**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0173**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
9		Not applicable

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0174**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0175**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0180**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0183**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0185**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
-		Not assessed/no information

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0500**

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

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0501**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0505**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
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,OSA,SP,SD,ST,XX

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

**Item Values**

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

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0509**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0510**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
9		N/A PASRR not indicated

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0511**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0512**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0513**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0514**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0515**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0520**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0521**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0600A**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0600B**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0600C**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0600D**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S0600E**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S0600Z**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1000**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1001**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1002**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1003**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1004**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100A**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: MRSA	Asmt		Checklist	1	2004-2004
Disease: MRSA Disease Diagnoses: Check all that apply since last assessment: b. MRSA (Methicillin-Resistant Staphylococcus Aureus)					

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1100C**

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

**Item Subsets**

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100D**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100E**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Disease: VRSA	Asmt		Checklist	1	2007-2007

Disease: VRSA Disease Diagnoses:  
Check all that apply since last assessment:  
e.VRSA (Vancomycin-Resistant Staphylococcus Aureus)

#### Item Subsets

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1100F**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100F1**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100F2**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1100G**

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

**Item Subsets**

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100H**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1100I**

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

**Item Subsets**

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1100J**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1100Z**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1150**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1200A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Primary
2		Secondary
3		Neither primary or secondary

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1200C**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Primary
2		Secondary
3		Neither primary or secondary

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200D**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200E**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200F**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200G**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

Item ID: S1200H

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S1200I**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210C**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210D**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210E**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210F**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210G**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210H**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210I**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S1210Z**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2000**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
2		Limited

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S2001**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2010**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2011**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2015**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2016**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S2040**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2050**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060C**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060D**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060E**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S2060Z**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		None
1		Right
2		Left
3		Both sides

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3100B**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100C**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100D**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100E**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100F**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3100G**

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

#### Item Subsets

Active:

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

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

#### Item Values

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

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100H**

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

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3100Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Contractures: Other Contractures: z. Other	Asmt		Code	1	2099-2099

**Item Subsets**

Active:

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

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

**Item Values**

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

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3200A**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
1		Right
2		Left
3		Ambidextrous
9		Unable to determine

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3200B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Use of dominant hand/arm Dominant Side: To what extent does the resident have use of his/her dominant hand/arm?	Asmt		Code	1	2101-2101

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Full
2		Limited
3		None

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3300**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
-		Not assessed/no information

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3305A**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3305B**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3305C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Bed for weight Bed required since last assessment	Asmt		Checklist	1	2578-2578

**Item Subsets**

Active:

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

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

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3305D**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3305E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
More than 2 staff for weight More than 2 staff required since last assessment	Asmt		Checklist	1	2580-2580

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S3305Y**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - Medicare Part A Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2607-2607

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - Medicare Part B Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2608-2608

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - Managed Care Entity Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2609-2609

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - Medicaid Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2610-2610

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310Y**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - Other Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2611-2611

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3310Z**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Therapy Services Billed - None Of The Above Resident received therapy services (i.e., PT, OT, ST) during the 7 day look back and these services were billed to the following (check all that apply)	Asmt		Checklist	1	2612-2612

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - Oxygen Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2613-2613

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - Inhaler/Nebulizer Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2614-2614

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - Acute Monitoring Of Respiratory Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2615-2615

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - Medications Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2616-2616

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315Y**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - Other Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2617-2617

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S3315Z**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
COPD Treatment - None Of The Above Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2618-2618

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Harm: Self Injury/Self-injurious attempt Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance)	Asmt		Code	1	2102-2102

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Never
1		Attempt more than 1 year ago
2		Attempt in the last year
3		Attempt in the last 7 days
4		Attempt within last 3 days

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S4000B**

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

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

Item ID: S4000C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Harm: Considered injuring self Harm to Self or Others: Self Injury Considered performing a self-injurious act in the last 30 days	Asmt		Code	1	2104-2104

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4000D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Harm: Self-injury caregiver concern	Asmt		Code	1	2105-2105
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,OSA,SP,SD,ST,XX

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4010A**

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

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
3		Maximum value

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4010B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
15- Min. Interval Observation	Asmt		Number	1	2107-2107

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". B. Checked at 15-minute intervals

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
3		Maximum value

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4010C**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
3		Maximum value

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4010D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Constant Observation for < 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". D. Constant Observation for less than or equal to 1 hour	Asmt		Number	1	2109-2109

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
3		Maximum value

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4010E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Constant Observation for > 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". E. Constant Observation for more than 1 hour	Asmt		Number	1	2110-2110

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
3		Maximum value

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4500**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Alcoholic Drinks Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days	Asmt		Code	1	2111-2111

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		None
1		One
2		Two to four
3		Five or more

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Inhalants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a. Inhalants	Asmt		Code	1	2112-2112

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Hallucinogens Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: b. Hallucinogens	Asmt		Code	1	2113-2113

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Cocaine and Crack Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack	Asmt		Code	1	2114-2114

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Stimulants Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: d. Stimulants	Asmt		Code	1	2115-2115

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Opiates Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: e. Opiates	Asmt		Code	1	2116-2116

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S4510F**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Substance Abuse: Cannabis Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis	Asmt		Code	1	2117-2117

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5000**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Number of New Pressure Ulcers Pressure Ulcers: Number of new or reoccurring pressure ulcers during last quarter (if 9 or more, enter 9)	Asmt		Number	1	2118-2118

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
9		Maximum value

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5005**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		None
1		Inhouse
2		Other
3		Both

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 1 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A1. Location of pressure ulcer 1	Asmt		Code	2	2120-2121

**Item Subsets**

Active:

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

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

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010A2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 1 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A2. Status of pressure ulcer 1	Asmt		Code	1	2122-2122

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 2 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2	Asmt		Code	2	2123-2124

**Item Subsets**

Active:

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

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

**Item Values**

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

#### Item Edits

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010B2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 2 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B2. Status of pressure ulcer 2	Asmt		Code	1	2125-2125

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 3 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C1. Location of pressure ulcer 3	Asmt		Code	2	2126-2127

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010C2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 3 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C2. Status of pressure ulcer 3	Asmt		Code	1	2128-2128

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010D1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 4 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D1. Location of pressure ulcer 4	Asmt		Code	2	2129-2130

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010D2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 4 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D2. Status of pressure ulcer 4	Asmt		Code	1	2131-2131

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010E1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 5 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E1. Location of pressure ulcer 5	Asmt		Code	2	2132-2133

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left



# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010E2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 5 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E2. Status of pressure ulcer 5	Asmt		Code	1	2134-2134

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010F1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 6 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F1. Location of pressure ulcer 6	Asmt		Code	2	2135-2136

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010F2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 6 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F2. Status of pressure ulcer 6	Asmt		Code	1	2137-2137

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

#### Item Edits

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010G1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 7 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G1. Location of pressure ulcer 7	Asmt		Code	2	2138-2139

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010G2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 7 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G2. Status of pressure ulcer 7	Asmt		Code	1	2140-2140

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010H1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 8 location Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H1. Location of pressure ulcer 8	Asmt		Code	2	2141-2142

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010H2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Pressure ulcer 8 status Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H2. Status of pressure ulcer 8	Asmt		Code	1	2143-2143

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S5010I1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 9 location	Asmt		Code	2	2144-2145

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I1. Location of pressure ulcer 9

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left

# **Data Submission Specifications for the MDS Item Set (V3.00.1)** **Detailed Data Specifications Report** **Section: S**

23	Ankle - Right
24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

## **Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S5010I2**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6000**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Parenteral/IV feeding in NH Within the last 7 days, Parenteral/IV feeding was provided and administered in and by the nursing home	Asmt		Code	1	2147-2147

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6005**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IV meds in NH Within the last 14 days, IV medication was provided, administered, and instilled exclusively in and by the nursing home	Asmt		Code	1	2148-2148

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6010**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
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,OSA,SP,SD,ST,XX

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020A**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp specialized CNA training needed Ventilator/respirator resident needs specialized CNA training	Asmt		Checklist	1	2583-2583

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp specialized therapy (PT,OT,RT) expertise Ventilator/respirator resident needs specialized therapy (PT, OT, RT) expertise	Asmt		Checklist	1	2584-2584

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020D**

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

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020Y**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp Other Ventilator/respirator resident needs other	Asmt		Checklist	1	2586-2586

**Item Subsets**

Active:

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

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

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6020Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp None of the Above Ventilator/respirator resident needs none of the above	Asmt		Checklist	1	2587-2587

**Item Subsets**

Active:

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

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

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6022A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days licensed nurse: hourly intervals Number of days the resident required hourly intervals of direct care by a licensed nurse.	Asmt		Number	1	2588-2588

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6022B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days licensed nurse: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a licensed nurse.	Asmt		Number	1	2589-2589

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6022C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days licensed nurse: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a licensed nurse.	Asmt		Number	1	2590-2590

#### Item Subsets

Active:

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

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

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

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

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6023A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days CNA: hourly intervals Number of days the resident required hourly intervals of direct care by a CNA.	Asmt		Number	1	2591-2591

**Item Subsets**

Active:

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

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

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

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

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6023B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days CNA: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a CNA.	Asmt		Number	1	2592-2592

#### Item Subsets

Active:

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

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6023C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days CNA: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a CNA.	Asmt		Number	1	2593-2593

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6024A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days RT: hourly intervals Number of days the resident required hourly intervals of direct care by a respiratory therapist.	Asmt		Number	1	2594-2594

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6024B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days RT: 15-minute intervals Number of days the resident required 15-minute intervals of direct care by a respiratory therapist.	Asmt		Number	1	2595-2595

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6024C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vent/resp days RT: 5-minute intervals Number of days the resident required 5-minute intervals of direct care by a respiratory therapist.	Asmt		Number	1	2596-2596

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6050**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Isolation precautions needed Has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?	Asmt		Code	1	2150-2150

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6051A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Isolation Precaution: Airborne If yes to item S6050, type of isolation precautions employed: a. Airborne	Asmt		Checklist	1	2151-2151

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6051B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Isolation Precaution: Contact If yes to item S6050, type of isolation precautions employed: b. Contact	Asmt		Checklist	1	2152-2152

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6051C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Isolation Precaution: Droplet If yes to item S6050, type of isolation precautions employed: c. Droplet	Asmt		Checklist	1	2153-2153

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6051D**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Isolation Precaution: Protective If yes to item S6050, type of isolation precautions employed: d. Protective	Asmt		Checklist	1	2154-2154

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6052**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Isolation Required Resident required isolation procedures and was assigned a private room and did not leave the room except for medical treatments/procedures. If "Yes", then entry below must contain Start/End Dates.	Asmt		Code	1	2619-2619

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6053A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Met Isolation Requirements Start Date Resident met the isolation requirements Start Date	Asmt		Date	8	2620-2627

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Valid date
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6053B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Met Isolation Requirements End Date	Asmt		Date	8	2628-2635
Resident met the isolation requirements End Date					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Varicella Vaccinations : Indicate if the following vaccination is current: a. Varicella (Herpes Zoster or shingles)	Asmt		Checklist	1	2155-2155

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6100B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vaccination: Tetanus, diphtheria (Td) Vaccinations: Indicate if the following the vaccination is current: b. Tetanus, diphtheria (Td)	Asmt		Checklist	1	2156-2156

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6100C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vaccination: Tetanus, diphtheria, pertussis (Tdap) Vaccinations: Indicate if the following vaccination is current: c. Tetanus, diphtheria, pertussis (Tdap)	Asmt		Checklist	1	2157-2157

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100D**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Measles, Mumps, Rubella (MMR) Vaccinations: Indicate if the following vaccination is current: d. Measles, mumps, rubella (MMR)	Asmt		Checklist	1	2158-2158

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100E**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other Vaccinations: Indicate vaccinations that are current, excluding pneumococcal, seasonal influenza, and S6100A - S6100D. e. Other	Asmt		Checklist	1	2159-2159

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100F1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other Name 1 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2160-2179

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 1 Name

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6100F2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Vaccination: Other Name 2 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2180-2199

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Other Vaccination 2 Name

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100F3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other Name 3 Vaccinations: If other vaccination is checked, please specify name	Asmt		Text	20	2200-2219

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 3 Name

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6100Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: None of the above Vaccinations: Indicate the vaccinations that are current z. None of the above	Asmt		Checklist	1	2220-2220

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6200**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Number of Hospital Stays	Asmt		Number	2	2221-2222

Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days).  
Enter 0 if no hospital admissions.

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
90		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6201**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of Unreported Hospital Stays Record previously unreported number of times resident was admitted to hospital with an overnight stay in the last 92 days. Enter 0 if no hospital admissions.	Asmt		Number	2	2636-2637

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6202**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Hosp admissions w/overnight stay in last 90 days Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no hospital admissions.	Asmt		Number	2	2678-2679

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
90		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6205**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Number of Observation Stays	Asmt		Number	1	2597-2597

Observation Stays: Record number of times resident had at least one overnight stay without being admitted to the hospital since the last assessment.

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6210**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Number of ER visits	Asmt		Number	3	2223-2225

Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits.

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Minimum value
999		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6211**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Number of Unreported ER Visits Record previously unreported number of times resident visited ER without an overnight stay in the last 92 days. Enter 0 if no ER visits.	Asmt		Number	3	2638-2640

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
000		Minimum value
999		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S6212**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
ER visits w/o overnight stay in last 90 days Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no ER visits.	Asmt		Number	2	2680-2681

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6220**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Alzheimer's/Dementia Special Care Unit Alzheimer's/Dementia Special Care Unit- Program provided while a resident of this facility within the last 14 days	Asmt		Code	1	2226-2226

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6230**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Has resident received antipsychotic Has this resident received an antipsychotic medication since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)?	Asmt		Code	1	2553-2553

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6232**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Is resident currently receiving antipsychotic medication? Is the resident currently receiving an antipsychotic medication?	Asmt		Code	1	2554-2554

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6234**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Attempt to reduce amount of antipsychotic Has an attempt been made to reduce the total amount of antipsychotic medication the resident receives since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the Entry Date (A1600)?	Asmt		Code	1	2555-2555

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6236**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Was reduction in antipsychotic maintained Was the reduction in the total amount of antipsychotic medication that the resident receives maintained?	Asmt		Code	1	2556-2556

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S6500**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Comfort care provided in the last 14 days Comfort care provided. In the last 14 days, has the resident received comfort care? Comfort care consists of medical care and treatment provided with the primary goal of reducing suffering. Food and fluids are offered by mouth; medication, turning in bed, wound care, and other measures are used to relieve suffering; and oxygen, suctioning, and manual treatment of airway obstruction are used as needed for comfort.	Asmt		Code	1	2682-2682

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,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
-		Not assessed/no information

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S7000**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Dental Care	Asmt		Code	1	2598-2598
Dental care					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
1		Routine dental care since last assessment
2		Emergent dental care since last assessment
9		None of the above

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Primary Payor	Asmt		Checklist	1	2227-2227
Medicare - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare - Secondary Payor	Asmt		Checklist	1	2228-2228
Medicare - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Payor Medicare	Asmt		Checklist	1	2229-2229

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000B1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part A - Primary Payor	Asmt		Checklist	1	2230-2230
Medicare Part A - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000B2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part A - Secondary Payor	Asmt		Checklist	1	2231-2231
Medicare Part A - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000B3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part A Payor Medicare Part A	Asmt		Checklist	1	2232-2232

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part B - Primary Payor	Asmt		Checklist	1	2233-2233
Medicare Part B - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000C2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B - Secondary Payor	Asmt		Checklist	1	2234-2234
Medicare Part B - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000C3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B Payor Medicare Part B	Asmt		Checklist	1	2235-2235

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8000D1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part C - Primary Payor	Asmt		Checklist	1	2236-2236
Medicare Part C (Medicare Advantage) - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000D2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part C - Secondary Payor	Asmt		Checklist	1	2237-2237
Medicare Part C (Medicare Advantage) - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000D3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Part C Payor Medicare Part C (Medicare Advantage)	Asmt		Checklist	1	2238-2238

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000E1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare per diem - Primary Payor	Asmt		Checklist	1	2239-2239
Medicare per diem - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000E2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare per diem - Secondary Payor	Asmt		Checklist	1	2240-2240
Medicare per diem - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000E3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare per diem Payor Medicare per diem	Asmt		Checklist	1	2241-2241

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8000Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare not a payment source	Asmt		Checklist	1	2242-2242
Medicare not a payment source					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010A1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
In-state Medicaid - Primary Payor	Asmt		Checklist	1	2243-2243
In-state Medicaid - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010A2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
In-state Medicaid - Secondary Payor	Asmt		Checklist	1	2244-2244
In-state Medicaid - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010A3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
In-state Medicaid payor In-state Medicaid	Asmt		Checklist	1	2245-2245

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010B1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Out-of-state Medicaid - Primary Payor	Asmt		Checklist	1	2246-2246
Out-of-state Medicaid - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid - Secondary Payor	Asmt		Checklist	1	2247-2247
Out-of-state Medicaid - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Out-of-state Medicaid Payor Out-of-state Medicaid	Asmt		Checklist	1	2248-2248

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid per diem - Primary Payor	Asmt		Checklist	1	2249-2249
Medicaid per diem - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010C2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem - Secondary Payor	Asmt		Checklist	1	2250-2250
Medicaid per diem - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010C3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid per diem Payor Medicaid per diem	Asmt		Checklist	1	2251-2251

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010D1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid managed care per diem - Primary Payor	Asmt		Checklist	1	2252-2252
Medicaid managed care per diem - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010D2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid managed care per diem - Secondary Payor	Asmt		Checklist	1	2253-2253
Medicaid managed care per diem - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010D3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid managed care per diem Payor Medicaid managed care per diem	Asmt		Checklist	1	2254-2254

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010E1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
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,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010E2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
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,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010E3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid per diem (not MC) Payor Medicaid per diem (not managed care)	Asmt		Checklist	1	2257-2257

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010F**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid per diem type Type of Medicaid per Diem	Asmt		Code	1	2531-2531

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Medicaid managed care per diem
2		Medicaid per diem (not managed care)
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010F1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability - Primary Payor	Asmt		Checklist	1	2258-2258
Medicaid Resident Liability - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010F2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Resident Liability - Secondary Payor	Asmt		Checklist	1	2259-2259
Medicaid Resident Liability - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010F3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Resident Liability Payor Medicaid Resident Liability	Asmt		Checklist	1	2260-2260

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010G**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid state source Medicaid State Source	Asmt		Code	1	2532-2532

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
1		In-state Medicaid
2		Out-of-state Medicaid
^		Blank (skip pattern)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010G1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicare Co-Pay - Primary Payor	Asmt		Checklist	1	2261-2261
Medicare Co-pay - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8010G2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay - Secondary Payor	Asmt		Checklist	1	2262-2262
Medicare Co-pay - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010G3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Co-pay Payor	Asmt		Checklist	1	2263-2263
Medicare Co-pay					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010H1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Picture Date reporting Check this item if the assessment is a Discharge Return Anticipated assessment AND is to be used as a Discharge Return Not Anticipated for Picture Date reporting requirements	Asmt		Checklist	1	2264-2264

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010H2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Other - Secondary Payor	Asmt		Checklist	1	2265-2265
Medicaid Other - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010H3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Other Payor Medicaid Other	Asmt		Checklist	1	2266-2266

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010I1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Pending - Primary Payor	Asmt		Checklist	1	2267-2267
Medicaid Pending - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S801012**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Secondary Payor	Asmt		Checklist	1	2268-2268
Medicaid Pending - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**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,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8010Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid not a payment source	Asmt		Checklist	1	2270-2270
Medicaid not a payment source					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8015**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
MMIS Identification Number	Asmt		Number	8	2683-2690

Enter the Medicaid Management Information System (MMIS) identification number for the Managed Long Term Care or Mainstream Managed Care Plan in which the patient was enrolled for this assessment.  
 If the patient was not enrolled in any plan enter a dash.

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00000000		Minimum value
99999999		Maximum value
-		Not enrolled in any plan

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Primary Payor	Asmt		Checklist	1	2271-2271
Private - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020A2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private - Secondary Payor	Asmt		Checklist	1	2272-2272
Private - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private Payor Private	Asmt		Checklist	1	2273-2273

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8020B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Private per diem - Primary Payor	Asmt		Checklist	1	2274-2274
Private per diem (including co-pay) - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020B2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private per diem - Secondary Payor	Asmt		Checklist	1	2275-2275
Private per diem (including co-pay) - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020B3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private per diem Payor Private per diem (including co-pay)	Asmt		Checklist	1	2276-2276

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private LTC insurance policy - Primary Payor	Asmt		Checklist	1	2277-2277
Private LTC insurance policy - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020C2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private LTC insurance policy - Secondary Payor Private LTC insurance policy - Secondary Payor	Asmt		Checklist	1	2278-2278

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020C3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private LTC insurance policy	Asmt		Checklist	1	2279-2279
Private LTC insurance policy					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8020Z**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Private insurance not a payment source Private insurance not a payment source	Asmt		Checklist	1	2280-2280

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8030A1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Self-pay - Primary Payor	Asmt		Checklist	1	2281-2281
Self-pay - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8030A2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Self-pay - Secondary Payor	Asmt		Checklist	1	2282-2282
Self-pay - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8030A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self-pay Payor Self-pay	Asmt		Checklist	1	2283-2283

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030B1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Primary Payor	Asmt		Checklist	1	2284-2284
Family pay - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay - Secondary Payor	Asmt		Checklist	1	2285-2285
Family pay - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Family pay Payor Family pay	Asmt		Checklist	1	2286-2286

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8030C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self or Family pay for full per diem	Asmt		Checklist	1	2287-2287
Self or family pay for full per diem					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8030Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Self or Family not a payment source Self or family not a payment source	Asmt		Checklist	1	2288-2288

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
State Run Medical Assistance - Primary Payor	Asmt		Checklist	1	2289-2289
State Run Medical Assistance - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040A2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
State Run Medical Assistance - Secondary Payor	Asmt		Checklist	1	2290-2290
State Run Medical Assistance - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040A3**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
State Run Medical Assistance Payor State Run Medical Assistance	Asmt		Checklist	1	2291-2291

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040B1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Tricare per diem - Primary Payor	Asmt		Checklist	1	2292-2292
Tricare per diem - Primary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040B2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem - Secondary Payor	Asmt		Checklist	1	2293-2293
Tricare per diem - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040B3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Tricare per diem Payor Tricare per diem	Asmt		Checklist	1	2294-2294

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
VA per diem - Primary Payor VA per diem - Primary Payor	Asmt		Checklist	1	2295-2295

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040C2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem - Secondary Payor	Asmt		Checklist	1	2296-2296
VA per diem - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040C3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA per diem Payor VA per diem	Asmt		Checklist	1	2297-2297

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040D1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Primary Payor	Asmt		Checklist	1	2298-2298
Other public - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040D2**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public - Secondary Payor	Asmt		Checklist	1	2299-2299
Other public - Secondary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8040D3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Public Payor Other public	Asmt		Checklist	1	2300-2300

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8040Z**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other government not a payment source	Asmt		Checklist	1	2301-2301
Other government not a payment source					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8050A1**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other - Primary Payor	Asmt		Checklist	1	2302-2302
Other - Primary Payor					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8050A2**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Other - Secondary Payor	Asmt		Checklist	1	2303-2303
Other - Secondary Payor					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S8050A3**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Other	Asmt		Checklist	1	2304-2304

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8050B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Other Payor Name 1 Other Name 1	Asmt		Text	30	2305-2334

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Other Payor Name 1

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8050C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Other Payor Name 2 Other Name 2	Asmt		Text	30	2335-2364

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Other Payor Name 2

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8050D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Other Payor Name 3 Other Name 3	Asmt		Text	30	2365-2394

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
Text		Other Payor Name 3

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8055**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary payor Primary Payor	Asmt		Code	1	2533-2533

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
1		Medicare
2		Medicaid
3		Medicaid Pending
4		Medicaid Managed Care
5		Managed Long Term Care
9		None of the above

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8099**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Payor: None of the Above None of the Above	Asmt		Checklist	1	2395-2395

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8500**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid begin date Date Medicaid Coverage Began - If applicable, enter date	Asmt		Date	8	2396-2403

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Medicaid Coverage Begin Date
-		Not assessed/no information
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8510A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment	Asmt		Number	2	2557-2558

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00		Minimum value
99		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8510B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Therapeutic bed-hold days - YTD Number of therapeutic bed-hold days paid by Medicaid year-to-date	Asmt		Number	2	2559-2560

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00		Minimum value
99		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8512A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid hospital bed-hold days since last asmt Number of hospital bed-hold days paid by Medicaid since last assessment	Asmt		Number	2	2561-2562

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00		Minimum value
99		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8512B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid hospital bed-hold days - YTD Number of hospital bed-hold days paid by Medicaid year-to-date	Asmt		Number	2	2563-2564

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
00		Minimum value
99		Maximum value

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8520A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Leave Days Type 1 Leave Days for Medicaid (Bed-Hold days) Type 1	Asmt		Code	1	2408-2408

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
H		Hospital
T		Therapeutic
D		Deletion Request

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8520B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Leave Days for Medicaid begin date 1	Asmt		Date	8	2409-2416
Leave Days for Medicaid (Bed-Hold days)					
Leave Period Begin Date 1					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Leave Days for Medicaid Begin Date Type 1

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8520C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Leave Days for Medicaid end date 1	Asmt		Date	8	2417-2424
Leave Days for Medicaid (Bed-Hold days)					
Leave Period End Date 1					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Leave Days for Medicaid End Date Type 1
-		Not assessed/no information

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8521A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Medicaid Leave Days Type 2	Asmt		Code	1	2425-2425
Leave Days for Medicaid (Bed-Hold days) Type 2					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
H		Hospital
T		Therapeutic
D		Deletion Request

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8521B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Leave Days for Medicaid begin date 2	Asmt		Date	8	2426-2433
Leave Days for Medicaid (Bed-Hold days)					
Leave Period Begin Date 2					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Leave Days for Medicaid Begin Date Type 2

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S8521C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Leave Days for Medicaid end date 2	Asmt		Date	8	2434-2441
Leave Days for Medicaid (Bed-Hold days)					
Leave Period End Date 2					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Leave Days for Medicaid End Date Type 2

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9000**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL Skills Training IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300. 4050 a) 1) A - D and 300. 4050 a) 3) and Illinois DPA Section 147, Table A	Asmt		Code	1	2442-2442

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9001**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
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,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9002A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Schizophrenia IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: a. Schizophrenia	Asmt		Checklist	1	2444-2444

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9002B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Delusional disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: b. Delusional disorder	Asmt		Checklist	1	2445-2445

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Schizoaffective disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: c. Schizoaffective disorder	Asmt		Checklist	1	2446-2446

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S:Psychotic disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: d. Psychotic disorder not otherwise specified	Asmt		Checklist	1	2447-2447

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Bipolar I mixed, manic, & depr IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: e. Bipolar I mixed, manic, and depressed	Asmt		Checklist	1	2448-2448

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002F**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Bipolar disorder II IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: f. Bipolar disorder II	Asmt		Checklist	1	2449-2449

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002G**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Cyclothymic disorder IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: g. Cyclothymic disorder	Asmt		Checklist	1	2450-2450

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002H**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Bipolar disorder not specified IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: h. Bipolar disorder not otherwise specified	Asmt		Checklist	1	2451-2451

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9002I**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
IL IDPH Subpart S: Major depression, recurrent IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: i. Major depression, recurrent	Asmt		Checklist	1	2452-2452

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		Not checked (No)
1		Checked (Yes)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9003**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S: Ancillary IL - Ancillary Provider Services. Does resident receive direct services delivered by non-facility providers to meet requirements of Illinois Subpart S? (exclude only medical/psychiatric management by primary psychiatrist/physician)	Asmt		Code	1	2453-2453

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9020**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
FL FRAES number	Asmt		Text	8	2454-2461
FL -Florida Facility FRAES number					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		FL FRAES Number

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Does resident have a California POLST form in chart?	Asmt		Code	1	2462-2462

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
0		No
1		Yes

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Version Changes**

Type	ID	Description
Item	S9040A	[V3.00.0]-Removed [2] as a valid value for this item.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST Section A CA - Item selected in California POLST Section A	Asmt		Code	1	2463-2463

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Attempt resuscitation/CPR
2		Do not attempt resuscitation/DNR
9		Not completed

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST Section B CA - Item selected in California POLST Section B	Asmt		Code	1	2464-2464

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040C1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST Section B (revised) CA - item selected in California POLST Section B (revised)	Asmt		Code	1	2599-2599

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9040D**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section C CA - item selected in California POLST Section C	Asmt		Code	1	2465-2465

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		No artificial means of nutrition, including feeding tubes
2		Trial period of artificial nutrition including feeding tubes
3		Long term artificial nutrition including feeding tubes
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040D1**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST Section C (revised) CA - item selected in California POLST Section C (revised)	Asmt		Code	1	2600-2600

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
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**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST D phys/nurse prac/phys asst signature CA - POLST Section D - Signature of Physician, Nurse Practitioner or Physician Assistant	Asmt		Code	1	2466-2466

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9040F**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST D resident signature CA - POLST Section D - Signature by Patient or Decisionmaker	Asmt		Code	1	2467-2467

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
0		No
1		Yes - Patient or Legally Recognized Decisionmaker
2		Both Patient and Legally Recognized Decisionmaker

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

#### Version Changes

Type	ID	Description
Item	S9040F	[V3.00.0]-Revised text for item response value [1]. Added item response value [2] as a valid value.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9040G**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST D discussed with patient or decisionmaker Discussed with in California POLST Section D	Asmt		Code	1	2468-2468

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Patient
2		Legally Recognized Decisionmaker
5		Both Patient and Legally Recognized Decisionmaker
9		Not completed

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

#### Version Changes

Type	ID	Description
Item	S9040G	[V3.00.0]-Added item response value [5] as a valid value.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9040H**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CA POLST advanced directive California POLST Section D- Advance Directive:	Asmt		Code	1	2534-2534

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Advance directive available and reviewed
2		Advance directive not available
3		No advance directive
9		Not completed

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9060**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident	Asmt		Code	1	2469-2469

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		AIDS Scatter Beds
2		Traumatic Brain Injury (TBI) Extended Care
9		None of the Above

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9080A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
PA MA CASE-MIX PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)	Asmt		Code	1	2470-2470

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9080B**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Date PA - Source of Payment: b. Date of change to/from Medical Assistance for MA CASE-MIX	Asmt		Date	8	2471-2478

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix Date

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9080C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Access Card Number	Asmt		Text	10	2479-2488
PA - Source of Payment:					
c. Recipient Number from PA ACCESS Card					
(must be completed if item S9080A =1)					

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
Text		PA Medical Assistance Case Mix ACCESS Card Number
^		Blank (skip pattern)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9080D**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
PA MA CASE-MIX MA NF Effective Date PA - Source of Payment: d. MA NF Effective date from PA/FS 162	Asmt		Date	8	2489-2496

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		PA Medical Assistance Case Mix NF Effective Date
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9080E**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
PA MA CASE-MIX Day One MA PA - Source of Payment: e. Is the resident DAY ONE MA eligible	Asmt		Code	1	2497-2497

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9085A**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Resident enrolled in Community HealthChoices (CHC) Is the resident enrolled in Community HealthChoices (CHC)?	Asmt		Code	1	2691-2691

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9085B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CHC effective date	Asmt		Date	8	2692-2699
CHC effective date					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
YYYYMMDD		Valid date
^		Blank (skip pattern) when S9085A=0

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9085C**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CHC product name CHC product name. Enter the two-digit code from table.	Asmt		Number	2	2700-2701

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
01		Minimum value
20		Maximum value
^		Blank (skip pattern) when S9085A=0

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.



**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9085D**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CHC member ID	Asmt		Text	14	2702-2715
CHC member ID					

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

Value	LOINC Code	Value Text
Text		Valid CHC member ID
^		Blank (skip pattern) when S9085A=0

**Item Edits**

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9100A**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Room & Board Payment Assessment Reference Date Code for the primary source of per diem room and board reimbursement for the resident on the date indicated - Assessment Reference Date (A2300)	Asmt		Code	1	2498-2498

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Commonwealth Coordinated Care (CCC) Plus
3		Other reimbursement source

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9100B**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
VA Room & Board Payment Entry Date VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Date of Entry (A1600)	Asmt		Code	1	2499-2499

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

# Data Submission Specifications for the MDS Item Set (V3.00.1)

## Detailed Data Specifications Report

### Section: S

**Item ID: S9100C**

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Medicaid Room & Board initial date	Asmt		Date	8	2500-2507

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.

#### Item Subsets

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

#### Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (not available or unknown)

#### Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9120**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
CT Approved LTC CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?	Asmt		Code	1	2508-2508

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes
^		Blank (skip pattern)

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

**Data Submission Specifications for the MDS Item Set (V3.00.1)**  
**Detailed Data Specifications Report**  
**Section: S**

**Item ID: S9140**

<b>Item Label/Item Text</b>	<b>Item Group</b>	<b>LOINC Code</b>	<b>Item Type</b>	<b>Max Length</b>	<b>Fixed Format Start-End Bytes</b>
Completed LAPOST Does the resident have a completed LaPOST document	Asmt		Code	1	2601-2601

**Item Subsets**

Active:

Inactive: NPE,IPA,OSA,SP,SD,ST,XX

State optional: NC,NQ,NP,ND,NT

**Item Values**

<b>Value</b>	<b>LOINC Code</b>	<b>Value Text</b>
0		No
1		Yes

**Item Edits**

<b>Edit ID</b>	<b>Edit Type</b>	<b>Severity</b>	<b>Edit Text</b>
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.