

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs					
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch	
			Alaska 09/30/2010 - Alaska will NOT collect Section S items									
			California 7 items									
CA	S9040A	State Specific	CA - Does resident have a California POLST form in chart	1	0. No 1. Yes	CA POLST	x	x		x	x	
CA	S9040B	State Specific	CA -Item selected in California POLST Section A	1	1. Attempt resuscitation 2. Do not attempt resuscitation 9. Not completed	CA POLST Section A	x	x		x	x	
CA	S9040C	State Specific	CA -Item selected in California POLST Section B	1	1. comfort measures only 2. Limited additional interventions 3. Do no transfer to hospital for medical intervention 4. Full treatment 9. Not completed	CA POLST Section B	x	x		x	x	
CA	S9040D	State Specific	CA -Item selected in California POLST Section C	1	1. No artificial nutrition by tube 2. Defined period of artificial nutrition by tube 3. Long term artificial nutrition by tube 9. Not completed	CA POLST Section C	x	x		x	x	
CA	S9040E	State Specific	CA - Signature by physician in California POLST Section D:	1	0. No 1. Yes	CA POLST D physician signature	x	x		x	x	
CA	S9040F	State Specific	CA - Signature by resident or decision maker in California POLST Section D	1	0. No 1. Yes	CA POLST D resident signature	x	x		x	x	
CA	S9040G	State Specific	CA - Discussed with in California POLST Section D	1	1. Patient 2. Decision maker 3. Parent of minor 4. Conservator	CA POLST D discussed with	x	x		x	x	
			Connecticut 11 items									
CT	S0102	Demographic	Admitted from at entry (if A1800 = 02 nursing home or swing bed)	1	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS) 9. None of the above	Admitted from NH or SB	x					
CT	S0501	Admission	Code level of care.	1	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS)	CCNH RHNS Level of Care	x					
CT	S8000B3	Payment	Medicare Part A	1	0. Unchecked 1. checked	Medicare Part A Payor	x					
CT	S8000D3	Payment	Medicare Part C (Medicare Advantage)	1	0. Unchecked 1. checked	Medicare Part C Payor	x					
CT	S8000Z	Payment	Medicare not a payment source	1	0. Unchecked 1. checked	Medicare not a payment source	x					
CT	S8010A3	Payment	In-state Medicaid	1	0. Unchecked 1. checked	In-state Medicaid payor	x					
CT	S8010B3	Payment	Out-of-state Medicaid	1	0. Unchecked 1. checked	Out-of-state Medicaid Payor	x					
CT	S8010C3	Payment	Medicaid per diem	1	0. Unchecked 1. checked	Medicaid per diem Payor	x					
CT	S8010E3	Payment	Medicaid per diem (not managed care)	1	0. Unchecked 1. checked	Medicaid per diem (not MC) Payor	x					
CT	S8020C3	Payment	Private LTC insurance policy	1	0. Unchecked 1. checked	Private LTC insurance policy	x					
CT	S9120	State Specific	CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?	1	0. No 1. Yes	CT Approved LTC	x					
			Florida 3 items									
FL	S9020	State Specific	Florida Facility FRAES number	8		FL FRAES number	x	x	x	x	x	
FL	S0140	Demographic	Physician license number	11		Physician License Number	x	x	x	x	x	

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
FL	S0141	Demographic	Physician last name	18		Physician Name	x	x	x	x	x
Illinois 30 items											
IL	S2010	Behavior	Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days	1	0. No 1. Yes	Refused meds 3 days	x	x			
IL	S2011	Behavior	Medication Refusal: Resident required staff supporting/prompting 3 or more time to take medication in the last 3 days	1	0. No 1. Yes	Staff support for meds 3 days	x	x			
IL	S4000A	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance)	1	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 the last 3 days	Harm: Self Injury/Self-injurious attempt	x				
IL	S4000B	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself	1	0. No 1. Yes	Harm: Attempt was to kill self	x				
IL	S4000C	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Considered performing a self-injurious act in the last 30 days	1	0. No 1. Yes	Harm: Considered injuring self	x				
IL	S4000D	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Family/caregiver/friend/staff expresses concern that resident is at risk for self injury	1	0. No 1. Yes	Harm: Self-injury caregiver concern	x				
IL	S4010A	Mental Health/Substance Abuse	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	1	Valid number = 0, 1, 2, 3	Hourly Interval Observation	x				
IL	S4010B	Mental Health/Substance Abuse	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	1	Valid number = 0, 1, 2, 3	15- Min. Interval Observation	x				
IL	S4010C	Mental Health/Substance Abuse	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	1	Valid number = 0, 1, 2, 3	5- Min. Interval Observation	x				
IL	S4010D	Mental Health/Substance Abuse	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	1	Valid number = 0, 1, 2, 3	Constant Observation for < 1 hr	x				
IL	S4010E	Mental Health/Substance Abuse	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	1	Valid number = 0, 1, 2, 3	Constant Observation for > 1 hr	x				

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
IL	S4500	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days	1	0. None 1. One 2. Two to Four 3. Five or more	Substance Abuse: Alcoholic Drinks	x				
IL	S4510A	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a. Inhalants	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Inhalants	x				
IL	S4510B	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: b. Hallucinogens	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Hallucinogens	x				
IL	S4510C	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Cocaine and Crack	x				
IL	S4510D	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: d. Stimulants	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Stimulants	x				
IL	S4510E	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: e. Opiates	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Opiates	x				
IL	S4510F	Mental Health/Substance Abuse	Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis	1	0. Never or more than one year ago 1. Within the last year 2. Within last 3 months 3. Within last month 4. Within the last 7 days 5. Within the last 3 days	Substance Abuse: Cannabis	x				
IL	S9000	State Specific	IL - Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a0 3) and Illinois DPA Section 147, Table A	1	0. No 1. Yes	IL Skills Training	x				
IL	S9001	State Specific	IL - Does resident meet Illinois IDPH Subpart S criteria	1	0. No 1. Yes	IL IDPH Subpart S criteria	x				
IL	S9002A	State Specific	IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: a. Schizophrenia	1	0. Unchecked 1. checked	IL IDPH Subpart S: Schizophrenia	x				
IL	S9002B	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Delusional disorder	x				

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT- Track	ND - Disch
IL	S9002C	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Schizoaffective disorder	x				
IL	S9002D	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Psychotic disorder not specified	x				
IL	S9002E	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Bipolar I mixed, manic, & depr	x				
IL	S9002F	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Bipolar disorder II	x				
IL	S9002G	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Cyclothymic disorder	x				
IL	S9002H	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Bipolar disorder not specified	x				
IL	S9002I	State Specific	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	1	0. Unchecked 1. checked	IL IDPH Subpart S: Major depression, recurrent	x				
IL	S9003	State Specific	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)	1	0. No 1. Yes	IL IDPH Subpart S: Ancillary	x				
Louisiana 2 items											
LA	S6200	Special Treatments and Procedures	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.	2	Valid number 0 - 90	Number of Hospital Stays	x				
LA	S6210	Special Treatments and Procedures	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.	3	Valid number	Number of ER visits	x				
Maine 5 items											

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
ME	S0120	Demographic	Residence prior to admission: ZIP code	5	ZIP code of prior primary residence	Prior Residence ZIP Code	X	X	X	X	X
ME	S8010C3	Payment	Medicaid per diem	1	0. Unchecked 1. checked	Medicaid per diem Payor	X	X	X	X	X
ME	S8010F3	Payment	Medicaid Resident Liability	1	0. Unchecked 1. checked	Medicaid Resident Liability Payor	X	X	X	X	X
ME	S8010G3	Payment	Medicare Co-pay	1	0. Unchecked 1. checked	Medicare Co-pay Payor	X	X	X	X	X
ME	S8099	Payment	None of the Above	1	0. Unchecked 1. checked	Payor: None of the Above	X	X	X	X	X
Maryland 13 items											
MD	S0111	Demographic	Lived alone (prior to entry)	1	0. No 1. Yes 2. In other facility	Lived Alone	x				
MD	S0101	Demographic	Admitted from at entry (if A1800 = 01 Community)	1	1. Community with no home care 2. Community with Medicare certified home health agency care 3. Community with other home care	Admitted from Community				x	
MD	S0120	Demographic	Residence prior to admission: ZIP code	5	ZIP code of prior primary residence	Prior Residence ZIP Code	x				
MD	S0122	Demographic	Prior Primary Residence: State code of prior primary residence	2	2 character postal code	Prior Residence State	x				
MD	S0123	Demographic	Prior Primary Residence : County code of prior primary residence (code 999 if out-of-State)	3	3 character code	Prior Residence County	x				
MD	S0130	Demographic	Education (Highest level completed)	1	1. No schooling 2. 8th grade/less 3. 9-11 grades 4. High school 5. Technical or trade school 6. Some college 7. Bachelor's degree 8. Graduate degree	Highest Education Completed	x				
MD	S0180	Demographic	Discharge Status (if recorded community (01) in item A2100)	1	1. Community with no home care 2. Community with Medicare certified home health agency care 3. Community with other home care	Discharged to Community					x
MD	S8000A3	Payment	Medicare	1	0. Unchecked 1. checked	Medicare Payor	x				x
MD	S8010B3	Payment	Out-of-state Medicaid	1	0. Unchecked 1. checked	Out-of-state Medicaid Payor	x				x
MD	S8020A3	Payment	Private	1	0. Unchecked 1. checked	Private Payor	x				x
MD	S8030C	Payment	Self or family pay for full per diem	1	0. Unchecked 1. checked	Self or Family pay for full per diem	x				x
MD	S8040A3	Payment	State Run Medical Assistance	1	0. Unchecked 1. checked	State Run Medical Assistance Payor	x				x
MD	S8040D3	Payment	Other public	1	0. Unchecked 1. checked	Other Public Payor	x				x
Mississippi 7 items											
MS	S8520A	Payment	Leave Days for Medicaid (Bed-Hold days) Type 1	1	H - Hospital T - Therapeutic D - Deletion Request	Medicaid Leave Days Type 1	x	x	x	x	x
MS	S8520B	Payment	Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1	8	Valid date	Leave Days for Medicaid begin date 1	x	x	x	x	x
MS	S8520C	Payment	Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1	8	Valid date	Leave Days for Medicaid end date 1	x	x	x	x	x

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
MS	S8521A	Payment	Leave Days for Medicaid (Bed-Hold days) Type 2	1	H - Hospital T - Therapeutic D - Deletion Request	Medicaid Leave Days Type 2	x	x	x	x	x
MS	S8521B	Payment	Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2	8	Valid date	Leave Days for Medicaid begin date 2	x	x	x	x	x
MS	S8521C	Payment	Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2	8	Valid date	Leave Days for Medicaid end date 2	x	x	x	x	x
MS	S6220	Special Treatments and Procedures	Alzheimer's/Dementia Special Care Unit-Program provided while a resident of this facility within the last 14 days	1	0. No 1. Yes		x	x	x	x	x
Nebraska 1 item											
NE	S0150	Demographic	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)	9		State Resident ID	X	X	X	X	X
New York 6 items											
NY	S0520	Admission	Code the primary reason for admission.	2	Note: NY will be using this item as a substitute for their new item that CMS has approved for adding in April, 2011. New York is totally responsible for notifying their vendors and facilities of the exceptional use of this item. The new item is Specialty Units. The coded values are: 01 - Discrete AIDS Unit 02 - Ventilator Dependent Unit 03 - Traumatic Brain Injured Unit (TBI) 04 - Behavioral Intervention Unit 05 - Behavioral Intervention Step Down Unit 06 - Pediatric Specialty Unit/Facility 99 - None of the Above	Reason for Admission	x	x	x		
NY	S8000A3	Payment	Medicare	1	0. Unchecked 1. checked	Medicare Payor	x	x	x		
NY	S8010A3	Payment	In-state Medicaid	1	0. Unchecked 1. checked	In-state Medicaid payor	x	x	x		
NY	S8010I3	Payment	Medicaid Pending	1	0. Unchecked 1. checked	Medicaid Pending Payor	x	x	x		
NY	S8050A3	Payment	Other	1	0. Unchecked 1. checked	Other Payor	x	x	x		
NY	S9060	State Specific	NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s) Record the appropriate approved specialty unit/facility for the resident	1	1. AIDS Scatter Beds 2. Traumatic Brain Injury (TBI) Extended Care 9. None of the above	NY Medicaid add-on eligibility	x	x	x		
North Dakota 3 items											
ND	S6000	Special treatments and Procedures	Within the last 7 days, Parenteral/IV feeding was provided and administered in and by the nursing home	1	0. No 1. Yes	Parenteral/IV feeding in NH	X	X	X		
ND	S6005	Special Treatments and Procedures	Within the last 14 days, IV medication was provided, administered, and instilled exclusively in and by the nursing home	1	0. No 1. Yes	IV meds in NH	X	X	X		

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT-Track	ND - Disch
ND	S6010	Special Treatments and Procedures	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	1	0. No 1. Yes	Oxygen Therapy in NH	X	X	X		
Ohio 1 item											
OH	S0150	Demographic	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)	9		State Resident ID	x	x	x	x	x
Pennsylvania 7 items											
PA	S0120	Demographic	Residence prior to admission: ZIP code	5	ZIP code of prior primary residence	Prior Residence ZIP Code				x	
PA	S0123	Demographic	Prior Primary Residence : County code of prior primary residence (code 999 if out-of-State)	3	3 character code	Prior Residence County				x	
PA	S9080A	State Specific	PA - Source of Payment a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)	1	0. No 1. Yes	PA MA CASE-MIX	x	x	x	x	x
PA	S9080B	State Specific	PA - Source of Payment b. Date of change to/from Medical Assistance for MA CASE-MIX	8	valid date	PA MA CASE-MIX Date	x	x	x	x	x
PA	S9080C	State Specific	PA - Source of Payment c. Recipient Number from PA ACCESS Card (must be completed if item S9080A =1)	10		PA MA CASE-MIX Access Card Number	x	x	x	x	x
PA	S9080D	State Specific	PA - Source of Payment d. MA NF Effective date from PA/FS 162	8	valid date	PA MA CASE-MIX MA NF Effective Date	x	x	x	x	x
PA	S9080E	State Specific	PA - Source of Payment e. Is the resident DAY ONE MA eligible	1	0. No 1. Yes	PA MA CASE-MIX Day One MA				x	
South Dakota 3 items											
SD	S0510	Admission	Was a PASRR screening completed?	1	0. No 1. Yes 9. N/A PASRR not indicated	PASRR Screening Complete	x	x			
SD	S0511	Admission	If response to Item S0510 PASRR screening is yes, enter date of last screening else skip.	8	Valid date or blank [^]	PASRR Date	x	x			
SD	S0512	Admission	In response to item S0510 PASRR, was a referral for Level I Determination made?	1	0. No 1. Yes 9. N/A	PASRR Level 1	x	x			
Vermont 15 items											
VT	S0122	Demographic	Prior Primary Residence: State code of prior primary residence	2	2 character postal code	Prior Residence State	x	x	x		
VT	S0123	Demographic	Prior Primary Residence : County code of prior primary residence (code 999 if out-of-State)	3	3 character code	Prior Residence County	x	x	x		
VT	S0125	Demographic	Prior Primary Residence : Town/city code of prior primary residence (code 99999 if out-of-State)	5	5 character code field (looked up in VT section S for MDS 2.0)	Prior Residence Town Code	x	x	x		

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT-Track	ND - Disch
VT	S0520	Admission	Code the primary reason for admission.	2	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	Reason for Admission	x	x	x		
VT	S8000C3	Payment	Medicare Part B	1	0. Unchecked 1. checked	Medicare Part B Payor	x	x	x		x
VT	S8000E3	Payment	Medicare per diem	1	0. Unchecked 1. checked	Medicare per diem Payor	x	x	x		x
VT	S8010A1	Payment	In-state Medicaid - Primary Payor	1	0. Unchecked 1. checked	In-state Medicaid - Primary Payor	x	x	x		x
VT	S8010C3	Payment	Medicaid per diem	1	0. Unchecked 1. checked	Medicaid per diem Payor	x	x	x		x
VT	S8010F3	Payment	Medicaid Resident Liability	1	0. Unchecked 1. checked	Medicaid Resident Liability Payor	x	x	x		x
VT	S8020B3	Payment	Private per diem (including co-pay)	1	0. Unchecked 1. checked	Private per diem Payor	x	x	x		x
VT	S8020C3	Payment	Private LTC insurance policy	1	0. Unchecked 1. checked	Private LTC insurance policy	x	x	x		x
VT	S8040B3	Payment	Tricare per diem	1	0. Unchecked 1. checked	Tricare per diem Payor	x	x	x		x
VT	S8040C3	Payment	VA per diem	1	0. Unchecked 1. checked	VA per diem Payor	x	x	x		x
VT	S8050A3	Payment	Other	1	0. Unchecked 1. checked	Other Payor	x	x	x		x
VT	S8500	Payment	Date Medicaid Coverage Began - If applicable, enter date	8	Valid date	Medicaid begin date	x	x	x	x	x
Virginia 3 items											
VA	S9100A	State Specific	VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Assessment Reference Date (A2300)	1	1. Virginia Medicaid per diem 2. Virginia Medicaid Specialized Care per diem 3. Managed care organization reimbursement 4. Other reimbursement source	VA Room & Board Payment Assessment Reference Date	x	x	x	x	
VA	S9100B	State Specific	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)	1	1. Virginia Medicaid per diem 2. Virginia Medicaid Specialized Care per diem 3. Managed care organization reimbursement 4. Other reimbursement source	VA Room & Board Payment Entry Date	x	x	x	x	
VA	S9100C	State Specific	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.	8	Valid date	VA Medicaid Room & Board initial date	x	x	x	x	
West Virginia 72 items											

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S0115	Demographic	Location of Spouse If the resident has a spouse, code the spouse's residence	1	1. In a nursing home (same or other) 2. In a dwelling the resident and/or spouse owns (i.e., homestead property) 3. Other/unknown living arrangement 4. All other (includes when the resident is not married (i.e., never married, widowed, separated, divorced))	Spouse Location	x				
WV	S0122	Demographic	Prior Primary Residence: State code of prior primary residence	2	2 character postal code	Prior Residence State	x				
WV	S0123	Demographic	Prior Primary Residence : County code of prior primary residence (code 999 if out-of-State)	3	3 character code	Prior Residence County	x				
WV	S1000	Diagnoses	Has resident had any disease process or condition that has been reported to the local health department since last assessment?	1	0. No 1. Yes	Local Health Department Reporting	x	x			
WV	S1001	Diagnoses	Has resident had any disease process or condition that has been reported to the appropriate state health department since the last assessment?	1	0. No 1. Yes	State Health Department Reporting	x	x			
WV	S1100A	Diagnoses	Disease Diagnoses: Check all that apply since last assessment a. Clostridium difficile	1	0. Unchecked 1. checked	Disease: Clostridium Difficile	x	x			
WV	S1100B	Diagnoses	Disease Diagnoses: Check all that apply since last assessment b. MRSA	1	0. Unchecked 1. checked	Disease: MRSA	x	x			
WV	S1100C	Diagnoses	Disease Diagnoses: Check all that apply since last assessment c. VRE	1	0. Unchecked 1. checked	Disease: VRE	x	x			
WV	S1100D	Diagnoses	Disease Diagnoses: Check all that apply since last assessment d. VISA	1	0. Unchecked 1. checked	Disease: VISA	x	x			
WV	S1100E	Diagnoses	Disease Diagnoses: Check all that apply since last assessment e. VRSA	1	0. Unchecked 1. checked	Disease: VRSA	x	x			
WV	S1100F	Diagnoses	Disease Diagnoses: Check all that apply since last assessment f. Other MDRO	1	0. Unchecked 1. checked	Disease: Other MDRO	x	x			
WV	S1100F1	Diagnoses	Enter name of first MDRO (If S1100F is checked, please specify)	30	0. Unchecked 1. checked	Disease: MDRO Name1	x	x			
WV	S1100F2	Diagnoses	Enter name of second MDRO (If S1100F is checked, please specify)	30	0. Unchecked 1. checked	Disease: MDRO Name2	x	x			
WV	S1100G	Diagnoses	Disease Diagnoses: Check all that apply since last assessment g. Tuberculosis	1	0. Unchecked 1. checked	Disease: Tuberculosis	x	x			
WV	S1100H	Diagnoses	Disease Diagnoses: Check all that apply since last assessment h. Herpes Zoster	1	0. Unchecked 1. checked	Disease: Herpes Zoster	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S1100I	Diagnoses	Disease Diagnoses: Check all that apply since last assessment i. Scabies	1	0. Unchecked 1. checked	Disease: Scabies	x	x			
WV	S1100Z	Diagnoses	Disease Diagnoses: Check all that apply since last assessment z. None of the Above	1	0. Unchecked 1. checked	Disease: None of the Above	x	x			
WV	S2000	Behavior	Self-Medication Administration: Resident is capable of self-administration of medications	1	0. No 1. Yes 2. Limited	Capable of self-administration of medications	x	x			
WV	S2001	Behavior	Self-Medication Administration: Resident wishes to self-medicate	1	0. No 1. Yes 2. Limited	Wishes to self-medicate	x	x			
WV	S2015	Behavior	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)	1	0. No 1. Yes	Refused meds occasionally 30 days	x	x			
WV	S2016	Behavior	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)	1	0. No 1. Yes	Refused meds frequently 30 days	x	x			
WV	S2040	Behavior	Resident is provided a Behavior Management Program	1	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	Behavior Management Program	x	x			
WV	S2050	Behavior	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).	1	0. No 1. At least one day a week 2. At least two days a week 3. At least 3 days a week 4. At least four days a week 5. Five or more days a week	Resists grooming/Hygiene	x	x			
WV	S3100A	Functional Status	Contractures a. Hand	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Hand	x	x			
WV	S3100B	Functional Status	Contractures b. Wrist	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Wrist	x	x			
WV	S3100C	Functional Status	Contractures c. Elbow	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Elbow	x	x			
WV	S3100D	Functional Status	Contractures d. Shoulder	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Shoulder	x	x			
WV	S3100E	Functional Status	Contractures e. Neck	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Neck	x	x			
WV	S3100F	Functional Status	Contractures f. Ankle	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Ankle	x	x			
WV	S3100G	Functional Status	Contractures g. Knee	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Knee	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S3100H	Functional Status	Contractures h. Hip	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Hip	x	x			
WV	S3100Z	Functional Status	Contractures z. Other	1	0. None 1. Right 2. Left 3. Both sides	Contractures: Other	x	x			
WV	S3200A	Functional Status	Dominant Side: Indicate resident's dominant side	1	1. Right 2. Left 3. Ambidextrous 9. Unable to determine	Dominant Side	x	x			
WV	S3200B	Functional Status	Dominant Side: To what extent does the resident have use of his/her dominant hand/arm?	1	1. Full 2. Limited 3. None	Use of dominant hand/arm	x	x			
WV	S5000	Skin conditions	Pressure Ulcers: Number of new or reoccurring pressure ulcers during last quarter (if 9 or more, enter 9)	1	Valid number = 0,1,2,3,4,5,6,7,8,9	Number of New Pressure Ulcers	x	x			
WV	S5005	Skin conditions	Pressure Ulcers: In what setting did the pressure ulcers in S5000 develop?	1	0. None 1. Inhouse 2. Other 3. Both	New Pressure Ulcer setting	x	x			
WV	S5010A1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A1. Location of pressure ulcer 1 (01-30, 99)	2	01 - Spine - Left 02 - Spine - Right 03 - Spine - Center 04 - Coccyx - Left 05 - Coccyx - Right 06 - Coccyx - Center 07 - Sacrum - Left 08 - Sacrum - Right 09 - Sacrum - Center 10 - Buttock - Left 11 - Buttock - Right 12 - Buttock - Center 13 - Trochanter - Left 14 - Trochanter - Right 15 - Trochanter - Center 16 - Ischium - Left 17 - Ischium - Right 18 - Ischium - Center 19 - Knee - Left 20 - Knee - Right 21 - Knee - Center 22 - Ankle - Left 23 - Ankle - Right 24 - Ankle - Center 25 - Heel - Left 26 - Heel - Right 27 - Heel - Center	Pressure ulcer 1 location	x	x			
WV	S5010A2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A2. Status of pressure ulcer 1	1	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 and decreased area	Pressure ulcer 1 status	x	x			
WV	S5010B1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2	2	same answers as S5010A1	Pressure ulcer 2 location	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S5010B2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B2. Status of pressure ulcer 2	1	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 and decreased area	Pressure ulcer 2 status	x	x			
WV	S5010C1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C1. Location of pressure ulcer 3	2	same answers as S5010A1	Pressure ulcer 3 location	x	x			
WV	S5010C2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C2. Status of pressure ulcer 3	1	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 and decreased area	Pressure ulcer 3 status	x	x			
WV	S5010D1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D1. Location of pressure ulcer 4	2	same answers as S5010A1	Pressure ulcer 4 location	x	x			
WV	S5010D2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D2. Status of pressure ulcer 4	1	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 and decreased area	Pressure ulcer 4 status	x	x			
WV	S5010E1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E1. Location of pressure ulcer 5	2	same answers as S5010A1	Pressure ulcer 5 location	x	x			
WV	S5010E2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E2. Status of pressure ulcer 5	1	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 and decreased area	Pressure ulcer 5 status	x	x			
WV	S5010F1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F1. Location of pressure ulcer 6	2	same answers as S5010A1	Pressure ulcer 6 location	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S5010F2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F2. Status of pressure ulcer 6	1	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 and decreased area	Pressure ulcer 6 status	x	x			
WV	S5010G1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G1. Location of pressure ulcer 7	2	same answers as S5010A1	Pressure ulcer 7 location	x	x			
WV	S5010G2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G2. Status of pressure ulcer 7	1	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 and decreased area	Pressure ulcer 7 status	x	x			
WV	S5010H1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H1. Location of pressure ulcer 8	2	same answers as S5010A1	Pressure ulcer 8 location	x	x			
WV	S5010H2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H2. Status of pressure ulcer 8	1	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 and decreased area	Pressure ulcer 8 status	x	x			
WV	S5010I1	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I1. Location of pressure ulcer 9	2	same answers as S5010A1	Pressure ulcer 9 location	x	x			
WV	S5010I2	Skin conditions	Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I2. Status of pressure ulcer 9	1	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 and decreased area	Pressure ulcer 9 status	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S6050	Special Treatments and Procedures	For any diseases coded in Section S Items S1100A - S1100Z, has resident required any type of isolation precautions since admission or the previous assessment other than standard/universal precautions?	1	0. No 1. Yes	Isolation precautions needed	x	x			
WV	S6051A	Special Treatments and Procedures	If yes to item S6050, type of isolation precautions employed: a. Airborne	1	0. Unchecked 1. checked	Isolation Precaution: Airborne	x	x			
WV	S6051B	Special Treatments and Procedures	If yes to item S6050, type of isolation precautions employed: b. Contact	1	0. Unchecked 1. checked	Isolation Precaution: Contact	x	x			
WV	S6051C	Special Treatments and Procedures	If yes to item S6050, type of isolation precautions employed: c. Droplet	1	0. Unchecked 1. checked	Isolation Precaution: Droplet	x	x			
WV	S6051D	Special Treatments and Procedures	If yes to item S6050, type of isolation precautions employed: d. Protective	1	0. Unchecked 1. checked	Isolation Precaution: Protective	x	x			
WV	S6100A	Special Treatments and Procedures	Vaccinations : Indicate if the following vaccination is current: a. Varicella (Herpes Zoster or shingles)	1	0. Unchecked 1. checked	Vaccination: Varicella	x				
WV	S6100B	Special Treatments and Procedures	Vaccinations: Indicate if the following vaccination is current: b. Tetanus, diphtheria (Td)	1	0. Unchecked 1. checked	Vaccination: Tetanus, diphtheria (Td)	x				
WV	S6100C	Special Treatments and Procedures	Vaccinations: Indicate if the following vaccination is current: c. Tetanus, diphtheria, pertussis (Tdap)	1	0. Unchecked 1. checked	Vaccination: Tetanus, diphtheria, pertussis (Tdap)	x				
WV	S6100D	Special Treatments and Procedures	Vaccinations: Indicate if the following vaccination is current: d. Measles, mumps, rubella (MMR)	1	0. Unchecked 1. checked	Vaccination: Measles, Mumps, Rubella (MMR)	x				
WV	S6100E	Special Treatments and Procedures	Vaccinations: Indicate vaccinations that are current, excluding pneumococcal, seasonal influenza, and S6100A - S6100D. e. Other	1	0. Unchecked 1. checked	Vaccination: Other	x				
WV	S6100F1	Special Treatments and Procedures	Vaccinations: If other vaccination is checked, please specify name	20	Text	Vaccination: Other Name 1	x				
WV	S6100F2	Special Treatments and Procedures	Vaccinations: If other vaccination is checked, please specify name	20	Text	Vaccination: Other Name 2	x				
WV	S6100F3	Special Treatments and Procedures	Vaccinations: If other vaccination is checked, please specify name	20	Text	Vaccination: Other Name 3	x				
WV	S6100Z	Special Treatments and Procedures	Vaccinations: Indicate the vaccinations that are current z. None of the above	1	0. Unchecked 1. checked	Vaccination: None of the above	x				
WV	S8510A	Payment	Number of therapeutic bed-hold days paid by Medicaid since the last assessment	1	Valid number	Medicaid Therapeutic bed-hold days since last asmt	x	x			

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quart	NP - MPAF	NT - Track	ND - Disch
WV	S8510B	Payment	Number of therapeutic bed-hold days paid by Medicaid year-to-date	1	Valid number	Medicaid Therapeutic bed-hold days - YTD	x	x			
WV	S8512A	Payment	Number of hospital bed-hold days paid by Medicaid since last assessment	1	Valid number	Medicaid hospital bed-hold days since last asmt	x	x			
WV	S8512B	Payment	Number of hospital bed-hold days paid by Medicaid year-to-date	1	Valid number	Medicaid hospital bed-hold days - YTD	x	x			