Item ID: S0101

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0102

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0111

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		In other facility

Item Edits

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

Item ID: S0113

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Resident lived alone without services
02		Resident lived alone with services
03		Resident lived with caregiver in the home who is able to assist with daily medical and custodial needs
04		Resident lived in congregate situation
99		None of the above
^		Blank (skip pattern) when A0310A<> 01

Item Edits

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

Item ID: S0114

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0115

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
2		In a dwelling the resident and/or spouse owns (i.e., homestead property)
3		Other / Unknown living arrangement
5		In the same nursing home
6		In another nursing home
7		With family or friends

Item Edits

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

Item ID: S0120

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0122

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Prior Residence State	Asmt		Code	2	1936-1937

Prior Primary Residence: State code of prior primary residence

Item Subsets

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

Item Values

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

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

Item Edits

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

Item ID: S0123

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Prior Residence County	Asmt		Text	3	1938-1940

Prior Primary Residence : County code of prior primary
residence (code 999 if out-of-State)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0125

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Prior Residence Town Code

Item Edits

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

Item ID: S0130

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		No Schooling
2		8th grade/less
3		Some high school
4		High school graduate/GED
5		Technical or trade school
6		Some college/Associate's degree
7		Bachelor's degree
8		Graduate degree
-		Not assessed/no information

Item Edits

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

Item ID: S0140

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Physician License Number

Item Edits

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

Item ID: S0141

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Physician Last Name

Item Edits

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

Item ID: S0150

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		State Resident Identifier
^		Blank (skip pattern)

Item Edits

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

Item ID: S0153

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Valid resident identifier

Item Edits

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

Item ID: S0160

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Discrete AIDS Unit
02		Ventilator Dependent Unit
03		Traumatic Brain Injury (TBI) Unit
04		Behavioral Intervention Unit
05		Behavioral Intervention Step-Down Unit
06		Pediatric Specialty Unit / Facility
07		AIDS Scatter Beds
08		Traumatic Brain Injury (TBI) Extended Care
09		Neurodegenerative
99		None of the Above

Item Edits

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

Item ID: S0161A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0161B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0161C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0161D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Requires specialized unit: ventilator	Asmt		Checklist	1	2539-2539

Resident required the services and resided on a specialized unit during the last 14 days. Check all that apply: Ventilator Unit

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0161Z

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165E

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0165Z

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170E

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170F

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170H

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0170Z

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0171A

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S0171B

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S0172A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Goal discussion: previous NH	Asmt		Code	1	2524-2524

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Goal discussion: Home with home health services	Asmt		Code	1	2526-2526

If you answered 'yes' to question S0172A, in which setting(s) did the discussion take place? (check all that apply): Home With Home Health Services

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Goal discussion: PCP office	Asmt		Code	1	2527-2527

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Goal discussion: Other	Asmt		Code	1	2528-2528

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0172H

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0173

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Documentation of goals of care discussion	Asmt		Code	1	2535-2535

Is there documentation in the medical record that a discussion of goals of care with the resident or legal healthcare representative occurred since the last comprehensive OBRA assessment was completed?

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0174

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S0175

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S0180

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0183

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S0185

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Discharge to hospital-healthcare proxy involvement	Asmt		Code	1	2655-2655

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?

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195A

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - Active disch in prcss	Asmt		Checklist	1	2883-2883
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Active discharge in process					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - Legal reasons	Asmt		Checklist	1	2884-2884

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195C

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - Clinical reasons Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: Clinical reasons	Asmt		Checklist	1	2885-2885

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - Behavioral reasons	Asmt		Checklist	1	2886-2886
Local Contact Agency Referral Decision. If Q0610 answer					
is 0. No, check all that apply: Behavioral reasons					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195Y

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - Other reasons	Asmt		Checklist	1	2887-2887
Local Contact Agency Referral Decision. If Q0610 answer					
is 0. No, check all that apply: Other					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0195Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Lcl Cntct Agncy Rfrrl Dcsn - None of the Above	Asmt		Checklist	1	2888-2888
Local Contact Agency Referral Decision. If Q0610 answer is 0. No, check all that apply: None of the above					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0200A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Local Contact Agency Referral Decision	Asmt		Code	1	2716-2716

Local Contact Agency Referral Decision - If Q0610 Answer Was "0. No – referral not needed" or "1. No – referral is or may be needed" select reason for response.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		Active Discharge in Process
2		Legal Reasons
3		Clinical Reasons
4		Behavioral Reasons
5		Other
^		Blank (skip pattern)

Item Edits

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

Item ID: S0200B

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Reason for 'Other' response
^		Blank (skip pattern)

Item Edits

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

Item ID: S0500

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		ISN
02		SNF
03		ICF-1
04		ICF-2
05		ICF-3
06		ICF-4
07		DD 1A
08		DD 1B
09		DD 2
10		DD 3
11		Traumatic Brain Injury
12		Ventilator Dependent

Item Edits

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

Item ID: S0501

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

Code level of care.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0505

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Level of care	Asmt		Code	1	2656-2656

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0509

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
PASRR Level I completed prior to admission Was a PASRR Level I completed prior to resident's admission to facility? A0310E = 1 Complete on first OBRA (Admission, Annual, Quarterly, & Significant change) assessment since admission/entry or reentry.	Asmt		Code	1	2602-2602

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		N/A - PASRR not indicated
-		Not assessed/no information

Item Edits

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

Item ID: S0509B

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0510

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0511

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

Record PASRR Level I Completion Date. Complete when
S0509 or S0509B = 1 Yes.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PASRR Complete Date
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0512

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0513

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0514

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0515

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Mst rcnt PASRR Lvl I or II determination cmpltn dt	Asmt		Date	8	2658-2665

Record the most recent PASRR Level I or II determination completion date.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0520

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

Code the primary reason for admission.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0521

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

Reason for Admission. Code the primary reason for admission.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Significant change in functional status
02		Deterioration in cognitive status
03		Change in the availability/status of primary caregivers
04		Difficulty arranging or paying for needed in-home care or support
05		Failed to succeed in residential care home
06		Short term rehabilitation or skilled care
99		None of the above
^		Blank (skip pattern) when A0310A <> 01

Item Edits

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

Item ID: S0535

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0540

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
PASRR Level II Assessment Determination Made	Asmt		Code	1	2891-2891

Was a PASRR Level II determination completed?
Complete if S0535 = 1 Yes.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0545

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Most Recent PASRR Level II determination	Asmt		Date	8	2892-2899

Record the most recent PASRR Level II determination.
Complete if S0540 = 1 Yes.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Date of most recent PASSRR Level II determination
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0550

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Outcome Of Most Recent Determination	Asmt		Code	1	2900-2900

Record the outcome of the most recent determination.
Complete if S0540 = 1 Yes.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		Approved for NF long-term placement
2		Approved for NF short-term placement
8		Denied
9		Not subject to PASRR
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0555

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Approved Time Frame for NF Short Term Placement	Asmt		Code	1	2901-2901

If approved for NF short-term placement, indicate approved time frame. Complete if S0550 = 2 Approved for NF short-term placement.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		30 days or less
2		31 days to 90 days
3		91 days to 6 months
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S0600A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0600B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0600C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Meets criteria: Traumatic Brain Injury-Tier I	Asmt		Checklist	1	2543-2543

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.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0600D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Meets criteria: Traumatic Brain Injury-Tier II	Asmt		Checklist	1	2544-2544

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.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0600E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Meets criteria: Traumatic Brain Injury-Tier III	Asmt		Checklist	1	2545-2545

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.

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S0600Z

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1000

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Local Health Department Reporting	Asmt		Code	1	2001-2001

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1001

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
State Health Department Reporting	Asmt		Code	1	2002-2002

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1002

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Local Health Department Reporting	Asmt		Code	1	2603-2603
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					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1003

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1004

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1100A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Disease: MRSA	Asmt		Checklist	1	2004-2004

Disease: MRSA Disease Diagnoses: Check all that apply since last assessment: b. MRSA (Methicillin-Resistant Staphylococcus Aureus)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100D

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

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100E

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

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100F

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100F1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Disease: MDRO Name1	Asmt		Text	30	2009-2038

Enter name of first MDRO (If S1100F is checked, please specify)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100F2

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100H

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

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

Item Edits

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

Item ID: S1100I

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100J

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

Item Label/Item Text

Disease: CRE
Disease: CRE Disease Diagnoses: Check all that apply since
last assessment: j. CRE (Carbapenem-Resistant
Enterobacteriaceae)

Asmt — Checklist — 1 — 2574-2574

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1100Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Disease: None of the Above	Asmt		Checklist	1	2072-2072

Disease Diagnoses: Check all that apply since last assessment: z. None of the Above

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1150

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S1200A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Primary/secondary SMI dx: psychotic disorder NOS	Asmt		Code	1	2076-2076

Primary and secondary SMI diagnosis: Psychotic disorder
not otherwise specified

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200E

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200F

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200H

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1200I

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Mental Health Diagnoses: Delusional	Asmt		Checklist	1	2669-2669

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Mental Health Diagnoses: Schizoaffective disorder 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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

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

Item Edits

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

Item ID: S1210D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Mental Health Diagnoses: Bipolar I mixed, manic	Asmt		Checklist	1	2672-2672

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210F

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210H

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Mental Health Diagnoses: Bipolar disorder not sp	Asmt		Checklist	1	2675-2675

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210I

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S1210Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Mental Health Diagnoses: None of the Above	Asmt		Checklist	1	2677-2677

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2000

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

Item Edits

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

Item ID: S2001

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

Self-Medication Administration: Resident wishes to self-medicate

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
2		Limited

Item Edits

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

Item ID: S2010

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S2011

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S2015

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S2016

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Refused meds frequently 30 days	Asmt		Code	1	2088-2088
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)					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S2040

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2050

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		At least one day a week
2		At least two days a week
3		At least three days a week
4		At least four days a week
5		Five or more days a week

Item Edits

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

Item ID: S2060A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: Oasis	Asmt		Code	1	2547-2547

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Oasis

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2060B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: habilitation therapy	Asmt		Code	1	2548-2548

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Habilitation therapy

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2060C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: hand in hand	Asmt		Code	1	2549-2549

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Hand in Hand

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2060D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: consistent assignment	Asmt		Code	1	2550-2550

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Consistent Assignment

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2060E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: other	Asmt		Code	1	2551-2551

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: Other

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S2060Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident centered care: none of the above	Asmt		Code	1	2552-2552

For this resident are any of the non-pharmacological resident centered care techniques supported by the programs listed below included in the individualized resident centered care approach? Check all items that apply: None of the above

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100E

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100F

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100G

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100H

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3100Z

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3200A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3200B

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
1		Full
2		Limited
3		None

Item Edits

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

Item ID: S3300

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305B

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

Wheelchair or other mobility device required since last assessment

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305C

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Bed for weight	Asmt		Checklist	1	2578-2578
Bed required since last assessment					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
More than 2 staff for weight	Asmt		Checklist	1	2580-2580
More than 2 staff required since last assessment					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3305Y

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Therapy Services Billed - Medicare Part A	Asmt		Checklist	1	2607-2607

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Therapy Services Billed - Medicare Part B	Asmt		Checklist	1	2608-2608

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Therapy Services Billed - Managed Care Entity	Asmt		Checklist	1	2609-2609

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Therapy Services Billed - Medicaid	Asmt		Checklist	1	2610-2610

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310Y

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Therapy Services Billed - Other	Asmt		Checklist	1	2611-2611

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3310Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Therapy Services Billed - None Of The Above	Asmt		Checklist	1	2612-2612

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)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315A

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
COPD Treatment - Oxygen	Asmt		Checklist	1	2613-2613

Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
COPD Treatment - Inhaler/Nebulizer	Asmt		Checklist	1	2614-2614

Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
COPD Treatment - Acute Monitoring Of Respiratory Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)	Asmt		Checklist	1	2615-2615

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
COPD Treatment - Medications	Asmt		Checklist	1	2616-2616

Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315Y

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
COPD Treatment - Other	Asmt		Checklist	1	2617-2617

Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S3315Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
COPD Treatment - None Of The Above	Asmt		Checklist	1	2618-2618

Resident has an active diagnosis of COPD and received one or more of the following during the 7 day look back. (Check all that apply.)

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S4000A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Harm: Self Injury/Self-injurious attempt	Asmt		Code	1	2102-2102
Harm to Self or Others: Self Injury Self-injurious attempt					
(Code for most recent instance)					

Item Subsets

Active:

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

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

Item Values

Value	LOINC Code	Value Text
0		Never
1		Attempt more than 1 year ago
2		Attempt in the last year
3		Attempt in the last 7 days
4		Attempt within last 3 days

Item Edits

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

Item ID: S4000B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Harm: Attempt was to kill self	Asmt		Code	1	2103-2103

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S4000C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Harm: Considered injuring self	Asmt		Code	1	2104-2104

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S4000D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S4010A

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

Item Edits

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

Item ID: S4010B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

Item Edits

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

Item ID: S4010C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
5- Min. Interval Observation	Asmt		Number	1	2108-2108

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". C. Checked at 5-minute intervals

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

Item Edits

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

Item ID: S4010D

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Constant Observation for < 1 hr	Asmt		Number	1	2109-2109

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". D. Constant Observation for less than or equal to 1 hour

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

Item Edits

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

Item ID: S4010E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Constant Observation for > 1 hr	Asmt		Number	1	2110-2110

Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". E. Constant Observation for more than 1 hour

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
3		Maximum value

Item Edits

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

Item ID: S4500

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Alcoholic Drinks	Asmt		Code	1	2111-2111
Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		None
1		One
2		Two to four
3		Five or more

Item Edits

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

Item ID: S4510A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Inhalants	Asmt		Code	1	2112-2112
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: a.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S4510B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Hallucinogens	Asmt		Code	1	2113-2113

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S4510C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Cocaine and Crack	Asmt		Code	1	2114-2114
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: c. Cocaine and crack					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S4510D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Stimulants	Asmt		Code	1	2115-2115
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: d.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S4510E

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S4510F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Substance Abuse: Cannabis	Asmt		Code	1	2117-2117
Substance Abuse & Excessive Behaviors: Substance abuse time since any use of the following substance: f. Cannabis					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Never or more than one year ago
1		Within the last year
2		Within the last 3 months
3		Within the last month
4		Within the last 7 days
5		Within the last 3 days

Item Edits

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

Item ID: S5000

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

Item Edits

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

Item ID: S5005

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		None
1		Inhouse
2		Other
3		Both

Item Edits

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

Item ID: S5010A1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 1 location	Asmt		Code	2	2120-2121

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A1. Location of pressure ulcer 1

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010A2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 1 status	Asmt		Code	1	2122-2122
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): A2. Status of pressure ulcer 1					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 2 location	Asmt		Code	2	2123-2124
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B1. Location of pressure ulcer 2					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010B2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 2 status	Asmt		Code	1	2125-2125

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): B2. Status of pressure ulcer 2

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010C1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 3 location	Asmt		Code	2	2126-2127

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C1. Location of pressure ulcer 3

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010C2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 3 status	Asmt		Code	1	2128-2128
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): C2. Status of pressure ulcer 3					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010D1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 4 location	Asmt		Code	2	2129-2130
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D1. Location of pressure ulcer 4					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010D2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 4 status	Asmt		Code	1	2131-2131
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): D2. Status of pressure ulcer 4					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increase depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010E1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 5 location	Asmt		Code	2	2132-2133

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E1. Location of pressure ulcer 5

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010E2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 5 status	Asmt		Code	1	2134-2134

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): E2. Status of pressure ulcer 5

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010F1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 6 location	Asmt		Code	2	2135-2136

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F1.
Location of pressure ulcer 6

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010F2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 6 status	Asmt		Code	1	2137-2137

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): F2. Status of pressure ulcer 6

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010G1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 7 location	Asmt		Code	2	2138-2139

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): G1. Location of pressure ulcer 7

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010G2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 7 status	Asmt		Code	1	2140-2140

Pressure Ulcers: Location and Status of existing pressure
ulcers (if more than 9 ulcers, record the 9 largest): G2.
Status of pressure ulcer 7

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010H1

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

Item Label/Item Text

Pressure ulcer 8 location
Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): H1. Location of pressure ulcer 8

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
	Asmt		Code	2	2141-2142

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010H2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Pressure ulcer 8 status	Asmt		Code	1	2143-2143
Pressure Ulcers: Location and Status of existing pressure					
ulcers (if more than 9 ulcers, record the 9 largest): H2.					
Status of pressure ulcer 8					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S5010I1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
01		Spine - Left
02		Spine - Right
03		Spine - Center
04		Coccyx - Left
05		Coccyx - Right
06		Coccyx - Center
07		Sacrum - Left
08		Sacrum - Right
09		Sacrum - Center
10		Buttock - Left
11		Buttock - Right
12		Buttock - Center
13		Trochanter - Left
14		Trochanter - Right
15		Trochanter - Center
16		Ischium - Left
17		Ischium - Right
18		Ischium - Center
19		Knee - Left
20		Knee - Right
21		Knee - Center
22		Ankle - Left
23		Ankle - Right

24	Ankle - Center
25	Heel - Left
26	Heel - Right
27	Heel - Center
28	Foot - Left
29	Foot - Right
30	Foot - Center
99	Other
^	Blank (skip pattern)

Item Edits

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

Item ID: S5010I2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Pressure ulcer 9 status	Asmt		Code	1	2146-2146

Pressure Ulcers: Location and Status of existing pressure ulcers (if more than 9 ulcers, record the 9 largest): I2. Status of pressure ulcer 9

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No change
1		Decreased depth
2		Decreased area
3		Decreased depth and area
4		Increased depth
5		Increased area
6		Increased depth and area
7		Decreased depth, increased area
8		Increased depth, decreased area
^		Blank (skip pattern)

Item Edits

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

Item ID: S6000

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6005

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

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6010

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6020A

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6020B

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Vent/resp specialized CNA training needed	Asmt		Checklist	1	2583-2583
Ventilator/respirator resident needs specialized CNA training					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6020C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp specialized therapy (PT,OT,RT) expertise	Asmt		Checklist	1	2584-2584

Ventilator/respirator resident needs specialized therapy
(PT, OT, RT) expertise

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6020D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6020Y

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp Other	Asmt		Checklist	1	2586-2586
Ventilator/respirator resident needs other					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6020Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp None of the Above	Asmt		Checklist	1	2587-2587
Ventilator/respirator resident needs none of the above					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6022A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days licensed nurse: hourly intervals	Asmt		Number	1	2588-2588

Number of days the resident required hourly intervals of direct care by a licensed nurse.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6022B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days licensed nurse: 15-minute intervals	Asmt		Number	1	2589-2589
Number of days the resident required 15-minute intervals of direct care by a licensed nurse.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6022C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vent/resp days licensed nurse: 5-minute intervals	Asmt		Number	1	2590-2590
Number of days the resident required 5-minute intervals of direct care by a licensed nurse.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6023A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days CNA: hourly intervals	Asmt		Number	1	2591-2591

Number of days the resident required hourly intervals of direct care by a CNA.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: 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	Asmt		Number	1	2592-2592
Number of days the resident required 15-minute intervals of direct care by a CNA.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6023C

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Vent/resp days CNA: 5-minute intervals	Asmt		Number	1	2593-2593
Number of days the resident required 5-minute intervals of direct care by a CNA.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6024A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days RT: hourly intervals	Asmt		Number	1	2594-2594
Number of days the resident required hourly intervals of direct care by a respiratory therapist.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6024B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days RT: 15-minute intervals	Asmt		Number	1	2595-2595
Number of days the resident required 15-minute intervals of direct care by a respiratory therapist.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6024C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vent/resp days RT: 5-minute intervals	Asmt		Number	1	2596-2596
Number of days the resident required 5-minute intervals of direct care by a respiratory therapist.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
7		Maximum value
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

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

Item ID: S6050

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Isolation precautions needed	Asmt		Code	1	2150-2150

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6051A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Isolation Precaution: Airborne	Asmt		Checklist	1	2151-2151

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6051B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Isolation Precaution: Contact	Asmt		Checklist	1	2152-2152
If yes to item S6050, type of isolation precautions					
employed: b. Contact					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6051C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Isolation Precaution: Droplet	Asmt		Checklist	1	2153-2153

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6051D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Isolation Precaution: Protective	Asmt		Checklist	1	2154-2154
If yes to item S6050, type of isolation precautions					
employed: d. Protective					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6052

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

Item Label/Item Text

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.

	Item Group		Item Type	Max Length	Fixed Format Start-End Bytes
	Asmt		Code	1	2619-2619

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6053A

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

Item Edits

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

Item ID: S6053B

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Met Isolation Requirements End Date	Asmt		Date	8	2628-2635
Resident met the isolation requirements End Date					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

Item Edits

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

Item ID: S6060A

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

Strict Isolation for active infectious disease since
admission, reentry, or the prior OBRA assessment
whichever is more recent. Has the resident been in strict
isolation for active infectious disease since admission,
reentry, or the prior OBRA assessment whichever is more

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6060B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Strict Isolation Start Date	Asmt		Date	8	2818-2825
Enter the Start Date of strict isolation.					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

Item Edits

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

Item ID: S6060C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Strict Isolation End Date	Asmt		Date	8	2826-2833

Enter the End Date of strict isolation. Enter dashes if isolation is ongoing.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
--------		Isolation is ongoing
^		Blank (skip pattern)

Item Edits

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

Item ID: S6100A

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

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100B

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100C

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100D

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100E

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

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

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6100F1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: Other Name 1	Asmt		Text	20	2160-2179

Vaccinations: If other vaccination is checked, please specify name

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 1 Name

Item Edits

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

Item ID: S6100F2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Vaccination: Other Name 2	Asmt		Text	20	2180-2199
Vaccinations: If other vaccination is checked, please specify name					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 2 Name

Item Edits

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

Item ID: S6100F3

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Vaccination: Other Name 3	Asmt		Text	20	2200-2219
Vaccinations: If other vaccination is checked, please specify name					

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
Text		Other Vaccination 3 Name

Item Edits

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

Item ID: S6100Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Vaccination: None of the above	Asmt		Checklist	1	2220-2220

Vaccinations: Indicate the vaccinations that are current

z. None of the above

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6200

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

Item Edits

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

Item ID: S6201

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

Item Label/Item Text

Number of Unreported Hospital Stays
Record previously unreported number of times resident was admitted to hospital with an overnight stay in the last 92 days. Enter '0' if no hospital admissions.

Asmt — Number — 2 — 2636-2637

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

Item Edits

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

Item ID: S6202

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Hosp admissions w/overnight stay in last 90 days	Asmt		Number	2	2678-2679

Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days
(or since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no hospital admissions.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

Item Edits

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

Item ID: S6205

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Minimum value
9		Maximum value

Item Edits

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

Item ID: S6210

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Minimum value
999		Maximum value

Item Edits

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

Item ID: S6211

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Number of Unreported ER Visits	Asmt		Number	3	2638-2640

Record previously unreported number of times resident
visited ER without an overnight stay in the last 92 days.
Enter '0' if no ER visits.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
000		Minimum value
999		Maximum value

Item Edits

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

Item ID: S6212

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
ER visits w/o overnight stay in last 90 days	Asmt		Number	2	2680-2681

Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or
since last assessment if less than 90 days). Exclude observation stays. Enter 0 if no ER visits.

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		Minimum value
90		Maximum value

Item Edits

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

Item ID: S6220

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Alzheimer's/Dementia Special Care Unit	Asmt		Code	1	2226-2226

Alzheimer's/Dementia Special Care Unit-Program
provided while a resident of this facility within the last 14

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6230

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Has resident received antipsychotic	Asmt		Code	1	2553-2553

Has this resident received an antipsychotic medication
since the ARD of the last OBRA assessment, or, if this is
an admission assessment, since the Entry Date (A1600)?

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

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

Item ID: S6232

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Is resident currently receiving antipsychotic	Asmt		Code	1	2554-2554
Is the resident currently receiving an antipsychotic medication?					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6234

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Attempt to reduce amount of antipsychotic	Asmt		Code	1	2555-2555

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)?

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6236

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Was reduction in antipsychotic maintained	Asmt		Code	1	2556-2556
Was the reduction in the total amount of antipsychotic medication that the resident receives maintained?					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6299

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident Currently Has SUD Diagnosis	Asmt		Code	1	2902-2902
Does the resident currently have an SUD diagnosis?					

Item Subsets

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

Item Values

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

Item Edits

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

Item ID: S6300

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident meds - opioid use disorder	Asmt		Code	1	2858-2858

Is the resident currently receiving any medications for opioid use disorder? (If yes, please specify the most recent medication.)

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Methadone
2		Buprenorphine
3		Naltrexone
9		Yes, none of the above

Item Edits

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

Item ID: S6301

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Standing order for Naloxone	Asmt		Code	1	2859-2859

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

Item Subsets

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

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Not applicable

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6301A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Current prescription or standing order - Opioid	Asmt		Checklist	1	2903-2903

Does this resident have a current opioid or MOUD prescription and/or a standing order for Naloxone in their medication list? Check all that apply - Opioid prescriptions for a reason not related to opioid disorder.

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6301B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Current prescription or standing order - MOUD Does this resident have a current opioid or MOUD prescription and/or a standing order for Naloxone in their medication list? Check all that apply - Medications for Opioid Disorder (MOUD).	Asmt		Checklist	1	2904-2904

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6301C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Current prescription or standing order - Naxalone	Asmt		Checklist	1	2905-2905

Does this resident have a current opioid or MOUD prescription and/or a standing order for Naloxone in their medication list? Check all that apply - Naloxone

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6301Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Current prescription or standing order - None Does this resident have a current opioid or MOUD prescription and/or a standing order for Naloxone in their medication list? Check all that apply - None of the	Asmt		Checklist	1	2906-2906

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6302

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Buprenorphine prescribed	Asmt		Code	1	2860-2860

Was Buprenorphine prescribed at this facility or by an outside provider? (Complete if S6300 = 2.)

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		At this facility
2		By an outside provider
3		Both
9		Not applicable

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - No	Asmt		Checklist	1	2861-2861

Is the resident currently receiving counseling for opioid use disorder?

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - onsite	Asmt		Checklist	1	2862-2862

Is the resident currently receiving counseling for opioid use disorder?

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303C

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Counseling for opioid use disorder - alt location	Asmt		Checklist	1	2863-2863
Is the resident currently receiving counseling for opioid use disorder?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - virtually	Asmt		Checklist	1	2864-2864
Is the resident currently receiving counseling for opioid use disorder?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - No	Asmt		Checklist	1	2907-2907
Is the resident currently receiving counseling for opioid use disorder? No (Complete if S6299 = 1.)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - onsite	Asmt		Checklist	1	2908-2908

Is the resident currently receiving counseling for opioid use disorder? Yes, Onsite (Complete if S6299 = 1.)

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - alt location	Asmt		Checklist	1	2909-2909
Is the resident currently receiving counseling for opioid use disorder? Yes, At another location (Complete if					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6303H

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Counseling for opioid use disorder - virtually Is the resident currently receiving counseling for opioid use disorder? Yes, Virtually (telehealth) (Complete if	Asmt		Checklist	1	2910-2910

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident diag warrants psychotropic medication	Asmt		Code	1	2911-2911
Does the resident have a diagnosis that warrants a psychotropic medication?					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Not applicable

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med -	Antidepressants		Asmt	Checklist	1 2865-2865
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Anxiolytics	Asmt		Checklist	1	2866-2866
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Antipsychotics	Asmt		Checklist	1	2867-2867
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Stimulants	Asmt		Checklist	1	2868-2868
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Chemical Dependency Adjuncts	Asmt		Checklist	1	2869-2869
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Monoamine Oxidase Inhibitors	Asmt		Checklist	1	2870-2870
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Mood Stabilizers	Asmt		Checklist	1	2871-2871
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304H

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Miscellaneous Drugs	Asmt		Checklist	1	2872-2872
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6304I

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Psychotropic med - Other	Asmt		Checklist	1	2873-2873
Is the resident currently on an psychotropic medications?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No (unchecked)
1		Yes (checked)
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6305A

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Active order for PRN psychotropics	Asmt		Code	1	2874-2874

Does this resident have an active order for PRN psychotropics?

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6305B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Last date received psychotropics	Asmt		Date	8	2875-2882

If yes, when was the last date that this resident received PRN psychotropics

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
MMDDYYYY		Valid date
999999999		Not yet received
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S6500

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Comfort care provided in the last 14 days	Asmt		Code	1	2682-2682

Comfort care provided. In the last 14 days, has the resident received comfort care? Comfort care consists of medical care and treatment provided with the primary goal of reducing suffering. Food and fluids are offered by mouth; medication, turning in bed, wound care, and other measures are used to relieve suffering; and oxygen, suctioning, and manual treatment of airway obstruction are used as needed for comfort.

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7000

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Dental Care	Asmt		Code	1	2598-2598
Dental care					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Routine dental care since last assessment
2		Emergent dental care since last assessment
9		None of the above

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7001

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Dental Care Routine	Asmt		Code	1	2834-2834
Dental Care Routine					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Unable to determine

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7002

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Dental Care Emergent Dental Care Emergent	Asmt		Code	1	2835-2835

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
9		Unable to determine

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident requires room w/o roommate	Asmt		Code	1	2836-2836

Resident requires a room without a roommate because of
challenging behaviors related to an organic or psychiatric
disorder of thought, mood, perception, orientation,
memory, or social history (i.e., criminal background).

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Date resident placed in room w/o roommate	Asmt		Date	8	2837-2844
Date resident was placed in a room without a roommate due to challenging behaviors.					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident behavior puts roommate safety at risk	Asmt		Code	1	2845-2845

Resident has demonstrated behaviors that place a roommate's safety at risk (e.g., documented evidence in the medical record of behaviors such as physical or verbal aggression towards a roommate or other residents, repetitive placement of belongings or other items on the floor that could cause a roommate to fall or be injured, or a criminal background causing a safety concern for a roommate).

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident behavior infringes on roommate rights	Asmt		Code	1	2846-2846

Resident has demonstrated behaviors that infringe upon a roommate's rights and/or quality of life (e.g., documented evidence in the medical record of paranoid and territorial behaviors over room and/or belongings, routine urinating/defecating in inappropriate places, inconsolable yelling or calling out, continuous rummaging in roommate's private space/belongings, etc.).

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Resident care plan documents need for own room Resident's current care plan documents the need for a room without a roommate related to challenging	Asmt		Code	1	2847-2847

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident requires own room - bariatric equipment	Asmt		Code	1	2848-2848

Resident requires a room without a roommate because of the need for bariatric equipment resulting in insufficient space for a roommate (e.g., documented evidence in the medical record of obesity diagnosis and need for bariatric equipment that makes it too crowded for the resident to share a room).

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500G

		Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text						
Date resident placed in own room - bariatric equip		Asmt		Date	8	2849-2856
Date resident was placed in a room without a roommate						
due to bariatric equipment and no space for roommate.						

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S7500H

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident care plan - need for own room - bariatric	Asmt		Code	1	2857-2857

Resident's current care plan documents the need for a
room without a roommate related to bariatric equipment
and no space for a roommate.

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000A1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare - Primary Payor	Asmt		Checklist	1	2227-2227
Medicare - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000A2

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Medicare - Secondary Payor	Asmt		Checklist	1	2228-2228
Medicare - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000A3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Payor	Asmt		Checklist	1	2229-2229
Medicare					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part A - Primary Payor	Asmt		Checklist	1	2230-2230
Medicare Part A - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000B2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part A - Secondary Payor	Asmt		Checklist	1	2231-2231
Medicare Part A - Secondary Payor					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000B3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part A Payor Medicare Part A	Asmt		Checklist	1	2232-2232

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000C1

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Medicare Part B - Primary Payor	Asmt		Checklist	1	2233-2233
Medicare Part B - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000C2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part B - Secondary Payor	Asmt		Checklist	1	2234-2234
Medicare Part B - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000C3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicare Part B Payor Medicare Part B	Asmt		Checklist	1	2235-2235

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000D1

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Medicare Part C - Primary Payor	Asmt		Checklist	1	2236-2236
Medicare Part C (Medicare Advantage) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000D2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part C - Secondary Payor	Asmt		Checklist	1	2237-2237
Medicare Part C (Medicare Advantage) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000D3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Part C Payor	Asmt		Checklist	1	2238-2238
Medicare Part C (Medicare Advantage)					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000E1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare per diem - Primary Payor	Asmt		Checklist	1	2239-2239
Medicare per diem - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000E2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare per diem - Secondary Payor	Asmt		Checklist	1	2240-2240
Medicare per diem - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000E3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare per diem Payor	Asmt		Checklist	1	2241-2241
Medicare per diem					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8000Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare not a payment source	Asmt		Checklist	1	2242-2242
Medicare not a payment source					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010A1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
In-state Medicaid - Primary Payor	Asmt		Checklist	1	2243-2243
In-state Medicaid - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010A2

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
In-state Medicaid - Secondary Payor	Asmt		Checklist	1	2244-2244
In-state Medicaid - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010A3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
In-state Medicaid payor	Asmt		Checklist	1	2245-2245
In-state Medicaid					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Out-of-state Medicaid - Primary Payor	Asmt		Checklist	1	2246-2246
Out-of-state Medicaid - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010B2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Out-of-state Medicaid - Secondary Payor	Asmt		Checklist	1	2247-2247
Out-of-state Medicaid - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010B3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Out-of-state Medicaid Payor	Asmt		Checklist	1	2248-2248
Out-of-state Medicaid					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010C1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem - Primary Payor	Asmt		Checklist	1	2249-2249
Medicaid per diem - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010C2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem - Secondary Payor	Asmt		Checklist	1	2250-2250
Medicaid per diem - Secondary Payor					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010C3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem Payor	Asmt		Checklist	1	2251-2251
Medicaid per diem					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010D1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid managed care per diem - Primary Payor	Asmt		Checklist	1	2252-2252
Medicaid managed care per diem - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010D2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid managed care per diem - Secondary Payor	Asmt		Checklist	1	2253-2253
Medicaid managed care per diem - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010D3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid managed care per diem Payor	Asmt		Checklist	1	2254-2254
Medicaid managed care per diem					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010E1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem (not MC) - Primary Payor	Asmt		Checklist	1	2255-2255
Medicaid per diem (not managed care) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010E2

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid per diem (not MC) - Secondary Payor	Asmt		Checklist	1	2256-2256
Medicaid per diem (not managed care) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010E3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem (not MC) Payor	Asmt		Checklist	1	2257-2257
Medicaid per diem (not managed care)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid per diem type	Asmt		Code	1	2531-2531
Type of Medicaid per Diem					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Medicaid managed care per diem
2		Medicaid per diem (not managed care)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010F1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Resident Liability - Primary Payor	Asmt		Checklist	1	2258-2258
Medicaid Resident Liability - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010F2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Resident Liability - Secondary Payor	Asmt		Checklist	1	2259-2259
Medicaid Resident Liability - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010F3

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Resident Liability Payor	Asmt		Checklist	1	2260-2260
Medicaid Resident Liability					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid state source	Asmt		Code	1	2532-2532
Medicaid State Source					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		In-state Medicaid
2		Out-of-state Medicaid
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010G1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Co-Pay - Primary Payor	Asmt		Checklist	1	2261-2261
Medicare Co-pay - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010G2

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Medicare Co-pay - Secondary Payor	Asmt		Checklist	1	2262-2262
Medicare Co-pay - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010G3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicare Co-pay Payor	Asmt		Checklist	1	2263-2263
Medicare Co-pay					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010H1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Picture Date reporting	Asmt		Checklist	1	2264-2264

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

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010H2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Other - Secondary Payor	Asmt		Checklist	1	2265-2265
Medicaid Other - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010H3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Other Payor	Asmt		Checklist	1	2266-2266
Medicaid Other					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010I1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid Pending - Primary Payor	Asmt		Checklist	1	2267-2267
Medicaid Pending - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010I2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Pending - Secondary Payor	Asmt		Checklist	1	2268-2268
Medicaid Pending - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010I3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Pending Payor	Asmt		Checklist	1	2269-2269
Medicaid Pending					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8010Z

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Medicaid not a payment source	Asmt		Checklist	1	2270-2270
Medicaid not a payment source					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8015

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
MMIS Identification Number	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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
00000000		Minimum value
99999999		Maximum value
-		Not enrolled in any plan

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020A1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private - Primary Payor	Asmt		Checklist	1	2271-2271
Private - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020A2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private - Secondary Payor	Asmt		Checklist	1	2272-2272
Private - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020A3

Item Label/Item Text	**Item Group**	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Private Payor Private	Asmt		Checklist	1	2273-2273

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private per diem - Primary Payor	Asmt		Checklist	1	2274-2274
Private per diem (including co-pay) - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020B2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private per diem - Secondary Payor	Asmt		Checklist	1	2275-2275
Private per diem (including co-pay) - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020B3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private per diem Payor	Asmt		Checklist	1	2276-2276
Private per diem (including co-pay)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020C1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private LTC insurance policy - Primary Payor	Asmt		Checklist	1	2277-2277
Private LTC insurance policy - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020C2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private LTC insurance policy - Secondary Payor	Asmt		Checklist	1	2278-2278
Private LTC insurance policy - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020C3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private LTC insurance policy	Asmt		Checklist	1	2279-2279
Private LTC insurance policy					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8020Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Private insurance not a payment source	Asmt		Checklist	1	2280-2280
Private insurance not a payment source					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030A1

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Self-pay - Primary Payor	Asmt		Checklist	1	2281-2281
Self-pay - Primary Payor					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030A2

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Self-pay - Secondary Payor	Asmt		Checklist	1	2282-2282
Self-pay - Secondary Payor					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030A3

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Self-pay Payor	Asmt		Checklist	1	2283-2283
Self-pay					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Family pay - Primary Payor	Asmt		Checklist	1	2284-2284
Family pay - Primary Payor					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030B2

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Family pay - Secondary Payor	Asmt		Checklist	1	2285-2285
Family pay - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030B3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Family pay Payor	Asmt		Checklist	1	2286-2286
Family pay					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional:　NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8030Z

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Self or Family not a payment source	Asmt		Checklist	1	2288-2288
Self or family not a payment source					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040A1

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
State Run Medical Assistance - Primary Payor	Asmt		Checklist	1	2289-2289
State Run Medical Assistance - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040A2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
State Run Medical Assistance - Secondary Payor	Asmt		Checklist	1	2290-2290
State Run Medical Assistance - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040A3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
State Run Medical Assistance Payor	Asmt		Checklist	1	2291-2291
State Run Medical Assistance					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040B1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Tricare per diem - Primary Payor	Asmt		Checklist	1	2292-2292
Tricare per diem - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040B2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Tricare per diem - Secondary Payor	Asmt		Checklist	1	2293-2293
Tricare per diem - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040B3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Tricare per diem Payor	Asmt		Checklist	1	2294-2294
Tricare per diem					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040C1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
VA per diem - Primary Payor	Asmt		Checklist	1	2295-2295
VA per diem - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040C2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
VA per diem - Secondary Payor	Asmt		Checklist	1	2296-2296
VA per diem - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040C3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
VA per diem Payor	Asmt		Checklist	1	2297-2297
VA per diem					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040D1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other Public - Primary Payor	Asmt		Checklist	1	2298-2298
Other public - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040D2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other Public - Secondary Payor	Asmt		Checklist	1	2299-2299
Other public - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040D3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other Public Payor	Asmt		Checklist	1	2300-2300
Other public					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8040Z

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
Other government not a payment source	Asmt		Checklist	1	2301-2301
Other government not a payment source					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050A1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other - Primary Payor	Asmt		Checklist	1	2302-2302
Other - Primary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050A2

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other - Secondary Payor	Asmt		Checklist	1	2303-2303
Other - Secondary Payor					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050A3

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Other Payor	Asmt		Checklist	1	2304-2304
Other					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Name 1 Other Name 1	Asmt		Text	30	2305-2334

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 1

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Other Payor Name 2 Other Name 2	Asmt		Text	30	2335-2364

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 2

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8050D

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
Other Payor Name 3	Asmt		Text	30	2365-2394
Other Name 3					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		Other Payor Name 3

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8055

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Primary payor Primary Payor	Asmt		Code	1	2533-2533

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Medicare
2		Medicaid
3		Medicaid Pending
4		Medicaid Managed Care
5		Managed Long Term Care
9		None of the above

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8099

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Payor: None of the Above	Asmt		Checklist	1	2395-2395
None of the Above					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8500

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid begin date	Asmt		Date	8	2396-2403
Date Medicaid Coverage Began - If applicable, enter date					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Medicaid Coverage Begin Date
-		Not assessed/no information
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8510A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Therapeutic bed-hold days since last asmt Number of therapeutic bed-hold days paid by Medicaid since the last assessment	Asmt		Number	2	2557-2558

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8510B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Therapeutic bed-hold days - YTD	Asmt		Number	2	2559-2560
Number of therapeutic bed-hold days paid by Medicaid year-to-date					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8512A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid hospital bed-hold days since last asmt	Asmt		Number	2	2561-2562
Number of hospital bed-hold days paid by Medicaid since last assessment					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8512B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid hospital bed-hold days - YTD	Asmt		Number	2	2563-2564
Number of hospital bed-hold days paid by Medicaid year-to-date					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
00		Minimum value
99		Maximum value

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8520A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Leave Days Type 1	Asmt		Code	1	2408-2408
Leave Days for Medicaid (Bed-Hold days) Type 1					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8520B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 1	Asmt		Date	8	2409-2416
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 1					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 1

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8520C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 1	Asmt		Date	8	2417-2424
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 1					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 1
-		Not assessed/no information

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8521A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Medicaid Leave Days Type 2	Asmt		Code	1	2425-2425
Leave Days for Medicaid (Bed-Hold days) Type 2					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
H		Hospital
T		Therapeutic
D		Deletion Request

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8521B

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid begin date 2	Asmt		Date	8	2426-2433
Leave Days for Medicaid (Bed-Hold days) Leave Period Begin Date 2					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid Begin Date Type 2

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S8521C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Leave Days for Medicaid end date 2	Asmt		Date	8	2434-2441
Leave Days for Medicaid (Bed-Hold days) Leave Period End Date 2					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Leave Days for Medicaid End Date Type 2

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9000

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL Skills Training	Asmt		Code	1	2442-2442

IL - Skills Training. Skills Training was provided in accordance with Illinois DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and Illinois DPA Section 147, Table A

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9001

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
IL IDPH Subpart S criteria	Asmt		Code	1	2443-2443
IL - Does resident meet Illinois IDPH Subpart S criteria					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002A

	Item **Group**	**LOINC** **Code**	**Item** **Type**	**Max** **Length**	**Fixed Format** **Start-End Bytes**
Item Label/Item Text					
IL IDPH Subpart S: Schizophrenia	Asmt		Checklist	1	2444-2444

IL - If answered Yes to S9001, proceed with psychiatric
service items below. If answered No, do not proceed.
Check all that apply: a. Schizophrenia

Item Subsets

Active:
Inactive:　　　　NPE,IPA,SP,SD,ST,XX
State optional:　NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002B

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
IL IDPH Subpart S: Delusional disorder	Asmt		Checklist	1	2445-2445

IL - If answered Yes to S9001, proceed with psychiatric
service items below. If answered No, do not proceed.
Check all that apply: b. Delusional disorder

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Schizoaffective disorder	Asmt		Checklist	1	2446-2446
IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: c. Schizoaffective disorder					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002D

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
IL IDPH Subpart S:Psychotic disorder not specified	Asmt		Checklist	1	2447-2447

IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: d. Psychotic disorder not otherwise specified

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Bipolar I mixed, manic, & depr	Asmt		Checklist	1	2448-2448

IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: e. Bipolar I mixed, manic, and depressed

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002F

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Bipolar disorder II	Asmt		Checklist	1	2449-2449

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

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Cyclothymic disorder	Asmt		Checklist	1	2450-2450

IL - If answered Yes to S9001, proceed with psychiatric
service items below. If answered No, do not proceed.
Check all that apply: g. Cyclothymic disorder

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002H

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
IL IDPH Subpart S: Bipolar disorder not specified	Asmt		Checklist	1	2451-2451

IL - If answered Yes to S9001, proceed with psychiatric service items below. If answered No, do not proceed. Check all that apply: h. Bipolar disorder not otherwise specified

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9002I

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Major depression, recurrent	Asmt		Checklist	1	2452-2452

IL - If answered Yes to S9001, proceed with psychiatric
service items below. If answered No, do not proceed.
Check all that apply: i. Major depression, recurrent

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		Not checked (No)
1		Checked (Yes)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9003

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
IL IDPH Subpart S: Ancillary	Asmt		Code	1	2453-2453

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)

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9020

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
FL FRAES number	Asmt		Text	8	2454-2461
FL -Florida Facility FRAES number					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		FL FRAES Number

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST	Asmt		Code	1	2462-2462
Does resident have a California POLST form in chart?					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST Section A	Asmt		Code	1	2463-2463
CA - Item selected in California POLST Section A					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Attempt resuscitation/CPR
2		Do not attempt resuscitation/DNR
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040C

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
CA POLST Section B	Asmt		Code	1	2464-2464
CA - Item selected in California POLST Section B					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Comfort measures only is checked
2		Limited additional interventions is the only box checked
3		Limited additional interventions AND "Transfer to hospital only if comfort needs cannot be met in current location" are BOTH checked
4		Full Treatment is checked
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040C1

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
CA POLST Section B (revised)	Asmt		Code	1	2599-2599
CA - item selected in California POLST Section B (revised)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		"Full Treatment" is the only box checked.
2		"Full Treatment" AND "Trial Period of Full Treatment" are both checked.
3		"Selective Treatment" or "Limited Additional Interventions" is the only box checked.
4		"Selective Treatment" or "Limited Additional Interventions" AND "Transfer to hospital only if comfort needs cannot be met in current location" are checked.
5		"Comfort-Focused Treatment" or "Comfort Measures Only"
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST Section C	Asmt		Code	1	2465-2465
CA - item selected in California POLST Section C					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		No artificial means of nutrition, including feeding tubes
2		Trial period of artificial nutrition including feeding tubes
3		Long term artificial nutrition including feeding tubes
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040D1

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST Section C (revised)	Asmt		Code	1	2600-2600
CA - item selected in California POLST Section C (revised)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Long-term artificial nutrition, including feeding tubes
2		Trial period of artificial nutrition, including feeding tubes
3		No artificial means of nutrition, including feeding
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040E

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST D phys/nurse prac/phys asst signature	Asmt		Code	1	2466-2466
CA - POLST Section D - Signature of Physician, Nurse					
Practitioner or Physician Assistant					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040F

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
CA POLST D resident signature	Asmt		Code	1	2467-2467
CA - POLST Section D - Signature by Patient or Decisionmaker					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes - Patient or Legally Recognized Decisionmaker
2		Both Patient and Legally Recognized Decisionmaker

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040G

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST D discussed with patient or decisionmaker	Asmt		Code	1	2468-2468
Discussed with in California POLST Section D					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Patient
2		Legally Recognized Decisionmaker
5		Both Patient and Legally Recognized Decisionmaker
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9040H

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CA POLST advanced directive	Asmt		Code	1	2534-2534
California POLST Section D- Advance Directive:					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Advance directive available and reviewed
2		Advance directive not available
3		No advance directive
9		Not completed

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9060

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
NY Medicaid add-on eligibility NY - Resident Eligible for enhanced Medicaid Reimbursement (Add-on) for the following condition(s). Record the appropriate approved specialty unit/facility for the resident	Asmt		Code	1	2469-2469

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		AIDS Scatter Beds
2		Traumatic Brain Injury (TBI) Extended Care
9		None of the Above

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9080A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
PA MA CASE-MIX	Asmt		Code	1	2470-2470
PA - Source of Payment: a. Is the resident Medical Assistance for MA CASE-MIX (see instructions)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9080B

	Item	LOINC	Item	Max	Fixed Format
Item Label/Item Text	**Group**	**Code**	**Type**	**Length**	**Start-End Bytes**
PA MA CASE-MIX Date	Asmt		Date	8	2471-2478
PA - Source of Payment: b. Date of change to/from					
Medical Assistance for MA CASE-MIX					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix Date

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9080C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		PA Medical Assistance Case Mix ACCESS Card Number
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9080D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
PA MA CASE-MIX MA NF Effective Date	Asmt		Date	8	2489-2496
PA - Source of Payment: d. MA NF Effective date from					
PA/FS 162					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		PA Medical Assistance Case Mix NF Effective Date
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9080E

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
PA MA CASE-MIX Day One MA	Asmt		Code	1	2497-2497
PA - Source of Payment: e. Is the resident DAY ONE MA eligible					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9085A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Resident enrolled in Community HealthChoices (CHC)	Asmt		Code	1	2691-2691
Is the resident enrolled in Community HealthChoices					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9085B

	Item Group	**LOINC Code**	**Item Type**	**Max Length**	**Fixed Format Start-End Bytes**
Item Label/Item Text					
CHC effective date	Asmt		Date	8	2692-2699
CHC effective date					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (skip pattern) when S9085A=0

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9085C

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CHC product name	Asmt		Number	2	2700-2701
CHC product name. Enter the two digit code from table.					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
01		Minimum value
20		Maximum value
^		Blank (skip pattern) when S9085A=0

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9085D

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CHC member ID	Asmt		Text	14	2702-2715
CHC member ID					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
Text		Valid CHC member ID
^		Blank (skip pattern) when S9085A=0

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9100A

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
VA Room & Board Payment Assessment Reference Date Code for the primary source of per diem room and board reimbursement for the resident on the date indicated - Assessment Reference Date (A2300)	Asmt		Code	1	2498-2498

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Commonwealth Coordinated Care (CCC) Plus
3		Other reimbursement source

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9100B

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
VA Room & Board Payment Entry Date	Asmt		Code	1	2499-2499
VA - Per Diem Reimbursement (Code for the primary source of per diem room and board reimbursement for the resident on the date indicated) Date of Entry (A1600)					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
1		Virginia Medicaid per diem
2		Virginia Medicaid Specialized Care per diem
3		Managed Care Organization reimbursement
4		Other reimbursement source

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9100C

Item Label/Item Text	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
VA Medicaid Room & Board initial date	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,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
YYYYMMDD		Valid date
^		Blank (not available or unknown)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9120

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
CT Approved LTC	Asmt		Code	1	2508-2508
CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?					

Item Subsets

Active:
Inactive: NPE,IPA,SP,SD,ST,XX
State optional: NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes
^		Blank (skip pattern)

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.

Item ID: S9140

	Item Group	LOINC Code	Item Type	Max Length	Fixed Format Start-End Bytes
Item Label/Item Text					
Completed LAPOST	Asmt		Code	1	2601-2601
Does the resident have a completed LaPOST document					

Item Subsets

Active:	
Inactive:	NPE,IPA,SP,SD,ST,XX
State optional:	NC,NQ,NP,ND,NT

Item Values

Value	LOINC Code	Value Text
0		No
1		Yes

Item Edits

Edit ID	Edit Type	Severity	Edit Text
-3808	Format	Warning	When this Section S item is required by a State, it should equal one of the valid values indicated in the data specifications for that item. Note that for numeric items, signed numbers (with a leading plus or minus sign) should not be submitted.