

Specifications for Submission File												
Section S Version 2008												
Item	Description	Length	Start	End	Required on	Blank on	Picture	Type	Range	Format Info	Item	Consistency
S1	Unit Number	2	903	904	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(2)	Text			S1	
S2	Pressure Ulcers	1	905	905	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Code	1,2,3,4,-,Space		S2	
S3	Substance Abuse History	1	906	906	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Code	0,1,2,-		S3	
S4a	HIV Dementia	1	907	907	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4a	S4j consistency
S4b	HIV Wasting Syndrome	1	908	908	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4b	S4j consistency
S4c	Non-psychotic disorder following organic brain damage	1	909	909	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4c	S4j consistency
S4d	Psychotic disorder following organic brain damage	1	910	910	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4d	S4j consistency
S4e	Spinal Cord injury	1	911	911	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4e	S4j consistency
S4f	Hemiplegia	1	912	912	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4f	S4j consistency
S4g	Hemipareses	1	913	913	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4g	S4j consistency
S4h	Huntington's Disease	1	914	914	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4h	S4j consistency
S4i	Dementia registry report	1	915	915	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-	See tab ICD-9 Codes	S4i	S4j consistency; Complete appropriate ICD-9 codes in Section I, 3a and b.
S4i1	County (FIPS) code of prior primary residence	3	916	918	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(3)	Code	Space(3),001-123,Dash(3)	See tab County FIPS Codes	S4i1	Not included as an item in consistency of S4j. If S4i = 1 this should not be blank.

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S4i2	Physician license number	6	919	924	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(6)	Text	Dashes(6),Spaces(6), L #(5), #(6) Six dashes, six spaces, L followed by 5 numbers, or 6 numbers.		S4i2	Not included as an item in consistency of S4j. If S4i = 1 this should not be blank.
S4j	None of the above	1	925	925	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Checklist	0,1,-		S4j	Value must be 0 (zero) if any item S4a S4b, S4c, S4d, S4e, S4f, S4g, S4h, S4i = 1. Value must be 1 if each item S4a S4b,S4c,S4d,S4e,S4f,S4g, S4h,S4i = 0 (zero). Value must be - (dash) if any item S4a, S4b, S4c, S4d, S4e, S4f, S4g S4h, S4i = - (dash) and none of those items = 1 (one).
S5a	FILLER: formerly used, no longer in use	1	926	926	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Filler	Space(1)		S5a	No edit check; any submitted data ignored.
S5b	FILLER: formerly used, no longer in use	5	927	931	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(5)	Filler	Space(5)		S5b	No edit check; any submitted data ignored.
S0a	State Operating Certificate Number	8	932	939	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(8)	Text	Item not on the MDS form; Valid Code	Upper Case	S0a	Operating Certificate number: This item is not on the MDS 2 form, but is a required piece of information from the nursing facility similar to the Fac_id/facility id/ and is used to identify the current nursing home operator contract with Dept of Health.

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S0b	FILLER: formerly used, no longer in use	19	940	958	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(19)	Filler	Space(19)		S0b	No edit check; any submitted data ignored.
S0c	FILLER: formerly used, no longer in use	11	959	969	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(11)	Filler	Space(11)		S0c	No edit check; any submitted data ignored.
S5	Specialty Unit/Facility Reimbursement	1	970	970	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Code	1,2,3,4,5,6,7		S5	Should not be blank.
S6	Resident Eligible for Enhanced Medicaid Reimbursement	1	971	971	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Code	1,2,3		S6	Should not be blank.
S7	Primary Payor	1	972	972	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(1)	Code	1,2,3,4		S7	Should not be blank.
St_Filler	State Filler	230	973	1202	A,AM,AO,Y,YM,Y O,Q,QM,QO,OM	D,R	X(230)	Filler	Space(230)		St_Filler	No edit check; any submitted data ignored.