New York State Section S
MDS 2.0 to MDS 3.0 Crosswalk

This crosswalk describes the changes for MDS Section S, effective October 1, 2010, that will occur with the transition from MDS 2.0 to MDS 3.0. The number of NYS MDS Section S questions will decrease from seven (7) to three (3). The three questions retained are all used in the Medicaid reimbursement rate calculation.

MDS 2.0		MDS 3.0		
Question	**Response**	**Question**	**Valid Response**	**Section S Item / Response Wording**
S1		**Deleted**		
S2		**Deleted**		
S3		**Deleted**		
S4		**Deleted**		
S5		**S0520** [1]		**Specialty Unit / Facility Reimbursement**
	1		01 [2]	Discrete AIDS Unit
	2		02	Ventilator Dependent Unit
	3		03 [3]	Traumatic Brain Injury (TBI) Unit
	4		04	Behavioral Intervention Unit
	5		05	Behavioral Intervention Step-Down Unit
	6		06	Pediatric Specialty Unit / Facility
	7		99	None of the above
S6		**S9060**		**Resident Eligible for Enhanced Reimbursement (Add-On) for the Following Conditions**
	1		1 [2]	AIDS Scatter Beds
	2		2 [3]	Traumatic Brain Injury (TBI) Extended Care
	3		9	None of the above
S7				**Primary Payor**
	1	**S8010A3**	0 (No), 1 (Yes)	Medicaid Payor
	2	**S8000A3**	0 (No), 1 (Yes)	Medicare Payor
	3	**S8050A3**	0 (No), 1 (Yes)	Other Payor
	4	**S8010I3**	0 (No), 1 (Yes)	Medicaid Pending

NOTES:

1. The MDS 2.0 Question S5 has been temporarily assigned to MDS 3.0 Item S0520. This assignment will change on April 1, 2011. The wording for the NYS Questions/Responses for S0520 does not match the wording posted by CMS for S0520. This discrepancy is required to fix an MDS transition problem. All systems and documentation for NYS providers **MUST** use the NYS wording. The April 1, 2011 correction for this discrepancy **WILL** require minor changes to software systems intended for use by NYS providers.
2. For a resident with AIDS, select either S0520 response 01, **OR** S0960 response 1. Do not select both responses.
3. For a resident with TBI, select either S0520 response 03, **OR** S0960 response 2. Do not select both responses.
4. The last question, Primary Payor (MDS 2.0 Item S7), has four (4) available responses in the MDS 3.0. These responses are mutually exclusive. Only one of the four payors may be coded "1" (checked). The other three items should be coded "0" (unchecked).