

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.

Item	Description	Length	Start	End	Required on	Blank on	Picture	Type	Range	Format Info	Item	Consistency
S4i2	Physician license number	6	919	924	A,AM,AO,Y,YM,YO,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,YO,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,YO,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,YO,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,YO,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.

Item	Description	Length	Start	End	Required on	Blank on	Picture	Type	Range	Format Info	Item	Consistency
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.