Maryland MDS 3.0

Section S Coding Instructions

Final

Maryland MDS 3.0 Section S Coding Instructions Version S0.01

State of Maryland Section S additional state-defined items coding conventions:

- Responses to items should be based on taking stock of all observations, information, and knowledge about a resident from all available sources (e.g., medical records, the resident, resident's family, and/or guardian or other legally authorized representative).
- The Assessment Reference Date ARD designates the end of the observation period so that all assessment items refer to the resident's status during the same period of time.
    - As the last day of the observation period, the ARD serves as the reference point for determining the care and services captured on the MDS assessment. Anything that happens after the ARD will not be captured on that MDS.
- Some Maryland Section S items allow a dash response. A dash (–) value indicates that no information is available. The State Medicaid Agency expects dash use to be a rare occurrence.
- Complete Maryland Section S items accurately and adhere to skip patterns.

Maryland MDS 3.0 Section S Coding Instructions Version S0.01

S0101: Admitted from Community

Admitted from at entry (if A1805 = 01 Home/Community)

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0101. Admitted from Community	
Enter Code	1. Community with no home care
	2. Community with Medicare certified home health agency care
	3. Community with other home care

Item Rationale

- To identify whether the resident's admitted from the community received home-based care prior to admission to the facility.

Coding Instructions

- **Code 1, Community with no home care:** if resident was admitted from the community with no home-based care.
- **Code 2, Community with Medicare certified home health agency care:** if resident was admitted from the community with Medicare certified home health agency care.
- **Code 3, Community with other home care:** if resident was admitted from the community with other home care provider (not Medicare certified HHA).

S0111: Lived alone

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0111. Lived alone	
Enter Code	0. No
	1. Yes
	2. In other facility

Item Rationale

- To identify whether the resident lived alone prior to admission to the facility.

Coding Instructions

- **Code 0, No**: if resident did not live alone prior to entry.
- **Code 1, Yes:** if resident lived alone prior to entry.
- **Code 2, In other facility:** if resident was admitted from another facility.

S0120: Prior Residence ZIP Code

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0120. Prior Residence ZIP Code
Zip Code ☐☐☐☐☐

Item Rationale

- To identify resident's residence zip code prior to admission to the facility.

Coding Instructions

- Enter prior residence 5-character zip code.

S0122: Prior Residence State

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0122. Prior Residence State
State Postal Code ☐☐

Item Rationale

- To identify the resident's primary residence state postal code prior to admission to the facility.

Coding Instructions

- Enter 2-character state postal code of state primary residence prior to admission.

S0123: Prior Residence County

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0123. Prior Residence County
County FIPS code ☐☐☐

Item Rationale

- To identify resident's primary residence county prior to admission to the facility.

Coding Instructions

- Enter 3-character county FIPS code of prior primary residence.
- Enter code 999 if primary residence prior to admission is out-of-State.

S0130: Highest Education Completed

Complete only if A0310 = 01, 03, 04, or 05 OR if A0310F = 10 or 11.

S0130. Highest Education Completed	
Enter Code	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

Item Rationale

- To identify resident's highest education completed.

Coding Instructions

- **Code 1, No Schooling:** if resident had no schooling.
- **Code 2, 8th grade/less:** if resident completed 8th grade or less.
- **Code 3, Some high school:** if resident completed 9-11th grade.
- **Code 4, High school graduate/GED:** if resident completed high school.
- **Code 5, Technical or trade school:** if resident completed technical or trade school.
- **Code 6, Some college/Associate's degree:** if resident completed some college or has an Associate's degree.
- **Code 7, Bachelor's degree:** if resident has a Bachelor's degree.
- **Code 8, Graduate degree:** if resident has a Graduate degree.

S0180: Discharged to Community

Discharge Status (if recorded home/community (01) in item A2105)

Complete only if A0310F = 10 or 11.

S0180. Discharged to Community	
Enter Code	1. Community with no home care
	2. Community with Medicare certified home health agency care
	3. Community with other home care

Item Rationale

- To identify if resident was discharged to community with home-based care.

Coding Instructions

- **Code 1, Community with no home care:** if resident was discharged with no home-based care.
- **Code 2, Community with Medicare certified home health agency care:** if resident was discharged with Medicare certified home health agency care.
- **Code 3, Community with other home care:** if resident was discharged with other home care provider (not Medicare certified HHA).

S0509: Was a PASRR Level I completed prior to resident's admission/reentry to facility?

Complete only if A0310E = 1. Complete on first OBRA (Admission, Annual, Quarterly, & Significant change) assessment since admission/entry or reentry.

S0509. Was a PASRR Level I completed prior to resident's admission/reentry to facility?	
Enter Code	0. No
	1. Yes
	9. NA

Item Rationale

- To identify whether the resident had a PASRR completed prior to being admitted to a nursing facility.

Coding Instructions

- **Code 0, No:** if a PASRR Level I was not completed prior to resident's admission/reentry to facility.
- **Code 1, Yes:** if a PASRR Level I was completed prior to resident's admission/reentry to facility.
- **Code 9, N/A PASRR not indicated:** if PASRR is not indicated. If the bed is not in a Medicaid-certified nursing home. The PASRR process does not apply to nursing home units that are not certified by Medicaid and therefore the question is not applicable.
    - Note that the requirement is based on the certification of the part of the nursing home the resident will occupy. In a nursing home in which some parts are Medicaid certified and some are not, this question applies when a resident is admitted, or transferred to, a Medicaid certified part of the building.

S0509B: 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.

S0509B. Was a PASRR Level I completed as a result of a significant change in status assessment?	
Enter Code ☐	0. No
	1. Yes

Item Rationale

- To identify whether the resident had a PASRR Level I completed due to a significant change in status.

Coding Instructions

- **Code 0, No**: if a significant change did not require a PASRR Level I to be completed.
- **Code 1, Yes:** if a PASRR Level I was completed as a result of a significant change in status assessment.

S0511: Record most recent PASRR Level I Completion Date

Complete only when S0509 or S0509B = 1 Yes.

S0511. Record most recent PASRR Level I Completion Date	
☐☐☐☐☐☐☐☐	Enter Date

Item Rationale

- To identify when the resident last had a PASRR Level I screen.

Coding Instructions

- Enter the most recent PASRR Level I Completion Date. Use the format: Month-Day-Year: XX-XX-XXXX. For example, October 12, 2010, would be entered as 10-12-2010.

S0535: Was a referral for Level II Assessment Determination made?

Complete when S0509 or S0509B = 1 Yes.

S0535. Was a referral for Level II Assessment Determination made?	
Enter Code ☐	0. No
	1. Yes

Item Rationale

- To identify whether the resident required a Level II assessment.

Coding Instructions

- **Code 0, No**: if a referral for Level II Assessment Determination was not made.
- **Code 1, Yes:** if a referral for Level II Assessment Determination was made.

S0540: Was a PASRR Level II determination completed?

Complete when S0535 = 1 Yes.

S0540. Was a PASRR Level II determination completed?	
Enter Code ☐	0. No
	1. Yes

Item Rationale

- To identify whether a PASRR Level II determination was made for the resident after a referral.

Coding Instructions

- **Code 0, No**: if a PASRR Level II determination was not completed.
- **Code 1, Yes:** if a PASRR Level II determination was completed.

S0545: Record the most recent PASRR Level II determination.

Complete when S0540 = 1 Yes.

S0545. Record the most recent PASRR Level II determination.	
☐☐☐☐☐☐☐☐	Enter Date

Item Rationale

- To identify when the resident last had a PASRR Level II assessment.

Coding Instructions

- Enter the most recent PASRR Level II determination Date. Use the format: Month-Day-Year: XX-XX-XXXX. For example, October 12, 2010, would be entered as 10-12-2010.

S0550: Record the outcome of the most recent determination.

Complete if S0540 = 1 Yes.

S0550.	Record the outcome of the most recent determination.
Enter Code	1. Approved for NF long-term placement
	2. Approved for NF short-term placement
	8. Denied
	9. Not subject to PASRR

Item Rationale

- To identify whether the resident's PASRR Level II determination was approved for a NF long-term placement or a short-term placement.

Coding Instructions

Record the outcome of the most recent determination.

- **Code 1, approved for NF long-term placement:** if resident was approved for NF long-term placement.
- **Code 2, approved for NF short-term placement:** if resident was approved for NF short-term placement.
- **Code 8, denied:** if resident was denied for NF long-term placement and NF short-term placement.
- **Code 9, not subject to PASSR:** if resident is not subject to PASSR. If resident has no mental illness diagnosis, the individual is not subject to PASRR. The documentation indicating that the behavioral disturbances are related to Neurocognitive Disorders (NCD) should be in the resident's medical record.

S0555: If approved for NF short-term placement, indicate approved time frame.

Complete if S0550 = 2, Approved for NF short-term placement.

S0555. If approved for NF short-term placement, indicate approved time frame.	
Enter Code ☐	1. 30 days or less
	2. 31 days to 90 days
	3. 91 days to 6 months

Item Rationale

- To identify the time frame of the resident's approved short-term placement.

Coding Instructions

- **Code 1 approved for 30 days or less:** if resident was approved for 30 days or less.
- **Code 2, approved for 31 days to 90 days:** if resident was approved for 31 days to 90 days.
- **Code 3, approved for 91 days to 6 months:** if resident was approved for 91 days to 6 months.

S8000A3, S8010B3, S8020A3, S8030C, S8040A3, S8040D3: Primary Payment Source

Complete only if A0310 = 01, 02, 03, 04, 05, or 06 OR if A0310F = 10 or 11.

Primary Payment Source
☐ S8000A3. Medicare Payor
☐ S8010B3. Out-of-state Medicaid Payor
☐ S8020A3. Private Payor
☐ S8030C. Self or Family pay for full per diem
☐ S8040A3. State Run Medical Assistance
☐ S8040D3. Other Public Payor

Item Rationale

- To identify the resident's primary payment source.

Coding Instructions

- **Check S8000A3, Medicare Payor:** if primary payment source is Medicare (Medicare per diem; Medicare part A; Medicare part B).
- **Check S8010B3, Out-of-state Medicaid Payor:** if primary payment source is other state Medicaid.
- **Check S8020A3, Private Payor:** if primary payment source is private payer (private insurance).
- **Check S8030C, Self or Family pay for full per diem:** if primary payment source is self-pay or family pays per diem.
- **Check S8040A3, State Run Medical Assistance:** if primary payment source is Maryland Medicaid.
- **Check S8040D3, Other Public Payor:** if primary payment source is other public payer (VA, CHAMPUS).

Maryland MDS 3.0 Section S Coding Instructions Version S0.01

The table lists the Section S items that will be active on MDS 3.0 records with a target date on or after October 1, 2024.

The specifications for each item are in the MDS 3.0 Data Submission Specifications available on the CMS MDS 3.0 Technical Information page.

State	MDS 3.0 Item ID	NC- Comp	NQ - Quarterly	NP - PPS	NT - Tracking	ND - Discharge
MD	S0101	X				X
MD	S0111	X				X
MD	S0120	X				X
MD	S0122	X				X
MD	S0123	X				X
MD	S0130	X				X
MD	S0180					X
MD	S0509	x	x			
MD	S0509B	x				
MD	S0511	x	x			
MD	S0535	x	x			
MD	S0540	x	x			
MD	S0545	x	x			
MD	S0550	x	x			
MD	S0555	x	x			
MD	S8000A3	X	X			X
MD	S8010B3	X	X			X
MD	S8020A3	X	X			X
MD	S8030C	X	X			X
MD	S8040A3	X	X			X
MD	S8040D3	X	X			X