

**Section S - October 1, 2010
Final**

State	MDS 3.0 Item ID	Category	Item Text	Length	Value Text	DB logical name	ISCs				
							NC - Comp	NQ - Quarterly	NP - MPAF	NT - Tracking	ND - Discharge
CT	S0102	Demographic	Admitted from at entry (if A1800 = 02 nursing home or swing bed)	1	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS) 9. None of the above	Admitted from NH or SB	x				
CT	S0501	Admission	Code level of care.	1	1. Chronic and Convalescent Nursing Home (CCNH) 2. Rest Home with Nursing Supervision (RHNS)	CCNH RHNS Level of Care	x				
CT	S8000B3	Payment	Medicare Part A	1	0. Unchecked 1. checked	Medicare Part A Payor	x				
CT	S8000D3	Payment	Medicare Part C (Medicare Advantage)	1	0. Unchecked 1. checked	Medicare Part C Payor	x				
CT	S8000Z	Payment	Medicare not a payment source	1	0. Unchecked 1. checked	Medicare not a payment source	x				
CT	S8010A3	Payment	In-state Medicaid	1	0. Unchecked 1. checked	In-state Medicaid payor	x				
CT	S8010B3	Payment	Out-of-state Medicaid	1	0. Unchecked 1. checked	Out-of-state Medicaid Payor	x				
CT	S8010C3	Payment	Medicaid per diem	1	0. Unchecked 1. checked	Medicaid per diem Payor	x				
CT	S8010E3	Payment	Medicaid per diem (not managed care)	1	0. Unchecked 1. checked	Medicaid per diem (not MC) Payor	x				
CT	S8020C3	Payment	Private LTC insurance policy	1	0. Unchecked 1. checked	Private LTC insurance policy	x				
CT	S9120	State Specific	CT - If S8020C3 is checked, is the insurance a Connecticut Partnership for Long-Term Care approved policy?	1	0. No 1. Yes	CT Approved LTC	x				
Florida 3 items											
FL	S9020	State Specific	Florida Facility FRAES	8		FL FRAES number	x	x	x	x	x
FL	S0140	Demographic	Physician license number	11		Physician License Number	x	x	x	x	x
FL	S0141	Demographic	Physician last name	18		Physician Name	x	x	x	x	x
Illinois 30 items											
IL	S2010	Behavior	Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days	1	0. No 1. Yes	Refused meds 3 days	x	x			
IL	S2011	Behavior	Medication Refusal: Resident required staff supporting/prompting 3 or more time to take medication in the last 3 days	1	0. No 1. Yes	Staff support for meds 3 days	x	x			
IL	S4000A	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Self-injurious attempt (Code for most recent instance)	1	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 the last 3 days	Harm: Self Injury/Self-injurious attempt	x				
IL	S4000B	Mental Health/Substance Abuse	Harm to Self or Others: Self Injury Intent of any self-injurious attempt was to kill him/herself	1	0. No 1. Yes	Harm: Attempt was to kill self	x				