

State MDS 3.0 Requirements

Please respond to the questions below:

Does your state have MDS submission authority (State but not federal required submission: SUB_REQ or A0410 = 2)?		<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> No
Will your state use Section S for MDS 3.0?		<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No
If Yes:	Please identify which of the CMS approved MDS 3.0 Section S questions your state will use.	
	To which MDS 3.0 item subsets will Section S apply?	<p>Nursing Home Assessments</p> <input checked="" type="checkbox"/> NC - comprehensive <input type="checkbox"/> NQ - quarterly <input type="checkbox"/> NP - PPS <input type="checkbox"/> NS - OMRA start of therapy <input type="checkbox"/> NSD - OMRA start of therapy + discharge <input type="checkbox"/> NO - OMRA other <input type="checkbox"/> NOD - OMRA other + discharge <input type="checkbox"/> ND - discharge <input type="checkbox"/> NT - tracking (entry/expired) <p>Swing Bed Assessments</p> <input type="checkbox"/> SP - PPS <input type="checkbox"/> SS - OMRA start of therapy <input type="checkbox"/> SSD - OMRA start of therapy + discharge <input type="checkbox"/> SO - OMRA other <input type="checkbox"/> SOD - OMRA other + discharge <input type="checkbox"/> SD - discharge <input type="checkbox"/> ST - tracking (entry/expired)
	If your state has a specific Section S format, please provide an electronic copy, if available; else a hard copy.	
Will your state use state optional questions (not required by CMS), including Section V, for MDS 3.0 Quarterly and/or Medicare PPS assessments?		<input type="checkbox"/> Yes
		<input checked="" type="checkbox"/> No
If Yes:	Please identify which of the CMS approved state optional questions your state will use.	
	To which MDS 3.0 item subsets will these state optional questions apply?	<p>Nursing Home Assessments</p> <input type="checkbox"/> NQ - quarterly <input type="checkbox"/> NP - PPS
Will your state use Case Mix for Medicaid reimbursement?		<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No

If Yes:	Which Group Model?		RUG III - 5.20: 53 group
			RUG III - 5.20: 44 group
		X	RUG III - 5.20: 34 group
			RUG IV - 1.00: 66 group
			RUG IV - 1.00: 57 group
			RUG IV - 1.00: 48 group
	Which CMI sets?	RUG III 5.20	
			C01: 44 group rural
			C02: 44 group urban
			C03: 53 group rural
			C04: 53 group urban
			C05: 53 group rural
			C06: 53 group urban
		X	D01: 34 group nursing only
			D02: 44 group nursing only
			State CMI weight set
RUG IV 1.00			
		E01: 66 group rural	
		E02: 66 group urban	
	F01: 48 group nursing only		
	F02: 57 group nursing only		
	F03: 66 group nursing only		
	State CMI weight set		
	If your state uses a State CMI weight set, please provide an electronic copy, if available; else a hard copy.		
	Which Calculation type?		Hierarchical
		X	Index Maximizing
Will your state calculate Alternate State Case Mix reimbursement?			NO
If Yes:	Which Group Model (from list above)?		
	Which CMI Set (from list above)?		
	Which Calculation type (from list above)?		
If your state has a web site for MDS related information, please identify the address.			
Is there a vendor approval process or any registration that needs to happen to "go live"?			Yes
		X	No
If Yes:	Please identify this process/registration or contact information for details.		
If different than the CMS date of 10/01/2010, what is your state implementation date for MDS 3.0?			

Louisiana Section S

State	MDS 3.0 Item ID	Category	Item Text	Value Text	DB logical name	ISCs				
						NC - Comp	NQ - Quarterly	NP - MPAF	NT - Tracking	ND - Discharge
LA	S6200	Special Treatments and Procedures	Hospital Stay(s): Record number of times resident was admitted to hospital with an overnight stay in the last 90 days (or since last assessment if less than 90 days). Enter 0 if no hospital admissions.	Valid number 00-90	Number of Hospital Stays	X				
LA	S6210	Special Treatments and Procedures	Emergency Room (ER) visit(s): Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). Enter 0 if no ER visits.	Valid number 00-99	Number of ER visits	X				