



Arkansas Department of Human Services

Division of Medical Services

Office of Long Term Care Mail Slot S409

P.O. Box 8059

Little Rock, Arkansas 72203-8059

Telephone (501) 682-8487 TDD (501) 682-6789 Fax (501) 682-1197

<https://www.medicaid.state.ar.us/InternetSolution/General/units/oltc/index.aspx>

MEMORANDUM

LTC-A-2011-07

TO: Nursing Facilities; ICFs/MR 16 Bed & Over; HDCs;
 ICFs/MR Under 16 Beds; ALF Level I; ALF Level II;
 RCFs; Adult Day Cares; Adult Day Health Cares;
 Post-Acute Head Injury Facilities; Interested Parties;
 DHS County Offices

FROM: Carol Shockley, Director, Office of Long Term Care

DATE: April 20, 2011

RE: Advisory Memo - MDS Requirement for Submission of Section S Data

Facilities have been reporting that MDS submissions are resulting in error or warning messages concerning Section S. The error messages occur when an MDS submission has absent or incomplete data in Section S. **Effective July 1, 2011, MDS 3.0 requires the submission of a fully completed Section S for all Nursing Home Comprehensive (NC) Item Sets, Nursing Home Quarterly (NQ) Item Sets, Nursing Home PPS (NP), and Nursing Home Discharge (ND).**

Facilities should contact their MDS software vendors for modification of MDS submission software to include the Section S information. The Section S specifications and instructions are attached for reference.

Please direct clinical questions to cecilia.vinson@arkansas.gov. Technical questions should be directed to abbie.palmer@arkansas.gov.

If you need this material in alternative format such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8307 (voice) or 501-682-6789 (TDD).

CS/bcs

MINIMUM DATA SET (MDS) – VERSION 3.0 – 07/01/11

Section S	Arkansas Specific Items
This section must be included with all Nursing Home Comprehensive (NC), Nursing Home Quarterly (NQ), Nursing Home PPS (NP), Nursing Home Tracking (NT) and Nursing Home Discharge (ND) Item Sets	
Healthcare Associated Infections	
<p>Enter Code</p> <div style="border: 1px solid black; width: 80px; height: 30px; margin: 10px auto;"></div>	<p>0100. Clostridium Difficile (C. diff)</p> <p>This disease condition requires a physician-documented diagnosis in the clinical record in the last 90 days.</p> <p>0. No</p> <p>1. Yes</p>

Arkansas MDS 3.0 Section S Instructions

Submission requirements:

Section S must be included with each of the following assessments sent to the state: Nursing Home Comprehensive (NC) Item Set; Nursing Home Quarterly (NQ) Item Set; Nursing Home PPS (NP); and Nursing Home Discharge (ND).

Implementation Date: July 1, 2011.

Data Formatting:

Question S0100 is formatted with a “0” (zero) denoting No and a “1” denoting Yes.

Item Instructions:

Intent: The intent of this item is to capture the physician-documented diagnosis of Clostridium Difficile (C.diff) during the last 90 days.

Coding: S0100 should only be coded if resident meets the intent and the look back period is 90 days from the Assessment Reference Date (ARD) found at A2300.