

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10-29-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100195</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>11-23-09</i>
2. DATE SIGNED BY DIRECTOR <i>Mary Garkner</i> <i>10/25</i> <i>OMS</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Cleared 11/10/09, letter attached.</i>			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-12-25  
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations/Survey and Certification Group

OCT 26 2009

RECEIVED

OCT 29 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Dear State Survey Agency Director,

Over the past few months, the Centers for Medicare & Medicaid Services (CMS) has been preparing for the transition from the Resident Assessment Instrument's Minimum Data Set (MDS) MDS 2.0 to MDS 3.0. The final version of MDS 3.0 will be available at the end of October 2009 for implementation October 1, 2010, and can be found at [www.cms.hhs.gov/NursingHomeQuality/Inits/25\\_NHQIMDS30.asp](http://www.cms.hhs.gov/NursingHomeQuality/Inits/25_NHQIMDS30.asp). CMS has requested information from the State Survey Agencies (SAs) and State Medicaid Agencies (SMAs) regarding Section S items. We appreciate the information that you have provided to us and have incorporated this into State-specific files. In order to accommodate SAs and vendors, we are requesting formal validation and documentation of these items. The SA representative should coordinate with the SMA to ensure that all required items are added to the final list.

There are two enclosures accompanying this letter. The first is a form itemizing State-specific Section S items, provided to CMS by the SAs to date. Please review these items because it will be more difficult to update the Section S State-specific data sets when the system becomes operational.

If you need to add items please use the attached form. Please validate your entire list of items and provide a brief explanation on how you plan to use each one. Items previously included in MDS 2.0 State-specific Section S and not included in this list will be retired.

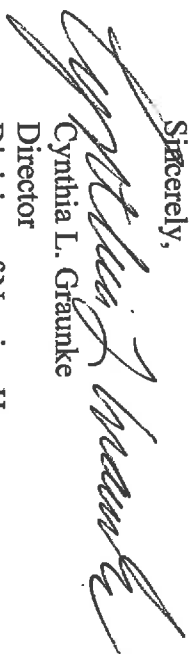
In addition, SAs should notify CMS if there are items required or not from the Comprehensive Assessment but not on the other assessment types (e.g., the Quarterly Assessment). If you require additional items please indicate which assessment type you are referring to. For example, if a SA requires Osteoporosis (Item 13800) on the Quarterly Assessment to support a Pay for Performance System, please add the items on the enclosed form and document which assessment type should be added to your Section S data set. Once MDS 3.0 is implemented, updates will only occur April and October, and require a 6-month lead time. As discussed in the FY 2010 Skilled Nursing Facilities Prospective Payment System Final Rule published on August 11, 2009 (74 FR 40347) additional items may not be added to any of the Other Medicare-Required Assessment data sets.

In States where Section S will not be used, that information should also be reflected in the appropriate box. The form has an option to indicate that no Section S items will be used in MDS 3.0. The second enclosure is a letter to be signed and dated by the SA representative. This enclosure serves two purposes. It is the formal request for items to remain or to be added to MDS 3.0 Section S State-specific data sets, and it provides CMS acknowledgement that the SA staff have been notified of modifications to MDS 3.0 Section S items.

Both enclosures should be returned to CMS by hard copy and electronic PDF format by December 1, 2009. Electronic versions should be emailed to [tina.miller@cms.hhs.gov](mailto:tina.miller@cms.hhs.gov) and the hard copy should be mailed to her at the address below:

Tina Miller  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244  
Mailstop S2-12-25

Sincerely,



Cynthia L. Graunke  
Director  
Division of Nursing Homes

JUSTIFICATION AND VALIDATION FOR SECTION S ITEMS IN MDS 3.0

STATE

South Carolina

Check the  
appropriate box

MDS 2.0 Section S Item Retention for MDS 3.0

☐ We wish to retain the following items from MDS 2.0:

Section S item to be retained from MDS 2.0	DESCRIPTION OF ITEM	Justification

MDS 3.0 Section S New Item Addition

☐ We wish to add the following items to Section S in MDS 3.0:

New Section S item to be added to 3.0	DESCRIPTION OF ITEM	Justification

☒ We do not wish to retain any items from Section S of MDS 2.0, or add  
any items to Section S of MDS 3.0

PRINT NAME

SIGNATURE

DATE

State Survey Agency  
Street  
City, State, Zip

Month day, Year

Tina Miller  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Mailstop S2-12-25  
Baltimore, MD 21244

Dear Ms. Miller:

Enclosed is the validation form for Section S items for MDS 3.0. This form also includes the request for items to be added to other data sets for the State of [XXXXXX].

In accordance with existing policies, the State Survey Agency must request that CMS retain and or add items as indicated on the attached. This letter serves to notify you of our request.

In the event that we do not require Section S items, this letters acknowledges the Survey and Certification Agency of the State of [XXXXX] has been notified and reflects no Section S items on MDS 3.0 at this time.

Sincerely,

Signature of State Agency Representative

Log # 195

Emma Fortner • Director  
Mark Sanford • Governor



November 10, 2009

Karen M. Price, Director  
Certification Bureau  
South Carolina Department of Health and Environmental Control  
2600 Bull Street  
Columbia, South Carolina 29201

Dear Ms. Price:

Per recent discussions between staff of our respective agencies, we are forwarding the enclosed letter sent by Centers for Medicare and Medicaid Services (CMS) regarding Resident Assessment Instrument's Minimum Data Set (MDS) MDS 2.0 to MDS 3.0. We believe this letter was mistakenly sent to the SC Department of Health and Human Services since it is addressed to the Survey Agency.

If you have any questions pertaining to this correspondence, please contact Brenda Hyleman at 803-898-2687 or email [hyleman@scdhhs.gov](mailto:hyleman@scdhhs.gov).

Sincerely,

A handwritten signature in dark ink, appearing to read "Felicity Myers".

Felicity Myers, Ph.D.  
Deputy Director

FM/wk