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EDMUND G. BROWN JR.  
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AFL 11-26

**TO:** Skilled Nursing Facilities  
Nursing Facilities  
Intermediate Care Facilities  
Swing Bed Hospitals

**SUBJECT:** Minimum Data Set (MDS) 3.0 "Section S" Submission and Coding Updates

This All Facilities Letter (AFL) is being sent as a supplement to AFLs 10-25 and 10-42. Recent discovery of software issues have prompted the need for additional guidance concerning the Physician Orders for Life Sustaining Treatment (POLST) form and the MDS.

As communicated in AFL 10-25, effective January 1, 2009, Assembly Bill 3000 (Chapter 266, Statutes of 2008) enabled the use of a POLST form (Sections 4780 – 4785 of the Probate Code).

The POLST is a voluntary form used to document a patient's wishes for medical treatment as end-of-life approaches, giving patients more control over their end-of-life care. The POLST form is printed on brightly colored paper and signed by both a doctor and patient. The use of a POLST form is not mandatory. The POLST is not a California Department of Public Health (CDPH) form. According to California Emergency Medical Services Authority Commission, the previous versions of POLST are still valid. You can download the "POLST" form from the California Emergency Medical Services Authority publications website at <http://www.emsa.ca.gov/pubs/default.asp>.

The MDS is part of the federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. The Centers for Medicare and Medicaid Services (CMS) has updated the MDS to improve the reliability, accuracy, and usefulness of the assessment, which will include the resident in the assessment process and incorporate standard protocols used in other settings.

CMS implemented MDS 3.0 on October 1, 2010. In the MDS 3.0, California started utilizing Section "S" to document information on the use of the POLST. The completion of Section "S" is mandatory on selected MDS assessment forms. Every question on the California MDS 3.0 Section "S" form must have a response to avoid MDS rejection, even if the resident does not have a POLST form. Any question left blank or filled with a dash will cause the MDS assessment to be rejected.

The following assessment Forms; **NC**-Comprehensive Assessment; **NQ**-Quarterly Assessment; **NT**-Tracking; and **ND**-Discharge Assessment will include **Section S** with the updated language and items.

If the resident **has a POLST form**, enter the appropriate responses for each question.

If the POLST is incomplete or there is no POLST please use these tables to guide your responses.

If the resident **does not have a POLST form**, enter the following:

MDS Item #	Code	Reason/Meaning
S9040A	0	No
S9040B	9	Not completed
S9040C	9	Not completed
S9040D	9	Not completed
S9040E	0	No
S9040F	0	No
S9040G	9	Not completed
S9040H	9	Not completed

If the resident **has a POLST and some sections are not complete**, enter the following responses:

MDS Item #	Code	Reason/Meaning
S9040A	1	Yes
S9040B	1	Attempt to resuscitate
	2	Do not attempt resuscitation/DNR
	9	Not completed
S9040C	1	"Comfort measures only" is checked
	2	"Limited additional interventions" is the only box checked
	3	"Limited additional interventions" AND "Transfer to hospital only if comfort needs cannot be met in current location" are both checked
	4	"Full treatment" is checked
	9	Not completed

S9040D	1	No artificial means of nutrition, including feeding tubes
	2	Trial period of artificial nutrition including feeding tubes
	3	Long Term artificial nutrition including feeding tubes
	9	Not Completed
S9040E	0	No
	1	Yes
S9040F	0	No
	1	Yes
S9040G* (See paragraph below)	1	Patient
	2	Legally Recognized Decision maker
	9	Not completed
S9040H** (See paragraph below)	1	Advance directive available and reviewed
	2	Advance directive not available
	3	No advance directive
	9	Not completed

**\*S9040G** has the **potential for two answers** to be checked if **S9040F** answer is “**1-Yes.**” Therefore, if **Section D of the POLST, “Discussed with”** has **both** Patient **and** Legally Recognized Decision maker checked then the answer to **S9040G** is the **person who signed** the POLST form.

\*\*Since the implementation of the POLST in 2008, there have been several modifications made to the form. There will be yet another modification effective April 1, 2011 for which MDS item S9040H will capture the information. Older versions of the POLST form are still valid and the POLST does not need to be redone each time a new version is released. For those POLST forms already completed for patients **prior to April 1, 2011** MDS item **S9040H** will need to be coded as “**9 - Not completed.**”

If you have additional questions about the MDS 3.0 release and “Section S,” please contact the MDS/OASIS Help Desk by email at [mdsoasis@cdph.ca.gov](mailto:mdsoasis@cdph.ca.gov) or by phone at (916) 324-2362.

For additional information concerning POLST or MDS 3.0, please refer to AFL 08-29, AFL 09-27, AFL 10-25, and AFL 10-42

Sincerely,

**Original Signed by Pamela Dickfoss**

Pamela Dickfoss  
Acting Deputy Director  
Center for Health Care Quality