



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

September 9, 2014

AFL 14-20

TO: Skilled Nursing Facilities

SUBJECT: Minimum Data Set (MDS) 3.0 “Section S” Coding Updates

Please distribute copies of this notice to the MDS Coordinator, Director of Nursing, and Administrator.

This All Facilities Letter (AFL) informs nursing facilities of the updated Physician Orders for Life Sustaining Treatment (POLST) form (enclosed) and to provide guidance in coding the revised sections of Minimum Data Set (MDS) 3.0 “Section S.”

Implementation of California’s new POLST form is effective on October 1, 2014. The California Department of Public Health will honor previous POLST versions (2009 and 2011) after the 2014 POLST form goes into effect. However, new POLSTs completed after October 1, 2014, should use the new form. If a patient’s POLST is being updated, use the 2014 version of the POLST form and void the older version.

You can view a sample of the 2014 form and learn more about the changes to POLST at <http://capolst.org/2014polst/>. This form preview is not legally valid until October 1, 2014. Most of the changes to the POLST form are in Section B.

Key changes to the POLST form that affect MDS 3.0 “Section S”:

- In order to be consistent with section A, treatment choices for Sections B and C were reordered so that each section begins with the most aggressive and invasive treatment choices.
- In Section B, the choice of “Limited Additional Interventions” is renamed to “Selective Treatment,” and the choice of “Comfort Measures Only” is renamed to “Comfort-Focused Treatment.” Each treatment choice in Section B contains goal statements.

Goal Statements:

- **Full Treatment** – primary goal of prolonging life by all medically effective means

- **Selective Treatment** – goal of treating medical conditions while avoiding burdensome measures
- **Comfort-Focused Treatment** –primary goal of maximizing comfort
- In Section B, the Full Treatment option features a box that can be marked to indicate “Trial Period of Full Treatment:”
- In Section D, the term “Address” now reads “Mailing Address.”

MDS “Section S” Coding:

The revised “Section S” will crosswalk to the 2014 POLST and earlier POLST versions. The clinician must read the resident’s current POLST form to accurately code MDS Section S. POLST 2014 has different responses from 2009 and 2011 POLSTs. Please use codes accordingly.

If the resident does not have a POLST form, code the following responses:

MDS 3.0 “Section S” Items	Code- <i>select one response</i>	Response equivalent
S9040A	0	No
S9040B	9	Not completed
S9040C1	9	Not completed
S9040D1	9	No
S9040E	0	Not completed
S9040F	0	No
S9040G	9	Not completed
S9040H	1, 2, 3, or 9	Answer according to resident’s current Advance Directives

If the resident has a POLST form, code the following responses:

MDS Item #	Code-<i>select one response</i>	Response Equivalent
S9040A-CA POLST	1	1= Yes
S9040B-Section A of CA POLST	1,2 or 9	1= Attempt resuscitation/CPR; 2= Do not attempt resuscitation/DNR; 9= Not completed
S9040C1-Section B of CA POLST	1,2,3,4,5 or 9	1= “Full Treatment” is the only box checked; 2= “Full Treatment” AND “Trial Period of Full Treatment” are both checked 3= “Selective Treatment” or “Limited Additional Interventions” is the only box checked 4= “Selective Treatment” or “Limited Additional Interventions” AND “Transfer to hospital <i>only</i> if comfort needs cannot be met in current location” are checked 5= “Comfort-Focused Treatment” or “Comfort Measures Only” 9= Not completed

MDS Item #	Code- <i>select one response</i>	Response Equivalent
S9040D1-Section C of CA POLST	1,2,3 or 9	1= Long-term artificial nutrition, including feeding tubes 2= Trial period of artificial nutrition, including feeding tubes 3= No artificial means of nutrition, including feeding tubes 9= Not completed
S9040E	0 or 1	0= No 1= Yes
S9040F	0 or 1	0= No 1= Yes
S9040G	1,2 or 9	1= Patient 2= Legally Recognized Decision maker 9= Not completed
S9040H	1,2,3 or 9	1= Advance directive available and reviewed 2= Advance directive available 3= No advance directive 9= Not completed

The new MDS 3.0 "Section S" is attached for your convenience and is also available at:
<http://www.cdph.ca.gov/programs/LnC/Pages/MDS.aspx>

If you have any questions, please contact Susana Belda, RAI Educational Coordinator at:

California Department of Public Health
Licensing & Certification Program
P.O. Box 997377, MS 3201
Sacramento, CA 95899-7377
Email: mdsoasis@cdph.ca.gov or Susana.belda@cdph.ca.gov
Phone: (916) 324-2362 (option 5) or (916) 324-6630

Sincerely,

Original signed by Jean Iacino

Jean Iacino
Interim Deputy Director

Attachment