UNIFORM DATA SUBMISSION SPECIFICATIONS FOR THE MDS 2.0 (1/30/98)
DATA RECORD LAYOUT FOR SUBMISSION FROM THE NURSING HOME TO THE STATE (Version 1.03)

FORM LOCATION	DESCRIPTION	LEN	STRT	END	SPECIFICATION
S1a	Residence Prior to Admission (State)	2	903	904	REQUIRED ON RECTYPE: A,AM,AO,Y,YM,YO STATE OPT ON RECTYPE: BLANK ON RECTYPE: D,O,OM,OO,Q,QM,QO,R PICTURE: X(2) RANGE: Valid 2-character postal code CONSISTENCY REQUIRED: If this field is entered as WI, then S1b must not be blank.
S1b	Residence Prior to Admission (County)	11	905	915	REQUIRED ON RECTYPE: A,AM,AO,Y,YM,YO STATE OPT ON RECTYPE: BLANK ON RECTYPE: D,O,OM,OO,Q,QM,QO,R PICTURE: X(11) RANGE: Valid Wisconsin county,sp(11) CONSISTENCY REQUIRED: If S1a is not entered as WI, this field must be blank.
S2	Location of Spouse	1	916	916	REQUIRED ON RECTYPE: A,AM,AO,Y,YM,YO STATE OPT ON RECTYPE: BLANK ON RECTYPE: D,O,OM,OO,Q,QM,QO,R PICTURE: X RANGE: 1,2,3,4 CONSISTENCY REQUIRED:
S3	Level of Care	2	917	918	REQUIRED ON RECTYPE: A,AM,AO,Y,YM,YO STATE OPT ON RECTYPE: BLANK ON RECTYPE: D,O,OM,OO,Q,QM,QO,R PICTURE: X(2) RANGE: 01 thru 12 CONSISTENCY REQUIRED: