



SUSAN FANELLI
Acting Director

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



GAVIN NEWSOM
Governor

July 29, 2019

AFL 19-25

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

SUBJECT: Revised MDS 3.0 California Section S

All Facilities Letter (AFL) Summary

This AFL notifies all certified Medicare and/or Medicaid nursing facilities of the revised forms:

- Minimum Data Set (MDS) 3.0 Section S form
- CA Physician Orders for Life-Sustaining Treatment (POLST) form

All certified Medicare and/or Medicaid health care facilities must use the revised [MDS 3.0 Section S](#) (PDF) form specific to the State of California, effective October 1, 2019. The form can be found at the following link: (<https://www.cdph.ca.gov/CDPH%20Document%20Library/ControlledForms/cdph310.pdf>)

The MDS changes are consistent with the information requested on the CA POLST form. The MDS 3.0 Section S form includes reminder for users that the CA POLST form is elective and is not required for admission to nursing facilities. However, the CA POLST form remains an option for residents to designate end-of-life choices with their health care provider. Provide residents opting to complete a CA POLST form with the [latest version dated 4/1/2017](#). Previous versions of the CA POLST form with effective dates of: 1/1/2011, 4/1/2011, 10/1/2014, and 1/1/2016 remain valid.

For MDS technical questions, please contact CDPH-ASPEN-help@cdph.ca.gov or call (916) 552-8910 or contact Quality Improvement and Evaluation System (QIES) Technical Support Office at help@qtso.com or call (800) 339-9313.

For additional questions, please contact the MDS/OASIS Help Desk by email at MDSOasis@cdph.ca.gov or by phone at (916) 324-2362.

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AFL 19-25
Page 2
July 29, 2019

Please distribute copies of this AFL to MDS Coordinators, Directors of Nursing, and Facility Administrators in your facility.

Sincerely,

Original signed by Heidi W. Steinecker

Heidi W. Steinecker
Deputy Director