Resident _____ Identifier _____ Date _____

Section S	**NYS-Specific Items** (effective 10/01/2023 for NH ISCs, except NT)

S0160. Specialty Unit/ Facility Reimbursement, or

       Resident Eligible for Enhanced Reimbursement (Add-On) for AIDS or TBI Conditions.

Enter Code

☐☐

  01. Discrete AIDS Unit

  02. Ventilator Dependent Unit

  03. Traumatic Brain (TBI) Unit

  04. Behavioral Intervention Unit

  05. Behavioral Intervention Step-Down Unit

  06. Pediatric Specialty Unit/Facility

  07. AIDS Scatter Beds

  08. Traumatic Brain (TBI) Extended Care

  09. Neurodegenerative

  99. None of the Above

S0170. Advanced Directive - check all that apply

☐   **A. Guardian**

☐   **B. DPOA-HC**

☐   **C. Living Will**

☐   **D. Do Not Resuscitate**

☐   **E. Do Not Hospitalize**

☐   **F. Do Not Intubate**

☐   **G. Feeding Restrictions**

☐   **H. Other Treatment Restrictions**

☐   **Z. None of the Above**

S0171. Health Care Proxy

Enter Code

☐

A. Does the resident have a healthcare proxy?
0. No
1. Yes

Enter Code

☐

B. Has healthcare proxy been invoked?
0. No
1. Yes

S0185. Discharge to hospital: Healthcare proxy involvement

Enter Code

☐

Discharge to hospital: healthcare proxy involvement. If this is a discharge assessment (A0310F = 10 or 11) and the resident is being discharged to an acute hospital (A2105 = 04), is the discharge to hospital due to the request of the resident's healthcare proxy, and against the opinion of the nursing home?

0. **No**
1. **Yes**

S6500. Comfort Care provided in the last 14 days

Enter Code

☐

Comfort care provided. In the last 14 days, has the resident received comfort care? Comfort care consists of medical care and treatment provided with the primary goal of reducing suffering. Food and fluids are offered by mouth; medication, turning in bed, wound care, and other measures are used to relieve suffering; and oxygen, suctioning, and manual treatment of airway obstruction are used as needed for comfort.

0. **No**
1. **Yes**

S7001. Dental Care Routine

Enter Code

☐

Has the resident received routine dental care? If an admission assessment, response is since admission date. If not an admission assessment, response is since last assessment.

0. **No**
1. **Yes**
9. **Unable to determine**

S7002. Dental Care Emergent

Enter Code

☐

Has the resident received emergent dental care? If an admission assessment, response is since admission date. If not an admission assessment, response is since last assessment.

0. **No**
1. **Yes**
9. **Unable to determine**

S8015. MMIS Identification Number

Enter the Medicaid Management Information System (MMIS) identification number for the Managed Long-Term Care or Mainstream Managed Care Plan in which the patient was enrolled for this assessment. If the patient was not enrolled in any plan enter a dash.

Identification number for the Managed Long-Term Care or Mainstream Managed Care Plan.

☐☐☐☐☐☐☐☐

S8055. Primary Payor	
Enter Code ☐	1. **Medicare** 2. **Medicaid** 3. **Medicaid Pending** 4. **Medicaid Managed Care** 5. **Managed Long-Term Care** 9. **None of the Above**

MDS 3.0 NYS-Specific Section S Item Listing

Effective for assessments dated on or after October 1, 2023