

<b>Section S</b>	<b>NYS-Specific Items</b> (effective 10/01/2019 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 <input style="width: 20px; height: 20px;" type="text"/>	<ul style="list-style-type: none"> <li>01. Discrete AIDS Unit</li> <li>02. Ventilator Dependent Unit</li> <li>03. Traumatic Brain (TBI) Unit</li> <li>04. Behavioral Intervention Unit</li> <li>05. Behavioral Intervention Step-Down Unit</li> <li>06. Pediatric Specialty Unit/ Facility</li> <li>07. AIDS Scatter Beds</li> <li>08. Traumatic Brain (TBI) Extended Care</li> <li>09. Neurodegenerative</li> <li>99. None of the Above</li> </ul>
---	---

**S0170. Advanced Directive - check all that apply**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> <li>A. Guardian</li> <li>B. DPOA-HC</li> <li>C. Living Will</li> <li>D. Do Not Resuscitate</li> <li>E. Do Not Hospitalize</li> <li>F. Do Not Intubate</li> <li>G. Feeding Restrictions</li> <li>H. Other Treatment Restrictions</li> <li>Z. None of the Above</li> </ul>
--	---

**S0171. Health Care Proxy**

Enter Code <input style="width: 20px; height: 20px;" type="checkbox"/>	A. Does the resident have a healthcare proxy? 0. No 1. Yes
Enter Code <input style="width: 20px; height: 20px;" type="checkbox"/>	B. Has healthcare proxy been invoked? 0. No 1. Yes

**S0185. Discharge to hospital: Healthcare proxy involvement**

Enter Code <input style="width: 20px; height: 20px;" type="checkbox"/>	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 (A2100 = 03), 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 <input style="width: 20px; height: 20px;" type="checkbox"/>	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
---	---

**S7000. Dental Care**

Enter Code

1. Routine dental care since last assessment
2. Emergent dental care since last assessment
9. None of the above

**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