

Section S **NYS-Specific Items** (effective 10/01/2018 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 type="text"/> <input type="text"/>	<ul style="list-style-type: none"> 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
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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"> 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
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S0171. Health Care Proxy

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

S0185. Discharge to hospital: Healthcare proxy involvement

Enter Code <input 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
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S6500. Comfort Care provided in the last 14 days

Enter Code <input 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
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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

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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