

Resident _____ Identifier _____ Date _____

NYS-Specific Items (effective 10/01/2010)**S0520. Specialty Unit / Facility Reimbursement** (Formerly MDS 2.0 Item S5)

| | |
|--|---|
| Enter Code <input type="checkbox"/> | 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 |
| | 99 None of the Above |

**S9060. Resident Eligible for Enhanced Reimbursement (Add-On)
for the Following Conditions** (Formerly MDS 2.0 Item S6)

| | |
|--|---------------------------------------|
| Enter Code <input type="checkbox"/> | 1 AIDS Scatter Beds |
| | 2 Traumatic Brain (TBI) Extended Care |
| | 9 None of the Above |

Primary Payor (check only one) (Formerly MDS 2.0 Item S7)

| | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | S8010A3 Medicaid Payor |
| <input type="checkbox"/> | S8000A3 Medicare Payor |
| <input type="checkbox"/> | S8050A3 Other Payor |
| <input type="checkbox"/> | S8010I3 Medicaid Pending |

Instructions specific for Section S:

1. Complete Section S for Nursing Home Assessment Item Set Codes (ISCs): NC, NQ and NP.
2. For a resident with AIDS, select either S0520 response 01, **OR** S0960 response 1. Do not select both responses.
3. For a resident with TBI, select either S0520 response 03, **OR** S0960 response 2. Do not select both responses.
4. Primary Payor: Select (check) only one payor (S8010A3, or S8000A3, or S8050A3, or S8010I3).
5. Medicaid Payor (S8010A3): The CMS version of this item is "In-state Medicaid Payor." For NYS, select this item for residents who have either Out-of-state Medicaid or In-state Medicaid as a primary payor.