

Section S. Supplement-MDS 2.0 (New York State) (2008)

1	UNIT NUMBER	Enter current number. Follow instructions in the manual.		
2	PRESSURE ULCERS	Record the appropriate response. Stage 3 or 4 pressure ulcer sites present upon admission or readmission. 1. All currently reported sites were present on admission or readmission. 2. Some of the currently reported sites were present on admission or readmission. 3. None of the currently reported sites were present on admission or readmission. 4. No stage 3 or 4 sites currently reported.		
3	SUBSTANCE ABUSE	Substance abuse history. Has the resident with HIV engaged in substance abuse behaviors more than one month ago which continue to influence care currently given to the resident? Record the appropriate response. 0. No 1. Yes 2. Resident does not have HIV		
4	DISEASE DIAGNOSES	Record <u>only</u> those disease diagnoses that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death during the last 30 days. (Do not list inactive diagnoses). <i>(Check all that apply)</i> a. HIV dementia b. HIV wasting syndrome c. Non-psychotic disorder following organic brain damage. d. Psychotic disorder following organic brain damage e. Spinal cord injury f. Hemiplegia g. Hemipareses h. Huntington's disease i. Dementia Registry Reporting 1. County (FIPS code of prior residence) 2. Physician license number j. NONE OF ABOVE	a. b. c. d. e. f. g. h. i.	
5	SPECIALTY UNIT / FACILITY REIMBURSEMENT	Record the appropriate approved specialty unit/facility applicable for the resident. 1. Discrete AIDS Unit 2. Ventilator Dependent Unit 3. Traumatic Brain Injured Unit (TBI) 4. Behavioral Intervention Unit 5. Behavioral Intervention Step Down Unit 6. Pediatric Specialty Unit/Facility 7. None of the above.		
6	RESIDENT ELIGIBLE FOR ENHANCED MEDICAID REIMBURSEMENT (ADD-ON) FOR THE FOLLOWING CONDITION(S)	Record the appropriate approved specialty unit/facility applicable for the resident. 1. AIDS Scatter Beds 2. Traumatic Brain-Injury (TBI)- Extended Care 3. None of the above.		
7	PRIMARY PAYOR	Report the payor: 1. Medicaid 2. Medicare 3. Other 4. Medicaid Pending		

Instructions: Complete Section S with assessment types including: comprehensive, full, correction, MPAF and quarterly reviews.
(AA8a = 01, 02, 03, 04, 05, 10, 0; AA8b = 1, 2, 3, 4, 5, 7, 8, blank)