

Resident \_\_\_\_\_ Identifier \_\_\_\_\_ Date \_\_\_\_\_

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

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**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

**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)**S8010A3** Medicaid Payor**S8000A3** Medicare Payor**S8050A3** Other Payor**S8010I3** Medicaid Pending**Instructions specific for Section S:**

1. Complete Section S for Nursing Home Assessment Item Set Codes (ISCs): NC, NQ, 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.

**MDS 3.0 NYS-Specific Section S Item Listing-Version August 13, 2010**

Effective for assessments dated October 1, 2010 through March 31, 2011.