Minimum Data Set, Version 3.0 (MDS 3.0) Section S
New York State-Specific Items
(Effective 10/01/2010)

Item-by-Item Instructions

S0520. Specialty Unit/Facility Reimbursement:

Intent: To identify a resident residing in a discrete specialty unit (facility) that is eligible for a discrete specialty Medicaid reimbursement rate in accordance with the applicable regulation or statute.

Definition: To be eligible for a discrete specialty unit/facility rate the resident must reside in a unit/facility that is approved by the Commissioner of Health in accordance with the cited regulation(s) and/or statute(s).

  01. Discrete AIDS Unit/Facility - Approved pursuant to 10 NYCRR Part 86-2.10 (p) and Part 710 or any successor regulation and/or statute.
  (NOTE: Select either S0520 response 01, **OR** S0960 response 1. Do not select both responses.)

  02. Ventilator Dependent Unit - Approved pursuant to 10 NYCRR Part 86-2.10 (q) and Section 415.38 or any successor regulation and/or statute.

  03. Traumatic Brain-Injured (TBI) Unit - Approved pursuant to 10 NYCRR Part 86-2.10 (n) and Section 415.36 or any successor regulation and/or statute.
  (NOTE: Select either S0520 response 03, **OR** S0960 response 2. Do not select both responses.)

  04. Behavioral Intervention Unit - Approved pursuant to 10 NYCRR Part 86-2.10 (w) and Section 415.39 or any successor regulation and/or statute.

  05. Behavioral Intervention Step-Down Unit - Approved pursuant to 10 NYCRR Part 86-2.10 (x) and Section 415.41 or any successor regulation and/or statute.

  06. Pediatric Specialty Unit/Facility – Approved pursuant to 10 NYCRR Part 86-2.10(i) or any successor regulation and/or statute. Department of Health policy ONLY recognizes pediatric residents up to age 21 for purposes of specialty reimbursement (see Dear Administrator Letter of July 12, 2006).

  99. None of the Above

S9060. Resident Eligible for Enhanced Medicaid Reimbursement (Add-On) for the following condition(s):

Intent: To identify a resident eligible for enhanced Medicaid reimbursement (Add- On) for an approved specialty program in accordance with the applicable regulation.

Definition: To be eligible for an enhanced Medicaid reimbursement rate (Add-On) the resident must be in a specialty program that is approved by the Commissioner of Health in accordance with the cited regulations.

     1. **AIDS Scatter Bed** - Approved pursuant to 10 NYCRR Part 86-2.10 (p) (3) and Part 710 or any successor regulation and/or statute.
     (NOTE: Select either S0960 response 1, **OR** S0520 response 01. Do not select both responses.)

     2. **Traumatic Brain-Injury (TBI) Extended Care** - Approved pursuant to 10 NYCRR Part 86-2.10 (v) and Section 415.40 or any successor regulation and/or statute.
     (NOTE: Select either S0960 response 2, **OR** S0520 response 03. Do not select both responses.)

     9. **None of the Above**

Primary Payor (S8010A3, or S8000A3, or S8050A3, or S8010I3):

Intent: To determine if Medicaid is the payment source on the day of MDS completion.

Process: Check with the billing office to review current payment source. Do not rely exclusively on information recorded in the resident's clinical record.

Definition: Check the **one** source of coverage that pays for most of the resident's current nursing home stay.

- Select "Medicaid Payor" (S80**10A3**) if the primary payor is Medicaid. Residents with Medicaid coverage supplemented by Medicare Part B should be recorded as "Medicaid Payor" (S8010A3).
(NOTE: 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.)

- Select "Medicare Payor" (S80**00A3**) if the primary payor is Medicare.

     Select "Other Payor" (S80**50A3**) only if the primary payor is not Medicaid or Medicare.

     Select "Medicaid Pending" (S80**10I3**) if there is no other primary coverage being used for the resident's present stay and the facility has sought or intends to seek establishment of Medicaid eligibility for the present stay.

NYS Section S (version August 13, 2010)
Effective for assessments dated October 1, 2010 through March 31, 2011.

2