

## Section S

## State of Maine Specific Items

### S0120. Residence Prior to Admission

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Zip code of prior primary residence

### S0170. Advanced Directive

↓ Check all that apply

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | A. Guardian                                  |
| <input type="checkbox"/> | B. Durable power of attorney for health care |
| <input type="checkbox"/> | C. Living will                               |
| <input type="checkbox"/> | D. Do not resuscitate                        |
| <input type="checkbox"/> | E. Do not hospitalize                        |
| <input type="checkbox"/> | F. Do not intubate                           |
| <input type="checkbox"/> | G. Feeding restrictions                      |
| <input type="checkbox"/> | H. Other treatment restrictions              |
| <input type="checkbox"/> | Z. None of the above                         |

### PASRR Level I Screening

#### S0510. PASRR Level I Screening

Enter Code

**Was a PASRR Level I screening completed?**

0. No → Skip to S3300 Weight-based Equipment Needed
1. Yes → Continue to S0511 PASRR Date
9. Unknown → Skip to S3300 Weight-based Equipment Needed

#### S0511. PASRR Level I Date

Complete only if S0510 = 1

If response to Item S0510 PASRR Level I screening is yes, enter the date of the last screening.

Year				Month		Day				

#### S0513. PASRR Level I Screening Outcome

Enter Code

**What was the outcome of the PASRR Level I screen?**

0. Screen was sent to the NF; no diagnosis, suspected diagnosis or need for specialized services
1. Screen was sent for determination of need for Level II screen due to diagnosis, suspected diagnosis or need for specialized services related to mental illness, intellectual disability, or other related condition

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### S3300. Weight-based Equipment Need

Enter Code

**Did this resident require specialized equipment based on weight since last assessment?**

0. No → Skip to S6020 Specialized Needs  
 1. Yes → Continue to S3305 Requirements for Weight

### S3305. Requirements for Care, Specifically Related to Weight

↓ Check all that apply

**A. Lifting device.** Since last assessment, was a specialized lifting device required?

**B. Wheelchair or mobility device.** Since last assessment, was an oversized, non-standard wheelchair or other mobility device required?

**C. Bed.** Since last assessment, was a specialized, non-standard bed required?

**D. Seating.** Since last assessment, was a specialized, non-standard seat required?

**E. More than 2 staff.** Since last assessment, was 3 or more staff required to provide assistance with ADL?

**Y. Other.** Since last assessment, was other specialized, non-standard equipment required? \_\_\_\_\_

### Ventilator/Respirator Complete if O0100F2 is checked; otherwise skip to S6200 Resident Stays

### S6020. Specialized Needs

↓ Check all that apply

**A. RN expertise.** Resident needs care by an RN with specialized expertise.

**B. CNA training.** Resident needs care by CNA staff with specialized training.

**C. Therapy (PT, OT, RT) expertise.** Resident needs therapy (PT, OT, RT) with specialized training or expertise.

**D. Equipment.** Resident needs specialized equipment.

**Y. Other.** Resident has other needs. \_\_\_\_\_

**Z. None of the above**

### S6022. Frequency of Direct Care by a Licensed Nurse

Enter Number

**A. Number of days the resident required direct care by a licensed nurse on an hourly basis.**  
 During the last 7 days or since admission/entry or reentry.

Enter Number

**B. Number of days the resident required direct care by a licensed nurse in 15-minute intervals.**  
 During the last 7 days or since admission/entry or reentry.

Enter Number

**C. Number of days the resident required direct care by a licensed nurse in 5-minute intervals.**  
 During the last 7 days or since admission/entry or reentry.

### S6023. Frequency of Direct Care by a CNA

Enter Number

**A. Number of days the resident required direct care by a CNA on an hourly basis.**  
 During the last 7 days or since admission/entry or reentry.

Enter Number

**B. Number of days the resident required direct care by a CNA in 15-minute intervals.**  
 During the last 7 days or since admission/entry or reentry.

Enter Number

**C. Number of days the resident required direct care by a CNA in 5-minute intervals.**  
 During the last 7 days or since admission/entry or reentry.

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### S6024. Frequency of Direct Care by a Respiratory Therapist

Enter Number <input type="text"/>	<b>A. Number of days the resident required direct care by a licensed respiratory therapist on an hourly basis.</b> During the last 7 days or since admission/entry or reentry.
Enter Number <input type="text"/>	<b>B. Number of days the resident required direct care by a licensed respiratory therapist in 15-minute intervals.</b> During the last 7 days or since admission/entry or reentry.
Enter Number <input type="text"/>	<b>C. Number of days the resident required direct care by a licensed respiratory therapist in 5-minute intervals.</b> During the last 7 days or since admission/entry or reentry.

### Resident Stays

#### S6200. Hospital Stays

Enter Number <input type="text"/>	<b>Number of hospital stays.</b> Record number of times resident was admitted to a hospital for an overnight stay in the last 90 days (or since last assessment if less than 90 days).
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#### S6205. Observation Stays

Enter Number <input type="text"/>	<b>Number of observation stays.</b> Record number of times resident had at least one overnight stay without being admitted to the hospital since the last assessment.
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#### S6210. Emergency Room (ER) Visits

Enter Number <input type="text"/>	<b>Number of ER visits.</b> Record number of times resident visited ER without an overnight stay in the last 90 days (or since last assessment if less than 90 days).
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### Payor Information

#### S8010. MaineCare/Medicare Payor

<b>↓ Check all that apply</b>	
<input type="checkbox"/>	<b>C3. MaineCare per diem payor.</b>
<input type="checkbox"/>	<b>G3. MaineCare as co-pay payor.</b>

#### S8099. Payor: None of the Above

<b>↓ Check all that apply</b>	
<input type="checkbox"/>	<b>None of the above</b>

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## State of Maine Specific Items

### S8510. MaineCare Therapeutic Leave Days

Enter Number

**A. MaineCare therapeutic leave days since last assessment.** Enter the number of therapeutic leave days paid by MaineCare since the last assessment.

Enter Number

**B. MaineCare therapeutic leave days state fiscal year-to-date.** Enter the number of therapeutic leave days paid by MaineCare state fiscal year-to-date.

### S8512. MaineCare Hospital Bed-Hold Days

Enter Number

**A. MaineCare hospital bed-hold days since last assessment.** Enter the number of hospital bed-hold days paid by MaineCare since the last assessment.

Enter Number

**B. MaineCare hospital bed-hold days state fiscal year-to-date.** Enter the number of hospital bed-hold days paid by MaineCare state fiscal year-to-date.