

## 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

A. Guardian

B. Durable power of attorney for health care

C. Living will

D. Do not resuscitate

E. Do not hospitalize

F. Do not intubate

G. Feeding restrictions

H. Other treatment restrictions

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 most recent level I screening.

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Year

Month

Day

#### S0513. PASRR Level I Screening Outcome

Enter Code

What was the outcome of the most recent 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

## Section S

## State of Maine Specific Items

### 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 S06200 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**

### Payor Information

### S8010. MaineCare/Medicare Payor

↓ Check all that apply

**C3. MaineCare per diem payor.**

**G3. Medicare co-pay payor.**

### S8099. Payor: None of the Above

↓ Check all that apply

**None of the above**