

## MINIMUM DATA SET (MDS) – VERSION 2.0 FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

### SECTION S. STATE DEFINED

1.	<b>Subpart S</b>	<b>Does resident meet IDPH Subpart S criteria?*</b> 0. No                      1. Yes	
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**PSYCHIATRIC SERVICES**

\*If answered Yes to question #1 above, proceed with psychiatric service items below. If answered No, do not proceed.

2.	SMI Diagnoses	Check all that apply: a. Schizophrenia b. Delusional disorder c. Schizoaffective disorder d. Psychotic disorder not otherwise specified e. Bipolar disorder I mixed, manic, and depressed f. Bipolar disorder II g. Cyclothymic disorder h. Bipolar disorder not otherwise specified I i. Major depression, recurrent	
3.	Substance Abuse & Excessive Behaviors		
	A. Alcohol	Code for the highest number of drinks in any single sitting episode in the last 14 days: 0. None                      1. One 2. Two to Four            3. Five or more	
	B. Substance Abuse	Time since any use of the following substances: 0. Never or more than one year ago 1. Within the last year 2. Within the last 3 months 3. Within the last month 4. Within the last 7 days 5. Within the last 3 days a. Inhalants b. Hallucinogens c. Cocaine and crack d. Stimulants e. Heroin and other opiates f. Cannabis	
	4. Harm to Self or Others		
	A. Self Injury	a. Self-injurious attempt (Code for most recent instance) 0. Never 1. Attempt more than 1 year ago 2. Attempt in the last year 3. Attempt in the last 7 days 4. Attempt in the last 3 days	
		b. Intent of any self-injurious attempt was to kill him/herself. 0. No                      1. Yes	
		c. Considered performing a self-injurious act in the last 30 days. 0. No                      1. Yes	
		d. Family/caregiver/friend/staff expresses concern that resident is at risk for self injury. 0. No                      1. Yes	
	B. Violence	Code for most recent instance: 0. Never 1. Any instance prior to last year 2. Any instance in the last year 3. Instance in the last 7 days 4. Instance in the last 3 days	
		a. Violence to others	
		b. Intimidation of others or threatened violence	
		c. Violent ideation	

	C. Sexual Violence	Any history of sexual violence. 0. No                      1. Yes	
5.	Close or Constant Observation	Number of days of supervision of the following type in the last 3 days. If none, code "0". a. Checked hourly b. Checked at 15-minute intervals c. Checked at 5-minute intervals d. Constant observation for less than 1 hour e. Constant observation for more than 1 hour	
6.	Medication Refusal	a. Refused to take some or all of prescribed medication in the last 3 days: 0. No                      1. Yes	
		b. Required staff support/prompting 3 or more times to take medication in the last 3 days: 0. No                      1. Yes	
7.	Skills Training	Skills Training was provided in accordance with DPH Section 300.4050 a) 1) A - D and 300.4050 a) 3) and DPA Section 147, Table A. 0. No                      1. Yes	
8.	Ancillary Provider Services	Does resident receive direct services delivered by non-facility providers to meet requirements of Subpart S? (exclude only medical/ psychiatric management by primary psychiatrist/physician). 0.No                      1. Yes	

**MENTAL HEALTH ASSESSMENT PROTOCOL (MHAP) SUMMARY**

1. Check if MHAP is triggered. 2. For each triggered MHAP, use the MHAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status. 3. Indicate under the Location of MHAP Assessment Documentation column where information related to the MHAP assessment can be found. 4. For each triggered MHAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and MHAPs.)		
<b>A. MHAP PROBLEM AREA</b>	a. Check if MHAP triggered	b. Care Plan Decision-check if addressed in care plan
1. <b>ADDICTIVE BEHAVIORS</b>	<input type="checkbox"/>	<input type="checkbox"/>
Location and Date of MHAP Assessment Documentation:		
2. <b>SELF-HARM</b>	<input type="checkbox"/>	<input type="checkbox"/>
Location and Date of MHAP Assessment Documentation:		
3. <b>VIOLENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>
Location and Date of MHAP Assessment Documentation:		