

Section S	ILLINOIS State-Specific Items
S0161. Resident required the services and resided on a specialized unit during the last 14 days. ↓ Check all that apply or check box "Z".	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Dementia / Alzheimer Unit B. Behavioral Health Unit C. TBI Unit D. Ventilator Unit Z. None of the above
S0600. Resident has met the criteria identified and is eligible for enhanced Medicaid Reimbursement (7-day look back period). ↓ Check all that apply or check box "Z".	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Resident requires the use of a ventilator for a minimum of 10 hours in a 24 hour period. B. Resident requires the use of a ventilator for a minimum of 16 hours in a 24 hour period. C. Resident meets the criteria and is receiving services under Traumatic Brain Injury – Tier I. D. Resident meets the criteria and is receiving services under Traumatic Brain Injury – Tier II. E. Resident meets the criteria and is receiving services under Traumatic Brain Injury – Tier III. Z. None of the above
S1004. Resident had a disease process or condition that has been reported to the appropriate local/state health department since the last assessment.	
Enter Code <input type="checkbox"/>	0. No 1. Yes
S1150. Resident has active diagnosis of TBI and meets the care and service requirements (defined in Ill Adm. Code 147.335b) and is eligible for the TBI add-on.	
Enter Code <input type="checkbox"/>	0. No 1. Yes
S1200. Primary and Secondary SMI Diagnosis (7-day look back period): Enter 1, 2 or 3	
Enter Code <input type="checkbox"/>	S1200A: Schizophrenia 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200B: Delusional Disorder 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200C: Schizoaffective Disorder 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200D: Psychotic Disorder Not Otherwise Specified 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200E: Bipolar Disorder I Mixed, Manic and Depressed 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200F: Bipolar Disorder II 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200G: Cyclothymic Disorder 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200H: Bipolar Disorder Not Otherwise Specified 1. Primary 2. Secondary 3. Neither Primary or Secondary
Enter Code <input type="checkbox"/>	S1200I: Major Depression, Recurrent 1. Primary 2. Secondary 3. Neither Primary or Secondary

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S3310. Resident received therapy services (i.e., PT, OT, ST) during the 7-day look back and these services were billed to the following: ↓ Check all that apply or check box "Z".	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Medicare Part A B. Medicare Part B C. Managed Care Entity D. Medicaid Y. Other (i.e., private pay, private insurance, etc) Z. None of the above
S3315. Resident has an active diagnosis of COPD and received one or more of the following during the 7-day look back. ↓ Check all that apply or check box "Z".	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A. Oxygen B. Inhaler / Nebulizer C. Acute Monitoring of Respiratory Status D. Medications for the treatment of COPD or related respiratory symptoms Y. Other (i.e., hospital/ER visit related to COPD symptoms, CXR, other medical interventions) Z. None of the above
S6052. Resident required isolation procedures and was assigned a private room and did not leave the room except for medical treatments/procedures.	
Enter Code <input type="checkbox"/>	0. No 1. Yes (NOTE: If Yes, entries S6053A and S6053B must contain Start/End Dates)
S6053A. Resident met the isolation requirements. Start Date.	
Start Date of isolation: <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	
S6053B. Resident met the isolation requirements. End Date.	
End Date of isolation: <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Day Year </div>	
S6232. Is the resident currently receiving an antipsychotic medication?	
Enter Code <input type="checkbox"/>	0. No 1. Yes
S6234. Has an attempt been made to reduce the total amount of antipsychotic medication the resident receives since the ARD of the last OBRA assessment, or, if this is an admission assessment, since the entry date (A1600)?	
Enter Code <input type="checkbox"/>	0. No 1. Yes
S6236. Was the reduction in the total amount of antipsychotic medication that the resident receives maintained?	
Enter Code <input type="checkbox"/>	0. No 1. Yes