

471-000-45 Instructions for Completing Form MC-75-7, "MDS Section S"

USE: Form MC-75-7 (MDS Section S) is the Nebraska specific elements added to the MDS assessment form. It is to be completed if appropriate for: a full assessment, a quarterly assessment, discharge tracking form, and re-entry tracking form.

S0150. Resident Identifier: Complete if resident does not have a Social Security Number. Contact DHHS Division of Medicaid and Long-Term Care for an identification number to be assigned and enter in this section.



Division of Medicaid and Long Term Care
MINIMUM DATA SET (MDS)
For Nursing Home Resident Assessment and Care Screening
State Specific Supplement - Nebraska

SECTION S: SUPPLEMENT

S0150 Resident Identifier

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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