

OASIS-D1 to OASIS-E Crosswalk Guide

Developed by Strategic Healthcare Programs • www.SHPdata.com

SHP is pleased to provide home health agencies with a complete side-by-side comparison of the OASIS-D1 and OASIS-E assessment forms. Items that have been added or removed between the two OASIS versions are indicated with color coding. This document includes all items recorded at start of care (SOC), resumption of care (ROC), follow-up (FU), transfer (TRF), discharge (DC), and death at home (DAH). Next to each item is a box listing the assessment reasons at which each item is recorded, (o) indicates an optional item.

This guide is an excellent reference for anyone who works with OASIS Assessments and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to OASIS-E and beyond. Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.

OASIS-D1 Time Points
OASIS-F Time Points

Item Summary

Item #	Sec.	Description		OASIS	S-D1	Time I						Time F			Notes
ROIT //		2 destripation	SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	110100
M0010-100,150	Α	Administrative Information	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
M0102	Α	Date of Physician-ordered S/ROC	✓	✓					✓	✓					
M0104	Α	Date of Referral	✓	✓					✓	✓					
M0110	Α	Episode Timing	✓	✓	✓				✓	✓	✓				
M0906	Α	Discharge/Transfer/Death Date				✓	✓	✓				✓	✓	✓	
M1000	Α	Inpat Fac DC within last 14 days	✓	✓					✓	✓					
M1005	Α	Inpat DC Date	✓	✓					✓	✓					
M0140	Α	Race/Ethnicity	✓	✓											Item Removed
A1005	Α	Ethnicity							✓						Item Added
A1010	Α	Race							✓						Item Added
A1110	Α	Language							✓						Item Added
A1250	Α	Transportation							✓	✓			✓		Item Added
M2301	Α	Emergent Care				✓	✓					✓	✓		
M2310	Α	Reason for EC				✓	✓					✓	✓		
M2410	Α	Inpat Fac admitted to				✓	✓					✓	✓		
M2420	Α	DC Disposition					✓						✓		
A2120	Α	Med List Provision to Provider										✓			Item Added
A2121	Α	Med List Provision to Provider											✓		Item Added
A2122	Α	Route of Provision to Provider										✓	✓		Item Added
A2123	Α	Med List Provision to Patient											✓		Item Added
A2124	Α	Route of Provision to Patient											✓		Item Added
B0200	В	Hearing							√						Item Added
M1200	В	Vision	√	✓	✓										Item Removed
B1000	В	Vision							1						Item Added
B1300	В	Health Literacy							✓	✓			✓		Item Added
C0100	С	BIMS Interview Attempted							1	√			√		Item Added
C0200	С	BIMS: Repetition of Three Words							1	√			✓		Item Added
C0300	С	BIMS: Temporal Orientation							1	√			✓		Item Added
C0400	С	BIMS: Recall							1	✓			✓		Item Added
C0500	С	BIMS: Summary Score							1	✓			✓		Item Added
C1310	С	Signs/Symp of Delirium							1	✓			1		Item Added
M1700	С	Cognitive Functioning	√	✓			√		· ✓	·			✓		item / taaca
M1710	С	When Confused	<i>'</i>	·			· ✓		· ✓	· ✓			·		
M1720	С	When Anxious	√ ·	· ✓			· ✓		√	√			√		
M1730	D	Depression Screening	· /	· ·			· ·		·	·			·		Item Removed
D0150	D	Patient Mood Interview		·					√	✓			✓		Item Added
D0160	D	Total Severity Score							·	·			·		Item Added
D0700	D	Social Isolation							1	·			·		Item Added
M1740	E	Cog, Behav, Psych Symptoms	✓	√			√		V ✓	V ✓			√		Rom Added
M1745	E	Freq of Behavior Symptoms	✓	√			√		∀	∨			V ✓		
M1100	F	Living Situation	· ·	✓			•		√	✓			,		
M2102	F	Types and Src of Assistance	∀	✓			√		√	✓			√		
M1800	G	* :	∨	∨	√		∨		∨	∨	√		∨		
		Grooming Upper Pressing	✓	∨	∨ ✓		∨		∨	∨	∨		∨		
M1810	G	Upper Dressing	∨	∨	∨ ✓		∨		∨	∨	∨		∨		
M1820	G	Lower Dressing	✓	∨	∨ ✓		✓		✓	∨	∨		∨		
M1830	G	Bathing Tailet Tef		✓	✓					✓					
M1840	G	Toilet Trf	√		✓		√		√		✓		√		
M1845	G	Toilet Hyg	√	√	,		√		√	√			√		
M1850	G	Bed Trf	√	√	√		√		√	√	√		√		
M1860	G	Ambulation	✓	✓	✓		✓		✓	✓	✓		✓		
GG0100	GG	Prior Functioning	✓	✓					✓	✓					

	_	5		OASI	S-D1	Time f	Points	5	OASIS-E Time Points					Nietes	
Item #	Sec.	Description	SOC	ROC	FU	TRF	DC	DAH	SOC	ROC	FU	TRF	DC	DAH	Notes
GG0110	GG	Prior Device Use	✓	✓					✓	✓					
GG0130	GG	Self-Care	✓	✓	✓		✓		✓	✓	✓		✓		
GG0170	GG	Mobility	✓	✓	✓		✓		✓	✓	✓		✓		
M1600	Н	UTI	✓	✓			✓		✓	✓			✓		
M1610	Н	Urinary Incont/Catheter	✓	✓	✓				✓	✓					Removed at FU
M1620	Н	Bowel Incont Freq	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1630	Н	Ostomy	✓	✓	✓				✓	✓					Removed at FU
M1021	I	Primary Dx	✓	✓	✓				✓	✓					Removed at FU
M1023	I	Other Dx	✓	✓	✓				✓	✓					Removed at FU
M1028	I	Comorb/Co-existing Conditions	✓	✓					✓	✓					
M1033	J	Risk for Hospitalization	✓	✓	✓				✓	✓	✓				
J0510	J	Pain Effect on Sleep							✓	✓			✓		Item Added
M1242	J	Freq of Pain Interfer w/ Activity	✓	✓	✓		✓								Item Removed
J0520	J	Pain Interfer w/ Therapy							✓	✓			✓		Item Added
J0530	J	Pain Interfer w/ Activity							✓	✓			✓		Item Added
J1800	J	Any Falls since S/ROC				✓	✓					✓	✓		
J1900	J	Number of Falls since S/ROC				✓	✓					✓	✓		
M1910	J	Falls Risk Asmt	✓	✓											Item Removed
M1400	J	Dyspnea	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1060	K	Height and Weight	✓	✓					✓	✓					
K0520	K	Nutritional Approaches							✓	✓			✓		Item Added
M1030	K	Therapies Received at Home	✓	✓	✓										Item Removed
M1870	K	Feeding or Eating	✓	✓			✓		✓	✓			✓		
M1306	М	Unhealed PU Stage 2+	✓	✓	✓		✓		✓	✓	✓		✓		
M1307	М	Oldest Stage 2 PU					✓						✓		
M1311	М	Current # Unhealed PUs	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1322	М	Current # Stage 1 PUs	✓	✓	✓				✓	✓					Removed at FU
M1324	М	Stage of Most Prob PU	✓	✓	✓		✓		✓	✓			✓		Removed at FL
M1330	М	Presence of Stasis Ulc	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1332	М	Current # Observable Stasis Ulc	✓	✓	✓				✓	✓					Removed at FU
M1334	М	Status of Most Prob Stasis Ulc	✓	✓	✓		✓		✓	✓			✓		Removed at FU
M1340	М	Presence of Surgical Wound	✓	√	✓		✓		✓	✓			✓		Removed at FL
M1342	М	Status of Most Prob Srg Wnd	✓	✓	✓		✓		✓	✓			✓		Removed at FU
N0415	N	High Risk Drug Classes							✓	✓			✓		Item Added
M2001	N	Drug Reg Review	✓	✓					1	✓					
M2003	N	Medication Follow-up	✓	√					√	√					
M2005	N	Medication Intervention				√	✓					√	✓		
M2010	N	High-Risk Drug Education	✓	√					√	√					
M2016	N	Drug Education Intervention				√	✓								Item Removed
M2020	N	Mgmt of Oral Meds	✓	✓			√		√	√			√		2
M2030	N	Mgmt of Injectable Meds	✓	√	✓				✓	√					Removed at FU
O0110	0	Special Trtmts, Procedures, Prog							✓	√			√		Item Added
M1041	0	Flu Vac Data Collection Period				√	√					√	· ✓		
M1046	0	Flu Vac Received				√	· ✓					✓	✓		
M1051	0	Pneumococcal Vac				· ·	· /								Item Removed
M1056	0	Reason PPV Not Received				√	√								Item Removed
M2200	0	Therapy Need	✓	√	√	1	•		/	√					Removed at FU
IVIZZUU	U	Intervention Synopsis	ľ	•	•	√	√		Ľ	,		√			M2401A remove

This version of OASIS is based on the Draft OASIS-E Item Set posted by CMS on May 16, 2022.

OASIS-E is scheduled for implementation on January 1, 2023.

This guide is provided by SHP as a service and is for informational use only. Always consult CMS.gov for the most up-to-date information including future changes.

OASIS-D	Clinical Record Items, Patient History, Items Collected at TRF/DC	1	
M0010. CMS C	ertification Number	All	
moore. Since S		-	
M0014. Branch	S State	All	
WIOU 14. Branch		- All	
	<u> </u>	4	
M0016. Branch	ID Number	All	
		<u> </u>	
M0018. Nationa	al Provider Identifier (NPI) for the attending physician who has signed the plan of care	All	
	UK - Unknown or Not Available		
M0020. Patient	ID Number	All	
M0030. Start of	f Care Date	All	
M0032. Resum	Month Day Year ption of Care Date	All	
	NA - Not Applicable		
	Month Day Year		
M0040. Patient	Name	All	
	(Fire) (A4) (1.5-4) (2.5%		
M0050. Patient	(First) (MI) (Last) (Suffix)	All	
		1	
M0060. Patient	ZIP Code	All	
		1	
M0063. Medica	ure Number	All	
	NA - No Medicare		
M0064 Social	Security Number	All	
mood-i occiui	UK - Unknown or Not Available	-	
M0065. Medica		All	
moods. meared	NA - No Medicare	-	
M0066. Birth D		All	
MICCOCC. BITTIT B		-	
	Month Day Year		
M0069. Gender		All	
Enter Code	1. Male 2. Female		
M0000 Dissipl	ine of Person Completing Assessment	-	
		All	
Enter Code	1. RN 2. PT		
	3. SLP/ST		
M0000 D-4- A	4. OT		
MUU9U. Date As	ssessment Completed	All	
	Month Day Year		
M0100. This As	ssessment is Currently Being Completed for the Following Reason	All	
Enter Code	Start/Resumption of Care		
	Start of care - further visits planned Resumption of care (after inpatient stay)		
	Follow-Up		
	4. Recertification (follow-up) reassessment ↓ Skip to M0110		
	5. Other follow-up ↓ Skip to M0110		
	Transfer to an Inpatient Facility 6. Transferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041		
	7. Transferred to an inpatient facility - patient hot discharged from agency ↓ Skip to M1041		
	Discharge from Agency - Not to an Inpatient Facility		
	8. Death at home ↓ Skip to M2005 9. Discharge from agency ↓ Skip to M1041		
	gg	┙╚┸Sŀ	HP

OASIS-E	Section A	Administrative Information	A
M0010. CMS C	ertification Nun	nber	All
M0014. Branch	State		All
			7 111
M0016. Branch	ID Number		AII
MIOU 16. Branci	Number		All
M0018. Nation	al Provider Iden	ntifier (NPI) for the attending physician who has signed the plan of care	All
		UK - Unknown or Not Available	
M0020. Patient	ID Number		All
M0030. Start o	f Care Date		All
	<u> </u>		
M0032. Resum	Month Day ption of Care D	Year Pate	All
		- NA - Not Applicable	
	Month Day	Year	
M0040. Patient	Name		All
	(First)	(MI) (Last) (Suffix)	
M0050. Patient	State of Reside		All
M0060. Patient	ZIP Code		All
	ПППП	7-[
M0063. Medica	re Number		All
		□ NA - No Medicare	
M0064. Social	Security Number	er	All
		UK - Unknown or Not Available	
M0065. Medica	id Number		All
		│	
M0066. Birth D	ate		All
	П-П	7-[77]	
	Month Day	Year	
M0069. Gende	l		All
Enter Code	1. Mal d 2. Fe m		
M0080. Discipl	ine of Person C	Completing Assessment	All
Enter Code	1. RN		
	2. PT		
	3. SLP 4. OT	7ST	
M0090. Date A	 ssessment Con	npleted	All
		7 ₋ [
	Month Day	Year	
M0100. This As	ssessment is C	urrently Being Completed for the Following Reason	All
Enter Code	Start/Resump	otion of Care t of care - further visits planned	
		umption of care (after inpatient stay)	
	Follow-Up		
		ertification (follow-up) reassessment ↓ Skip to M0110 er follow-up ↓ Skip to M0110	
		n Inpatient Facility	
	6. Tra r	nsferred to an inpatient facility - patient not discharged from agency ↓ Skip to M1041	
		nsferred to an inpatient facility - patient discharged from agency ↓ Skip to M1041	
		om Agency - Not to an Inpatient Facility th at home ↓ Skip to M2005	
		charge from agency ↓ Skip to M1041	
			=

MO192. Date of Physician-ordered Start of Care (Resumption of Care) If the physician indicated a specific start of care (resumption of Care) If the physician indicated a specific start of care (resumption of Care) date when the patient was referred for home health Services, record the date specified.	**************************************		
### Skip to M0110, Episode Timing, If date entered			SOC
Morth Day Year Skip to M0110, Episode Timing, if date entered Morth Day Year Skip to M0110, Episode Timing, if date entered Morth Day Year Morth Morth Day Year Morth Morth			ROC
Month	services, record	the date specified.	
Month		-	
M0104. Date of Referral Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA. Month			
Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.		□ NA - No specific SOC/ROC date ordered by physician	
Indicate the date that the written or verbal referral for initiation or resumption of care was received by the HHA.	M0104 Date of	Referral	200
M0110. Episode Timing M0110. Episode Timing Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? Enter Code I. Early 2. Late UK Unknown NA Not Applicable: No Medicare case mix group to be defined by this assessment. M0150. Current Payment Sources for Home Care ↓ Check all that apply □ 0. None; no charge for current services □ 1. Medicare (traditional fee-for-service) □ 2. Medicare (traditional fee-for-service) □ 3. Medicaid (traditional fee-for-service) □ 4. Medicaid (HMO/managed care/Advantage plan) □ 5. Workers' compensation □ 6. Title programs (for example, TitGare, VA) □ 7. Other government (for example, TitGare, VA) □ 8. Private insurance □ 10. Self-pay □ 11. Long-term unraing facility (SNFrCU) 3. Short-stay acute hospital (ITCH) □ 1. Long-term care hospital (ITCH) □ 1. Long-term care hospital (ITCH) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)			
M0110. Episode Timing Is the Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patients current sequence of adjacent Medicare home health payment episodes?	mulcate the dat	striat the writter or verbal referral for initiation or resumption of care was received by the rinia.	1100
St. he Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? Comment		Month Day Year	
St. he Medicare home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the patient's current sequence of adjacent Medicare home health payment episodes? Comment	M0110. Episod	e Timing	SOC
Enter Code I. Early 2. Late UK Unknown NA Not Applicable: No Medicare case mix group to be defined by this assessment. M0150. Current Payment Sources for Home Care ↓ Check all that apply □ 0. None; no charge for current services □ 1. Medicare (traditional fee-for-service) □ 2. Medicare (HMO/managed care/Advantage plan) □ 3. Medicaid (HMO/managed care/Advantage plan) □ 3. Medicaid (HMO/managed care) □ 5. Workers' compensation □ 6. Title programs (for example, TriCare, VA) □ 7. Other government (for example, TriCare, VA) □ 8. Private Insurance □ 10. Self-pay □ 11. Other (specify) □ 12. Winknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? ↓ Check all that apply □ 1. Long-term care hospital (IPCB) □ 3. Short-stay acute hospital (IPCB) □ 4. Long-term care hospital (IPCB) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ 6. Psychiatric hospital or unit (IRF) □ 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOCC ROC	-		
Teler Code			FU
2. Late UK Unknown NA Not Applicable: No Medicare case mix group to be defined by this assessment. M0150. Current Payment Sources for Home Care	-		
UK Unknown Not Applicable: No Medicare case mix group to be defined by this assessment. M0150. Current Payment Sources for Home Care ↓ Check all that apply □ 0. None; no charge for current services □ 1. Medicare (traditional fee-for-service) □ 2. Medicald (traditional fee-for-service) □ 3. Medicald (traditional fee-for-service) □ 4. Medicald (traditional fee-for-service) □ 5. Workers' compensation □ 6. Title programs (for example, Tille III, V, or XX) □ 7. Other government (for example, TriCare, VA) □ 8. Private insurance □ 9. Private insurance □ 10. Self-pay □ 11. Other (specify) □ UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? ↓ Check all that apply □ 1. Long-term nursing facility (NF) □ 2. Skilled nursing facility (NF) □ 2. Skilled nursing facility (NF) □ 3. Short-stay acute hospital (IPPS) □ 4. Long-term care hospital (IPPS) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ 6. Psychiatric hospital or unit □ 7. Other (specify) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)	Enter Code	·	
M0150. Current Payment Sources for Home Care ↓ Check all that apply □ 0. None; no charge for current services □ 1. Medicare (traditional fee-for-service) □ 2. Medicare (HMD/managed care/Advantage plan) □ 3. Medicald (traditional fee-for-service) □ 4. Medicald (HMC/managed care/Advantage plan) □ 5. Worker's compensation □ 6. Title programs (for example, Title III, V, or XX) □ 7. Other government (for example, Title III, V, or XX) □ 9. Private IMD/managed care □ 10. Self-pay □ 11. Other (specify) □ UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? ↓ Check all that apply □ 1. Long-term care hospital (LTCH) □ 2. Skilled nursing facility (NF) □ 1. Long-term care hospital (LTCH) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ 6. Psychiatric hospital or unit □ 7. Other (specify) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)			
M0150. Current Payment Sources for Home Care ↓ Check all that apply □ 0. None; no charge for current services □ 1. Medicare (traditional fee-for-service) □ 2. Medicare (traditional fee-for-service) □ 3. Medicaid (traditional efe-for-service) □ 4. Medicaid (traditional efe-for-service) □ 5. Worker's compensation □ 6. Title programs (for example, TriCare, VA) □ 7. Other government (for example, TriCare, VA) □ 10. Self-pay □ 11. Other (specify) □ 12. W. Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? ↓ Check all that apply □ 1. Long-term care hospital (IPPS) □ 2. Skilled nursing facility (NF) □ 3. Short-stay acute hospital (IPPS) □ 4. Long-term care hospital (LTCH) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)			
Check all that apply		NA NOT Applicable: No Medicare case mix group to be defined by this assessment.	
	M0150. Curren	Payment Sources for Home Care	All
1. Medicare (traditional fee-for-service) 2. Medicare (HMD/managed care/Advantage plan) 3. Medicalid (traditional fee-for-service) 4. Medicalid (HMO/managed care) 5. Workers' compensation 6. Title programs (for example, Tritle III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown Wo966. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days?			
2. Medicare (HMO/managed care/Advantage plan) 3. Medicaid (traditional fee-for-service) 4. Medicaid (HMO/managed care) 5. Workers' compensation 6. Title programs (for example, Title III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown Woyo6. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Whonth Day Year Year 11. Long-term nursing facility (NF) 2. Skilled nursing facility (NF) 2. Skilled nursing facility (NF) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (IPPS) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC SOC ROC			
3. Medicaid (traditional fee-for-service) 4. Medicaid (HMO/managed care) 5. Workers' compensation 6. Title programs (for example, Title III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private insurance 10. Self-pay 11. Other (specify) UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? 1. Long-term nursing facility (NF) 2. Skilled nursing facility (NF) 3. Short-stay acute hospital (IPCB) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)		,	
4. Medicaid (HMO/managed care) 5. Worker's compensation 6. Title programs (for example, Title III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month			
5. Workers' compensation 6. Title programs (for example, Tritle III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay UK Unknown Would be discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month Day Year		· ·	
6. Title programs (for example, Title III, V, or XX) 7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month Day Year			
7. Other government (for example, TriCare, VA) 8. Private insurance 9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month Day Year DAH DEB DE			
8. Private insurance 9. Private HMC/managed care 10. Self-pay 11. Other (specify) UK Unknown 12. With Unknown 13. With Unknown 14. With Unknown 15. With Unknown 15. With Unknown 16. With Unknown 17. With Unknown 17. With Unknown 18. With Unknown 18			
9. Private HMO/managed care 10. Self-pay 11. Other (specify) UK Unknown TRF DC DAH Unknown UK Unknown UK Unknown TRF DC DAH UM Unknown UK Unk			
10. Self-pay 11. Other (specify) UK Unknown TRF Uknown Uknown			
11. Other (specify) UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month			
UK Unknown M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. Month Day Year			
M0906. Discharge/Transfer/Death Date Enter the date of the discharge, transfer, or death (at home) of the patient. M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? Check all that apply 1. Long-term nursing facility (NF) 2. Skilled nursing facility (SNF/TCU) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC			
Enter the date of the discharge, transfer, or death (at home) of the patient. DC DAH			TRE
M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? ↓ Check all that apply 1. Long-term nursing facility (NF) 2. Skilled nursing facility (SNF/TCU) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)			
Month Day Year M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? Check all that apply 1. Long-term nursing facility (NF) 2. Skilled nursing facility (SNF/TCU) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)	Enter the date of	the discharge, transfer, or death (at home) of the patient.	
M1000. From which of the following Inpatient Facilities was the patient discharged within the past 14 days? Check all that apply 1. Long-term nursing facility (NF) 2. Skilled nursing facility (SNF/TCU) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)			
Check all that apply 1. Long-term nursing facility (NF) 2. Skilled nursing facility (SNF/TCU) 3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent)	M1000. From w		SOC
□ 1. Long-term nursing facility (NF) □ 2. Skilled nursing facility (SNF/TCU) □ 3. Short-stay acute hospital (IPPS) □ 4. Long-term care hospital (LTCH) □ 5. Inpatient rehabilitation hospital or unit (IRF) □ 6. Psychiatric hospital or unit □ 7. Other (specify) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis SOC ROC			
3. Short-stay acute hospital (IPPS) 4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis SOC ROC			
4. Long-term care hospital (LTCH) 5. Inpatient rehabilitation hospital or unit (IRF) 6. Psychiatric hospital or unit 7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC		2. Skilled nursing facility (SNF/TCU)	
□ 5. Inpatient rehabilitation hospital or unit (IRF) □ 6. Psychiatric hospital or unit □ 7. Other (specify) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC			
□ 6. Psychiatric hospital or unit □ 7. Other (specify) □ NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC			
7. Other (specify) NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC			
NA Patient was not discharged from an inpatient facility → Skip to M1021, Primary Diagnosis M1005. Inpatient Discharge Date (most recent) SOC ROC			
M1005. Inpatient Discharge Date (most recent) ROC			
ROC			000
	M1005. Inpatie	nt Discharge Date (most recent)	
		UK - Unknown	NOC

M1030. Therapies shown in section K

M1033. Risk for Hospitalization shown in section J



	Physician-ordered Start of Care (Resumption of Care)	soc
	ndicated a specific start of care (resumption of care) date when the patient was referred for home health the date specified.	ROC
	Month Day Year ↓ Skip to M0110, Episode Timing, if date entered	
	□ NA - No specific SOC/ROC date ordered by physician	
	MA - No specific SOC/ROC date ordered by physician	
M0104. Date of	Referral	SOC
Indicate the date	that the written or verbal referral for initiation or resumption of care was received by the HHA.	ROC
	Month Day Year	
M0110. Episode	e Timing	SOC
Is the Medicare I	home health payment episode for which this assessment will define a case mix group an "early" episode or a "later" episode in the sequence of adjacent Medicare home health payment episodes?	ROC FU
Enter Code	1. Early	
	2. Late	
	UK Unknown	
	NA Not Applicable: No Medicare case mix group to be defined by this assessment.	
M0150. Current	Payment Sources for Home Care	All
	ıll that apply	
	None; no charge for current services	
	1. Medicare (traditional fee-for-service)	
	Medicare (HMO/managed care/Advantage plan)	
	Medicaid (traditional fee-for-service)	
	4. Medicaid (HMO/managed care)	
	5. Workers' compensation	
	6. Title programs (for example, Title III, V, or XX)	
	7. Other government (for example, TriCare, VA)	
	8. Private insurance	
	9. Private HMO/managed care	
	10. Self-pay	
	11. Other (specify)	
	UK Unknown	
	ge/Transfer/Death Date	TRF
Enter the date of	f the discharge, transfer, or death (at home) of the patient.	DC DAH
	Month Day Year	
M1000. From wh	nich of the following Inpatient Facilities was the patient discharged within the past 14 days?	SOC
↓ Check a	ıll that apply	ROC
	Long-term nursing facility (NF)	
	2. Skilled nursing facility (SNF/TCU)	
	3. Short-stay acute hospital (IPPS)	
	4. Long-term care hospital (LTCH)	
	5. Inpatient rehabilitation hospital or unit (IRF)	
	6. Psychiatric hospital or unit	
	7. Other (specify)	
	NA Patient was not discharged from an inpatient facility → Skip to B0200 Hearing at SOC, to B1300 Health Literacy at RO	
M1005. Inpatien	at Discharge Date (most recent)	SOC
	UK - Unknown or Not Available	ROC

(M0140) Race/	Ethnicity		SO(
↓ Check	all that ap	ply	
	1.	American Indian or Alaska Native	
	2.	Asian	
	3.	Black or African-American	
	4.	Hispanic or Latino	
	5.	Native Hawaiian or Pacific Islander	
	6.	White	

	uldes holding/observation status)?	DC
Enter Code	 No → Skip to M2410, Inpatient Facility Yes, used hospital emergency department WITHOUT hospital admission Yes, used hospital emergency department WITH hospital admission UK Unknown → Skip to M2410, Inpatient Facility 	
M2310. Reason	n for Emergent Care	TRF
For what reason	n(s) did the patient seek and/or receive emergent care (with or without hospitalization)?	DC
↓ Check	all that apply	
	1. Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis	
	10. Hypo/Hyperglycemia, diabetes out of control	
	19. Other than above reasons	
	UK Reason unknown	
M2410. To which	ch Inpatient Facility has the patient been admitted?	TRF
Enter Code	1. Hospital [Go to M0906]	DC
	2. Rehabilitation facility [Go to M0906]	
	3. Nursing home [Go to M0906]	
	4. Hospice [Go to M0906]	
	NA No inpatient facility admission [Omit "NA" option on TRN]	

M2301. Emergent Care

A1005. Ethnici Are vou of Hisp	ty anic, Latino/a, or Spanish origin?	SOC
	all that apply	
CHECK	A. No, not of Hispanic, Latino/a, or Spanish origin	
	B. Yes, Mexican, Mexican American, Chicano/a	
	C. Yes, Puerto Rican	
	D. Yes, Cuban	
	E. Yes, Another Hispanic, Latino, or Spanish origin	,
	X. Patient unable to respond	
	Y. Patient declines to respond	000
A1010. Race What is your ra	ce?	SOC
•	all that apply	
	A. White	
	B. Black or African American	
	C. American Indian or Alaska Native	
	D. Asian Indian	
	E. Chinese	,
	F. Filipino	
	G. Japanese H. Korean	
<u> </u>	I. Vietnamese	
<u> </u>	J. Other Asian	
	K. Native Hawaiian	
	L. Guamanian or Chamorro	İ
	M. Samoan	
	N. Other Pacific Islander	
	X. Patient unable to respond	
	Y. Patient declines to respond	
	Z. None of the above	
A1110. Langua	ge	SOC
	A. What is your preferred language? B. Do you need or want an interpreter to communicate with a doctor or health care staff? O. No 1. Yes 9. Unable to determine	
A1250. Transp	ortation (NACHC ©)	soc
-	isportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?	ROC
	all that apply	DC
	A. Yes, it has kept me from medical appointments or from getting my medications	
	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	i
	C. No	
	X. Patient unable to respond	
	Y. Patient declines to respond	
	ent Care r at any time since the most recent SOC/ROC assessment has the patient utilized a hospital emergency cludes holding/observation status)?	TRF DC
Enter Code	0. No → Skip to M2410, Inpatient Facility	
	Yes, used hospital emergency department WITHOUT hospital admission Yes, used hospital emergency department WITH hospital admission	1
	n for Emergent Care n(s) did the patient seek and/or receive emergent care (with or without hospitalization)?	TRF DC
	all that apply	
↓ Crieck	1. Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis	┪
	10. Hypo/Hyperglycemia, diabetes out of control	1
	19. Other than above reasons	1
	UK Reason unknown]
M2410. To which	ch Inpatient Facility has the patient been admitted?	TRF
Enter Code	1 Hospital	DC
	Hospital Rehabilitation facility	
	3. Nursing home	1
	4. Hospice	1
	NA No invationt facility admission [Omit "NA" option on TRNI	1



TRF

M2420. Discha Where is the pa	-	osition discharge from your agency? (Choose only one answer.)	DC
Enter Code	1.	Patient remained in the community (without formal assistive services)	
	2.	Patient remained in the community (with formal assistive services)	
	3.	Patient transferred to a non-institutional hospice	
	4.	Unknown because patient moved to a geographic location not served by this agency	
	5.	UK Other unknown [Go to M0906]	

	 List to Subsequent Provider at Discharge Unknown because patient moved to a geographic location not served by this agency → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge UK Other unknown → Skip to A2123, Provision of Current Reconciled Medication List to Patient at Discharge 					
A2120. Provisi	on of Curr	ent Reconciled Medication List to Subsequent Provider at	Transfer	TRF		
At the time of tr subsequent pro		nother provider, did your agency provide the patient's current re	econciled medication list to the			
Enter Code	 No - Current reconciled medication list not provided to the subsequent provider → Skip to J1800, Any Falls Since SOC/ROC Yes - Current reconciled medication list provided to the subsequent provider → Continue to A2122, Route of Current Reconciled Medication List Transmission to Subsequent Provider NA - The agency was not made aware of this transfer timely → Skip to J1800, Any Falls Since SOC/ROC 					
At the time of d	ischarge to	ent Reconciled Medication List to Subsequent Provider at another provider, did your agency provide the patient's current		DC		
Enter Code	0. 1.	No - Current reconciled medication list not provided to a Yes - Current reconciled medication list provided to the s Current Reconciled Medication List Transmission to Subsequent	ubsequent provider → Continue to A2122, Route of			
		Reconciled Medication List Transmission to Subsequent Formula is to the subsequent formula in the current reconciled medication list to the subsequent formula is to the subsequent formula in the subsequent formula is to the subsequent formula in the subsequent formula is the subsequent formula in the subsequent formula is the su		TRF DC		
Route of Transi	mission					
A. Electi B. Healt C. Verba D. Pape	B. Health Information Exchange Organization C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts)					
		ent Reconciled Medication List to Patient at Discharge id your facility provide the patient's current reconciled medicati		DC		
Enter Code O. No - Current reconciled medication list not provided to the patient, family, and/or caregiver → Skip to B1300, Health Literacy 1. Yes - Current reconciled medication list provided to the patient, family, and/or caregiver → Continue to A2124, Route of Current Reconciled Medication List Transmission to Patient						
A2124. Route of	of Current	Reconciled Medication List Transmission to Patient		DC		
Indicate the rou	ite(s) of trai	nsmission of the current reconciled medication list to the patier	nt/family/caregiver.			
Route of Transi			↓ Check all <u>t</u> hat apply ↓			
A. Electronic Health Record B. Health Information Exchange Organization C. Verbal (e.g., in-person, telephone, video conferencing) D. Paper-based (e.g., fax, copies, printouts) E. Other Methods (e.g., texting, email, CDs)						

Patient remained in the community (without formal assistive services) → Skip to A2123, Provision of Current

Patient remained in the community (with formal assistive services) → Continue to A2121, Provision of Current

Patient transferred to a non-institutional hospice → Continue to A2121, Provision of Current Reconciled Medication

DC



M2420. Discharge Disposition

Enter Code

Where is the patient after discharge from your agency? (Choose only one answer.)

Reconciled Medication List to Patient at Discharge

Reconciled Medication List to Subsequent Provider at Discharge

OASIS-D	Sensory Status	
M1200. Vision	with corrective lenses if the patient usually wears them):	SOC
Enter Code	Normal vision: sees adequately in most situations; can see medication labels, newsprint.	ROC FU
	1. Partially impaired: cannot see medication labels or newsprint, but can see obstacles in path, and the surrounding layout; can count fingers at arm's length.	
	2. Severely impaired: cannot locate objects without hearing or touching them, or patient nonresponsive.	

M1242. Frequency of Pain shown in section J

M1400. Dyspnea shown in section J



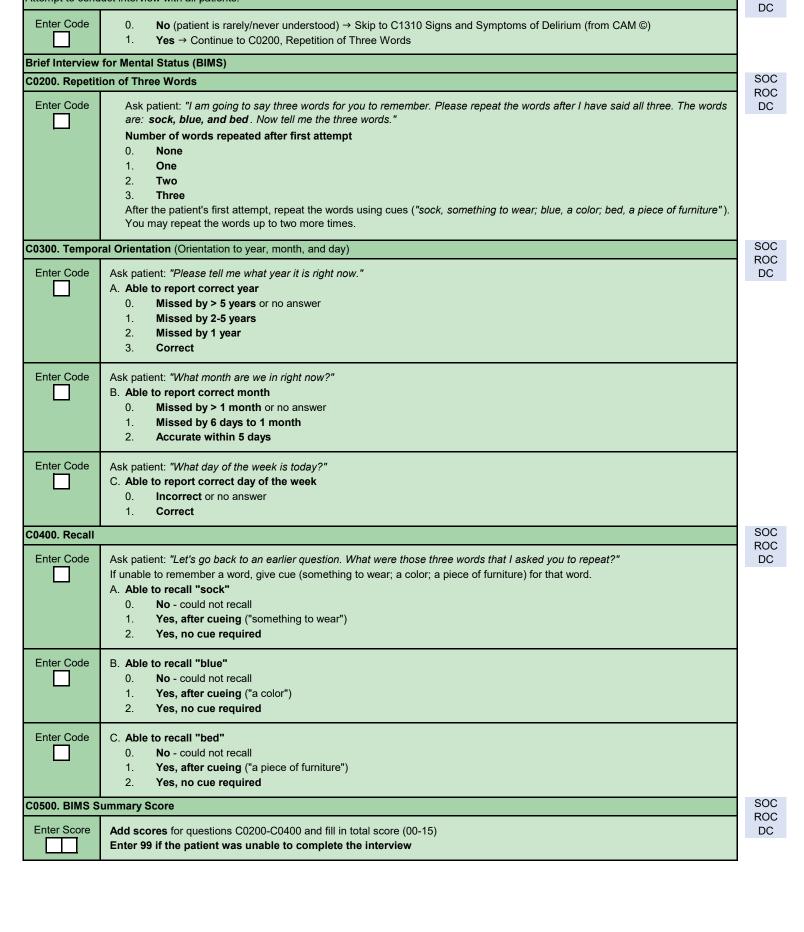
OASIS-E	Section B	Hearing, Speech, and Vision	В
B0200. Heari	ng		SOC
Enter Code	0. Ac 1. Mi 2. M	car (with hearing aid or hearing appliances if normally used) lequate - no difficulty in normal conversation, social interaction, listening to TV nimal difficulty - difficulty in some environments (e.g., when person speaks softly, or setting is noisy) oderate difficulty - speaker has to increase volume and speak distinctly ghly impaired - absence of useful hearing	
B1000. Vision	1		SOC
Enter Code	0. Ac 1. Im 2. Mo 3. Hi	the in adequate light (with glasses or other visual appliances) lequate - sees fine detail, such as regular print in newspapers/books paired - sees large print, but not regular print in newspapers/books oderately impaired - limited vision; not able to see newspaper headlines but can identify objects ghly impaired - object identification in question, but eyes appear to follow objects everely impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects	
	you need to hav	n Creative Commons ©) e someone help you when you read instructions, pamphlets, or other written material from your	SOC ROC DC
Enter Code	1. Rá 2. Sc 3. Oí 4. Al 7. Pá	ever arely ametimes ten ways utient declines to respond	

OASIS-D Neuro / Emotional / Behavioral Status

M1730. Depression Screening (removed item) shown in section D

M1740. Cognitive, Behavioral, and Psychiatric Symptoms shown in section E

M1745. Frequency of Disruptive Behavior Symptoms shown in section E



C

SOC ROC

OASIS-E Section C Cognitive Patterns

Attempt to conduct interview with all patients.

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?



Patient's curren simple comman	t (day of a	oning ssessment) level of alertness, orientation, comprehension, concentration, and immediate memory for	ROC DC
Enter Code	0. 1. 2. 3.	Alert/oriented, able to focus and shift attention, comprehends and recalls task directions independently. Requires prompting (cuing, repetition, reminders) only under stressful or unfamiliar conditions. Requires assistance and some direction in specific situations (for example, on all tasks involving shifting of attention) or consistently requires low stimulus environment due to distractibility. Requires considerable assistance in routine situations. Is not alert and oriented or is unable to shift attention and recall directions more than half the time. Totally dependent due to disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	
M1710. When (Reported or obs		nin the last 14 days.	SOC ROC DC
Enter Code	0. 1. 2. 3. 4. NA	Never In new or complex situations only On awakening or at night only During the day and evening, but not constantly Constantly Patient nonresponsive	
M1720. When A		nin the last 14 days.	SOC ROC DC
Enter Code	0. 1. 2. 3. NA	None of the time Less often than daily Daily, but not constantly All of the time Patient nonresponsive	



C1310. Signs a	nd Symptoms of Delirium (from CA	M©)	SOC
Code after c	ompleting Brief Interview for Mental	Status and reviewing medical record.	ROC
A. Acute	Onset of Mental Status Change		DC
Enter Code	Is there evidence of an acute cha 0. No 1. Yes	nge in mental status from the patient's baseline?	
		↓ Enter Codes in Boxes	
Behavior not flucts Behavior	present, fluctuates	B. Inattention - Did patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being C. Disorganized thinking - Was the patient's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	
(comes and goes, changes in severity)		D. Altered level of consciousness - Did the patient have altered level of consciousness, as indicated by any of the following criteria? • Vigilant - startled easily to any sound or touch • Lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch • Stuporous - very difficult to arouse and keep aroused for the interview • Comatose - could not be aroused	
M1700. Cogniti	ve Functioning		SOC
_	t (day of assessment) level of alertne	ss, orientation, comprehension, concentration, and immediate memory for	ROC DC
Enter Code	Requires prompting (cuin Requires assistance and consistently requires low Requires considerable as directions more than half	us and shift attention, comprehends and recalls task directions independently. g, repetition, reminders) only under stressful or unfamiliar conditions. some direction in specific situations (for example, on all tasks involving shifting of attention) or stimulus environment due to distractibility. sistance in routine situations. Is not alert and oriented or is unable to shift attention and recall the time. disturbances such as constant disorientation, coma, persistent vegetative state, or delirium.	
M1710. When 0	Confused		SOC
Reported or Obs	served Within the Last 14 Days.		ROC DC
Enter Code	 Never In new or complex situation On awakening or at night During the day and evening Constantly NA Patient nonresponsive 	only	
M1720. When A	Anxious		SOC
Reported or Obs	served Within the Last 14 Days.		ROC DC
Enter Code	 None of the time Less often than daily Daily, but not constantly All of the time NA Patient nonresponsive 		20

M1730. Depres Depression Scr		ening s the patient been screened for depr	ession, using	a standardized,	, validated depression s	screening tool?					
Enter Code	0. 1.	No Yes, patient was screened using the PHQ-2©* scale. Instructions for this two-question tool: Ask patient: "Over the last two weeks, how often have you been bothered by any of the following problems?"									
		PHQ-2©*	Not at all 0-1 day	Several days 2-6 days	More than half of the days 7-11 days	Nearly every day 12-14 days	NA Unable to respond				
		a) Little interest or pleasure in doing things	0	1	□ 2	□ 3	□ NA				
		b) Feeling down, depressed, or hopeless?	0	1	2	□ 3	□ NA				
	2.	 Yes, patient was screened with a different standardized, validated assessment and the patient meets criteria for further evaluation for depression. 									
	able to shift attention	on and recall									
	4.	Yes, patient was screened with a difurther evaluation for depression.	fferent stand	ardized, validate	ed assessment and the	patient does not me	eet criteria for				
				*Copyright© Pfi	zer Inc. All rights reser	ved. Reproduced wi	ith permission.				

M1740. Cognitive, Behavioral, and Psychiatric Symptoms shown in section E

M1745. Frequency of Disruptive Behavior Symptoms shown in section E

OASIS-D Neuro / Emotional / Behavioral Status (continued)



D0150. Patient Mood Interview (PHQ-2 to 9)			SOC
Say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			ROC DC
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, then ask the patient: "About how often have you been bothered by this?" Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symp	om Frequency.	_	
1. Symptom Presence Symptom Frequency 0. No (enter 0 in column 2) 0. Never or 1 day 1. Yes (enter 0-3 in column 2) 1. 2-6 days (several days) 9. No response (leave column 2 blank) 2. 7-11 days (half or more of the days)	1. Symptom Presence	2. Symptom Frequency	
3. 12-14 days (nearly every day)	↓ Enter Scor	res in Boxes ↓	
A. Little interest or pleasure in doing things			
B. Feeling down, depressed, or hopeless			
If either D150A2 or D150B2 is coded 2 or 3, CONTINUE asking the questions below. If not, END the PHQ interview	ew.		
C. Trouble falling or staying asleep, or sleeping too much			
D. Feeling tired or having little energy			
E. Poor appetite or overeating			
F. Feeling bad about yourself – or that you are a failure or have let yourself or your family down			
G. Trouble concentrating on things, such as reading the newspaper or watching television			
H. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual			
I. Thoughts that you would be better off dead, or of hurting yourself in some way			
D0160. Total Severity Score			SOC
Enter Score Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items)	e between 00 and	27. Enter	DC
D0700. Social Isolation How often do you feel lonely or isolated from those around you?			SOC
Enter Code 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Patient declines to respond 8. Patient unable to respond			DC

OASIS-E Section D Mood

SOC ROC

11740. Cognitive, Behavioral, and Psychiatric Symptoms that	are demonstrated	at icast office a v	veek (reported or	,		SO
	miliar paragna/plac	and inability to re	and events of no	act 24 hours		RO
significant memory loss so that supervi		Ses, mability to re	ecan events of pa	351 24 HOUIS,		DC
2. Impaired decision-making: failure to	perform usual ADL	s or IADLs, inab	ility to appropriat	tely stop activitie	es,	
jeopardizes safety through actions						
3. Verbal disruption: yelling, threatening 4. Physical aggression: aggressive or co		•		hrows objects in	ounches	
dangerous maneuvers with wheelchair		id outlots (for oxe	imple, fine con, t	o 110 o 5 jooto, p	ariorios,	
5. Disruptive, infantile, or socially inap	propriate behavio	or (excludes verb	al actions)			
6. Delusional, hallucinatory, or paranoi						
7. None of the above behaviors demon						SC
ny physical, verbal, or other disruptive/dangerous symptoms that	•	If or others or ied	opardize persona	al safety		RC
	·- ,		- P	.		D
Enter Code 0. Never 1. Less than once a month						
2. Once a month						
3. Several times each month						
4. Several times a week						
5. At least daily						
						_
ASIS-D Living Arrangements / Care Managem	ent					
						_
1100. Patient Living Situation						SC
hich of the following best describes the patient's residential circu	mstance and avail					RO
	Around the	Regular	lability of Assis Regular	Occasional/	No Assistance	_
ving Arrangement	Clock	Daytime	Nighttime	Short-Term	Available	
		↓ C	Check one box or	nly ↓]
A. Patient lives alone	□ 01	□ 02	□ 03	□ 04	□ 05	
				_		_
B. Patient lives with other person(s) in the home	□ 06	□ 07			1 0	
C. Patient lives in congregate situation	□ 06 □ 11	07	□ 08 □ 13		☐ 10 ☐ 15	
C. Patient lives in congregate situation (for example, assisted living, residential care home)						
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance	11		<u> </u>			
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (sur	☐ 11	12 Ders, friends, or p	☐ 13			
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (sure ovide assistance for the following activities, if assistance is need.	☐ 11 ch as family membed. Excludes all ca	□ 12 Ders, friends, or pare by your agent	☐ 13 privately paid car cy staff.			D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (sure ovide assistance for the following activities, if assistance is need	th as family membed. Excludes all ca	pers, friends, or pare by your agencessing, toileting, e	☐ 13 privately paid carcy staff. pating/feeding)			D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov	ch as family membed. Excludes all cation, bathing, drependent or does not ide assistance	pers, friends, or pare by your agencessing, toileting, each thave needs in	☐ 13 privately paid carcy staff. pating/feeding) this area			D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/	ch as family membed. Excludes all cation, bathing, drependent or does not ide assistance supportive service	pers, friends, or pare by your agencessing, toileting, etc have needs in	☐ 13 privately paid carcy staff. pating/feeding) this area stance		15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (surovide assistance for the following activities, if assistance is neede Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/ 3. Non-agency caregiver(s) are not likely to	ch as family membed. Excludes all cation, bathing, drependent or does not ide assistance supportive service to provide assistant	pers, friends, or pare by your agencessing, toileting, ext have needs in the stoprovide assince, OR it is uncl	☐ 13 privately paid carcy staff. pating/feeding) this area stance		15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/	ch as family membed. Excludes all cation, bathing, drependent or does not ide assistance supportive service to provide assistant	pers, friends, or pare by your agencessing, toileting, ext have needs in the stoprovide assince, OR it is uncl	☐ 13 privately paid carcy staff. pating/feeding) this area stance		15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indeposed 1. Non-agency caregiver(s) currently proved 2. Non-agency caregiver(s) need training/3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency caregiver (s) caregiver (s	the as family membed. Excludes all caration, bathing, drespendent or does not ide assistance supportive service to provide assistant caregiver(s) available, inhaled or inject.	pers, friends, or pare by your agencessing, toileting, etc have needs in set to provide assince, OR it is unclable	□ 13 privately paid carcy staff. pating/feeding) this area stance ear if they will present the pre		15	
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/ 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency Enter Code C. Medication administration (for example, ora 0. No assistance needed - patient is indep	ch as family membed. Excludes all caration, bathing, drespendent or does not ide assistance supportive service to provide assistance caregiver(s) available, inhaled or injectioned and in the condent or does not be as family all, inhaled or does not be as family all all all all all all all all all a	pers, friends, or pare by your agencessing, toileting, etc have needs in set to provide assince, OR it is unclable	□ 13 privately paid carcy staff. pating/feeding) this area stance ear if they will present the pre		15	
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is independent of the following activities, if assistance is needed in the following act	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available, inhaled or injection of the condent or does not ide assistance	pers, friends, or pare by your agencessing, toileting, expected thave needs in the second to the sec	initial 13 privately paid carcy staff. eating/feeding) this area stance ear if they will protein this area		15	
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is independent of the following activities, if assistance is needed in the following activities activities activities and activities act	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available, inhaled or injection of the condent or does not ide assistance supportive service supportive service	pers, friends, or pare by your agence ssing, toileting, expected by the provide assing to provide assing the	privately paid carcy staff. eating/feeding) this area stance ear if they will protein this area stance	egivers) to	15	
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is independed. 1. Non-agency caregiver(s) currently proventy. 2. Non-agency caregiver(s) are not likely to the description of the companient of t	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available, inhaled or injection of the condent or does not ide assistance supportive service to provide assistance supportive service to provide assistance	pers, friends, or pare by your agence ssing, toileting, expected by the provide assing th	privately paid carcy staff. eating/feeding) this area stance ear if they will protein this area stance	egivers) to	15	
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is indeported in the proof of the patient is indeported in the patient in	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available or does not ide assistance supportive service to provide assistance supportive service to provide assistance caregiver(s) available or does not ide assistance supportive service to provide assistance caregiver(s) available or does not ide assistance supportive service to provide assistance caregiver(s) available or does not include the control of the control	pers, friends, or pare by your agence sing, toileting, expenses in the provide assing to provide assing the	orivately paid carcy staff. eating/feeding) this area stance ear if they will protection this area	egivers) to	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is independed. 1. Non-agency caregiver(s) currently proventy. 2. Non-agency caregiver(s) are not likely if the distribution of the example. Enter Code C. Medication administration (for example, or a control of the example of the exam	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available, inhaled or inject pendent or does not ide assistance supportive service supportive service to provide assistance caregiver(s) available, changing wound	pers, friends, or pare by your agence sing, toileting, expenses in the provide assing to provide assing the	privately paid carcy staff. eating/feeding) this area stance ear if they will protect they will provide the will protect they will provide the will provide the will protect they will provide the will be	egivers) to	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is independed. 1. Non-agency caregiver(s) currently proventy and training. 3. Non-agency caregiver(s) are not likely to the company of the compan	ch as family membed. Excludes all caretion, bathing, drependent or does not ide assistance supportive service to provide assistance supportive assistance supportive service to provide assistance supportive service supportive service to provide assistance acaregiver(s) available, changing wound pendent or does not pendent or	pers, friends, or pare by your agence sing, toileting, expenses in the provide assing to provide assing the	privately paid carcy staff. eating/feeding) this area stance ear if they will protect they will provide the will protect they will provide the will provide the will protect they will provide the will be	egivers) to	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is need. Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is indep. 1. Non-agency caregiver(s) currently prov. 2. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) are not likely to the district of the companient of the com	ch as family membed. Excludes all caretion, bathing, drependent or does not ide assistance supportive service to provide assistance supportive service supportive service supportive service supportive service supportive service	pers, friends, or pare by your agence ssing, toileting, expert have needs in set to provide assince, OR it is unclable able) of the have needs in set to provide assince, OR it is unclable didressing, home of the have needs in set to provide assince, or set to provide assince, or set to provide assince, or set to provide assince to provide assince to provide assince set to provide assince to	privately paid carcy staff. eating/feeding) this area stance ear if they will protection this area stance ear if they will protection exercise progrations area stance	egivers) to ovide assistance ovide assistance m)	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance eltermine the ability and willingness of non-agency caregivers (surovide assistance for the following activities, if assistance is needs Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency Enter Code C. Medication administration (for example, ora 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/ 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency Enter Code D. Medical procedures/treatments (for example) 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/ 3. Non-agency caregiver(s) are not likely to	ch as family membed. Excludes all caretion, bathing, drependent or does not ide assistance supportive service to provide assistance supportive service supportive service supportive service to provide assistance	pers, friends, or pare by your agence by your agence between the provide assince, OR it is unclable able) able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable by the provide assince, OR it is unclable assince, OR it is unclable by the provide assince, OR it is unclable	privately paid carcy staff. eating/feeding) this area stance ear if they will protection this area stance ear if they will protection exercise progrations area stance	egivers) to ovide assistance ovide assistance m)	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (surpovide assistance for the following activities, if assistance is needs Enter Code A. ADL assistance (for example, transfer/ambul) 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency Enter Code C. Medication administration (for example, ora 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/ 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency Enter Code D. Medical procedures/treatments (for example) 0. No assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) currently prov 3. Non-agency caregiver(s) currently prov 4. Assistance needed - patient is indep 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) currently prov 3. Non-agency caregiver(s) currently prov 4. Assistance needed - patient is indep	ch as family membed. Excludes all caretion, bathing, drependent or does not ide assistance supportive service to provide assistance supportive service supportive service supportive service to provide assistance	pers, friends, or pare by your agence by your agence between the provide assince, OR it is unclable able) able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable able by the provide assince, OR it is unclable by the provide assince, OR it is unclable assince, OR it is unclable by the provide assince, OR it is unclable	privately paid carcy staff. eating/feeding) this area stance ear if they will protection this area stance ear if they will protection exercise progrations area stance	egivers) to ovide assistance ovide assistance m)	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is need. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indep. 1. Non-agency caregiver(s) currently prov. 2. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency. Enter Code C. Medication administration (for example, ora. 0. No assistance needed - patient is indep. 1. Non-agency caregiver(s) currently prov. 2. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) are not likely to 4. Assistance needed, but no non-agency. Enter Code D. Medical procedures/treatments (for example. O. No assistance needed - patient is indep. 1. Non-agency caregiver(s) currently prov. 2. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) are not likely to 5. Non-agency caregiver(s) are not likely to 5. Non-agency caregiver(s) need training/. 3. Non-agency caregiver(s) are not likely to 5. Non-agency caregiver(s) are not likely to 5. Non-agency caregiver(s) are not likely to 6.	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance supportive service to provid	pers, friends, or pare by your agence by your agence between the provide assince, OR it is unclable able) of the provide assince, OR it is unclable able defended dressing, home of the provide assince, OR it is unclable as to provide assince, or provide assince, OR it is unclable as to provide assince, OR it is unclable	privately paid carcy staff. eating/feeding) this area stance ear if they will protection this area stance ear if they will protection exercise progrations area stance	egivers) to ovide assistance ovide assistance m)	15	D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (surovide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indepoint 1. Non-agency caregiver(s) currently proveus. Non-agency caregiver(s) need training/3. Non-agency caregiver(s) are not likely to determine the ability of the provided for example, or a contract of the prov	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance caregiver(s) available assistance supportive service to provide assistance supportive impairm	pers, friends, or pare by your agence by your agence between the provide assince, OR it is unclable able) of the provide assince, OR it is unclable able defension, and the provide assince, OR it is unclable able of the provide assince, OR it is unclable as to provide assince, OR it is unclable as to provide assince, OR it is unclable able ent)	privately paid carcy staff. eating/feeding) this area stance ear if they will protection of the protec	egivers) to ovide assistance ovide assistance m)	15	D D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survivide assistance for the following activities, if assistance is needed. Enter Code A. ADL assistance (for example, transfer/ambul 0. No assistance needed - patient is indeposed 1. Non-agency caregiver(s) currently prov 2. Non-agency caregiver(s) need training/3. Non-agency caregiver(s) are not likely 1. Assistance needed, but no non-agency 0. No assistance needed - patient is indeposed 1. Non-agency caregiver(s) currently prov 1. Non-agency caregiver(s) need training/1. Non-agency caregiver(s) are not likely 1. Assistance needed, but no non-agency 1. Non-agency caregiver(s) currently prov 1. Non-agency caregiver(s) currently prov 1. Non-agency caregiver(s) need training/1. Non-agency caregiver(s) need training/1. Non-agency caregiver(s) are not likely 1. Non-agency caregiver(s) are not likely 1. Assistance needed, but no non-agency 1. Non-agency caregiver(s) are not likely 1. Assistance needed, but no non-agency 1. Non-agency caregiver(s) are not likely 1. Assistance needed 2. Patient is indeposed 1. Non-agency caregiver(s) are not likely 1. Assistance needed 3. Non-agency caregiver(s) are not likely 1. Non-agency caregiver(s) currently provent 1. Non-agency caregiver(s) currentl	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance supportive impairm pendent or does not ide assistance	pers, friends, or pare by your agence ssing, toileting, expected by the provide assing to the provide assing to the provide assing the provide ass	privately paid carcy staff. eating/feeding) this area stance ear if they will proceed they will provide the will be a support they will proceed they will be a support they will proceed they will be a support they will proceed they will be a support to the will b	egivers) to ovide assistance ovide assistance m)	15	D D
C. Patient lives in congregate situation (for example, assisted living, residential care home) 2102. Types and Sources of Assistance etermine the ability and willingness of non-agency caregivers (survoide assistance for the following activities, if assistance is needed. ADL assistance (for example, transfer/ambul	ch as family membed. Excludes all caration, bathing, drependent or does not ide assistance supportive service to provide assistance supportive impairmontal conditions and ideassistance supportive service	pers, friends, or pare by your agence ssing, toileting, expersed to have needs in the stop provide assince, OR it is unclable able by the stop provide assince, OR it is unclable able by the stop provide assince, OR it is unclable able by the stop provide assince, OR it is unclable able by the stop provide assince, OR it is unclable able by the stop provide assince, OR it is unclable able able assince, OR it is unclable able assince, or it is unclable	privately paid carcy staff. eating/feeding) this area stance ear if they will provide exercise prograthis area stance ear if they will provide exercise prograthis area stance ear if they will provide exercise prograthis area	ovide assistance ovide assistance m)		Di Di

OASIS-D Neuro / Emotional / Behavioral Status (continued)



Living Arrangement Clock Daytime Nighttime Short-Term Clock A. Patient lives alone B. Patient lives with other person(s) in the home C. Patient lives in congregate situation (for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	SOC ROC ROC ROC
Check all that apply	ches, SOC ROC DC
1. Memory deficit: failure to recognize familiar persons/places, inability to recall events of past 24 hours, significant memory loss so that supervision is required 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, pundangerous maneuvers with wheelchair or other objects) 5. Delusional, hallucinatory, or paranoid behavior (excludes verbal actions) 6. Delusional, hallucinatory, or paranoid behavior (excludes verbal actions) 7. None of the above behaviors demonstrated None of the above behaviors demonstrated National Physical, verbal, or other disruptive/dangerous symptoms (reported or observed) Never 1. Less than once a month 2. Once a month 3. Several times each month 4. Several times a week 5. At least daily At least daily National Physical Phy	ches, SOC ROC DC
significant memory loss so that supervision is required 2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions 3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, pundangerous maneuvers with wheelchair or other objects) 5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6. Delusional, hallucinatory, or paranoid behavior 7. None of the above behaviors demonstrated M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code 1. Less than once a month 2. Once a month 3. Several times each month 4. Several times a week 5. At least daily OASIS-E Section F Preferences for Customary Routine Activities M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Around the Regular Regular Short-Term Short-Term 1. Check one box only 1. Check one box only 1. Check one box only 2. Check one box only 3. Check one box only 4. Check one box only	ches, SOC ROC DC
2. Impaired decision-making: failure to perform usual ADLs or IADLs, inability to appropriately stop activities, jeopardizes safety through actions Jeopardizes Jeopardi	SOC ROC ROC ROC
3. Verbal disruption: yelling, threatening, excessive profanity, sexual references, etc. 4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, pund dangerous maneuvers with wheelchair or other objects) 5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6. Delusional, hallucinatory, or paranoid behavior 7. None of the above behaviors demonstrated 7. None of the above behavior Symptoms (reported or observed) 7. None of the disruptive/dangerous symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. 7. None of the disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. 7. None of the disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavior symptoms (reported or observed) 7. None of the above behavi	SOC ROC ROC ROC
4. Physical aggression: aggressive or combative to self and others (for example, hits self, throws objects, pund dangerous maneuvers with wheelchair or other objects) 5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6. Delusional, hallucinatory, or paranoid behavior 7. None of the above behaviors demonstrated M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code	SOC ROC ROC ROC
dangerous maneuvers with wheelchair or other objects) 5. Disruptive, infantile, or socially inappropriate behavior (excludes verbal actions) 6. Delusional, hallucinatory, or paranoid behavior 7. None of the above behaviors demonstrated M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code	SOC ROC ROC ROC
6. Delusional, hallucinatory, or paranoid behavior 7. None of the above behaviors demonstrated M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code	ROC DC
M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code	ROC DC
M1745. Frequency of Disruptive Behavior Symptoms (reported or observed) Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code O. Never 1. Less than once a month 2. Once a month 3. Several times each month 4. Several times a week 5. At least daily OASIS-E Section F Preferences for Customary Routine Activities M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Living Arrangement Around the Regular Regular Nighttime Short-Term Nother Clock Daytime Nighttime Short-Term A. Patient lives alone B. Patient lives with other person(s) in the home 06 07 08 09 09 C. Patient lives in congregate situation (for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	ROC DC
Any physical, verbal, or other disruptive/dangerous symptoms that are injurious to self or others or jeopardize personal safety. Enter Code	SOC
1. Less than once a month 2. Once a month 3. Several times each month 4. Several times a week 5. At least daily M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance	SOC
1. Less than once a month 2. Once a month 3. Several times each month 4. Several times a week 5. At least daily M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance	ROC
3. Several times each month 4. Several times a week 5. At least daily OASIS-E Section F Preferences for Customary Routine Activities M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Living Arrangement	ROC
4. Several times a week 5. At least daily OASIS-E Section F Preferences for Customary Routine Activities M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Living Arrangement	ROC
OASIS-E Section F Preferences for Customary Routine Activities M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Living Arrangement Around the Clock Paytime Regular Nighttime Short-Term Nighttime Short-Term Value Patient Lives alone B. Patient lives with other person(s) in the home 06 07 08 09 C. Patient lives in congregate situation (for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	ROC
M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Living Arrangement Around the Regular Regular Nighttime Short-Term No. Clock Daytime Nighttime Short-Term Vertical Daytime No. A. Patient lives alone □ 01 □ 02 □ 03 □ 04 □ 09 □ 09 □ 00 □ 00 □ 00 □ 00 □ 00	ROC
M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance	ROC
M1100. Patient Living Situation Which of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance	ROC
Which of the following best describes the patient's residential circumstance and availability of assistance? Availability of Assistance	ROC
Around the Clock Paytime Regular Nighttime Short-Term And Patient lives alone B. Patient lives with other person(s) in the home 06 07 08 09 C. Patient lives in congregate situation (for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	ROC
Around the Clock Daytime Regular Nighttime Short-Term No. A. Patient lives alone	- Acairte
Living Arrangement Clock Daytime Nighttime Short-Term Check one box only ↓ A. Patient lives alone B. Patient lives with other person(s) in the home C. Patient lives in congregate situation (for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	- A i - t
A. Patient lives alone	o Assistance Available
B. Patient lives with other person(s) in the home	
C. Patient lives in congregate situation (for example, assisted living, residential care home)	□ 05
(for example, assisted living, residential care home) M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	1 0
M2102. Types and Sources of Assistance Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	☐ 15
Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to	
provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff.	
Enter Code A. ADL assistance (for example, transfer/ambulation, bathing, dressing, toileting, eating/feeding)	DC
0. No assistance needed - patient is independent or does not have needs in this area	
 Non-agency caregiver(s) currently provide assistance Non-agency caregiver(s) need training/supportive services to provide assistance 	
Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance	
4. Assistance needed, but no non-agency caregiver(s) available	
Enter Code C. Medication administration (for example, oral, inhaled or injectable)	DC
No assistance needed - patient is independent or does not have needs in this area	
Non-agency caregiver(s) currently provide assistance	
 Non-agency caregiver(s) need training/supportive services to provide assistance Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance 	
 3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance 4. Assistance needed, but no non-agency caregiver(s) available 	
Enter Code D. Medical procedures/treatments (for example, changing wound dressing, home exercise program) 0. No assistance needed - patient is independent or does not have needs in this area	DC
Non-agency caregiver(s) currently provide assistance	
Non-agency caregiver(s) need training/supportive services to provide assistance	
3. Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance	
Assistance needed, but no non-agency caregiver(s) available	
Enter Code F. Supervision and safety (for example, due to cognitive impairment)	Í
0. No assistance needed - patient is independent or does not have needs in this area	SOC
Non-agency caregiver(s) currently provide assistance	ROC
 Non-agency caregiver(s) need training/supportive services to provide assistance Non-agency caregiver(s) are not likely to provide assistance, OR it is unclear if they will provide assistance 	ROC

OASIS-D	ADL / IADLs]	OAS
//1800. Groom	ina	soc	M1800
	o tend safely to personal hygiene needs (specifically: washing face and hands, hair care, shaving or make up, teeth	ROC	Currer
r denture care	, or fingernail care).	FU	or den
Enter Code	Able to groom self unaided, with or without the use of assistive devices or adapted methods.	DC	Ente
Ш	 Grooming utensils must be placed within reach before able to complete grooming activities. Someone must assist the patient to groom self. 		
	Someone must assist the patient to groom sen. Patient depends entirely upon someone else for grooming needs.		
11810. Currer	t Ability to Dress <u>Upper</u> Body safely (with or without dressing aids) including undergarments, pullovers, front-	SOC	M1810
	and blouses, managing zippers, buttons, and snaps.	ROC	openir
Enter Code	O. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. Able to draw upper body without assistance if clothing is laid out or bonded to the nation.	FU DC	Ente
Ш	 Able to dress upper body without assistance if clothing is laid out or handed to the patient. Someone must help the patient put on upper body clothing. 	ВО	L
	3. Patient depends entirely upon another person to dress the upper body. 3. Patient depends entirely upon another person to dress the upper body.		
11820. Currer	t Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes.	SOC	M1820
Enter Code	0. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.	ROC	Ente
	 Able to dress upper body without assistance if clothing is laid out or handed to the patient. 	FU DC	
	2. Someone must help the patient put on upper body clothing.	ВС	
	Patient depends entirely upon another person to dress the upper body.		
11830. Bathin		SOC	M1830
Enter Code	o wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	ROC FU	Currer
Linei Code	 Able to bathe self in <u>shower or tub</u> independently, including getting in and out of tub/shower. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 	DC	Ente
	2. Able to bathe in shower or tub with the intermittent assistance of another person:		
	a. for intermittent supervision or encouragement or reminders, <u>OR</u>		
	b. to get in and out of the shower or tub, <u>OR</u>		
	c. for washing difficult to reach areas.		
	 Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 		
	4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in		
	chair, or on commode.		
	5. Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on		
	commode, with the assistance or supervision of another person. 6. Unable to participate effectively in bathing and is bathed totally by another person.		
		-l l	
//1840. Toilet	Fransferring o get to and from the toilet or bedside commode safely and transfer on <u>and</u> off toilet/commode.	SOC ROC	M1840 Currer
Enter Code	Able to get to and from the toilet and transfer independently with or without a device.	FU	Ente
	When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.	DC	
	2. <u>Unable</u> to get to and from the toilet but is able to use a bedside commode (with or without assistance).		
	3. <u>Unable</u> to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.		
	4. Is totally dependent in toileting.		
/11845. Toileti	ng Hygiene	SOC	M184
	o maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet,	ROC DC	Curre
Enter Code	pan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment. 0. Able to manage toileting hygiene and clothing management without assistance.	-	comm
	1. Able to manage toileting hygiene and clothing management without assistance. 1. Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for		
	the patient.		
	Someone must help the patient to maintain toileting hygiene and/or adjust clothing.		
	3. Patient depends entirely upon another person to maintain toileting hygiene.		
/11850. Transf		SOC	M185
-	o move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	ROC	Curre
Enter Code	Able to independently transfer.	FU DC	Ent
Ш	Able to transfer with minimal human assistance or with use of an assistive device. Able to been weight and pivet during the transfer process but unable to transfer cells.		
	 Able to bear weight and pivot during the transfer process but unable to transfer self. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 		
	4. Bedfast, unable to transfer but is able to turn and position self in bed.		
	5. Bedfast, unable to transfer and is unable to turn and position self.		
11860. Ambul	I ation/Locomotion	SOC	M186
	o walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	ROC	Curre
Enter Code	0. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically:	FU	Ent
	needs no human assistance or assistive device).	DC	
_	1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on		
	even and uneven surfaces and negotiate stairs with or without railings.		
	 Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or requires human supervision or assistance to negotiate stairs or steps or uneven surfaces. 		
	3. Able to walk only with the supervision or assistance of another person at all times.		
	4. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently.		
	5. Chairfast, <u>unable</u> to ambulate and is unable to wheel self.		
	6. Bedfast, unable to ambulate or be up in a chair.		



UASIS-E	Section G Functional Status	
M4000 Croom	!	
-		
Enter Code	Able to groom self unaided, with or without the use of assistive devices or adapted methods.	DC
	Grooming utensils must be placed within reach before able to complete grooming activities.	
	i o	
	3. Patient depends entirely upon someone else for grooming needs.	
Enter Code	· · · · · · · · · · · · · · · · · · ·	
L		
	3. Patient depends entirely upon another person to dress the upper body.	
M1820 Curren	1. Grooming utensils must be placed within reach before able to complete grooming activities. 2. Someone must assist the patient to groom self. 3. Patient depends entirely upon someone else for grooming needs. 810. Current Ability to Dress Upper Body safely (with or without dressing aids) including undergarments, pullovers, front- ning shirts and blouses, managing zippers, buttons, and snaps. 1. Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance. 2. Someone must help the patient put on upper body clothing. 3. Patient depends entirely upon another person to dress the upper body. 820. Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes. 1. Able to dress upper body without assistance if clothing is laid out or handed to the patient. 2. Someone must help the patient put on upper body clothing. 3. Patient depends entirely upon another person to dress the upper body. 830. Bathing 1. With the use of devices, is able to pather person to dress the upper body. 830. Bathing 1. With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower. 1. With the use of devices, is able to bathe self in shower or tub, but dependently, including getting in and out of the tub/shower. 2. Able to bathe in shower or tub with the intermittent assistance of another person: a. for intermittent supervision or encouragement or reminders, QR b. to get in and out of the shower or tub, but requires presence of another person throughout the bath for assistance or supervision. 4. Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode. 5. Unable to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person. 6. Unable to participate in bathing	
Enter Code		
		DC
	Patient depends entirely upon another person to dress the upper body.	
M1830. Bathin	g	so
Current ability to	wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).	RO
Enter Code		
Ш		DC
	'	
	· · · · · · · · · · · · · · · · · · ·	
	·	
	·	
	· · · · · · · · · · · · · · · · · · ·	
	6. Unable to participate effectively in bathing and is bathed totally by another person.	
M1840. Toilet	Fransferring	SO
Enter Code	Able to get to and from the toilet and transfer independently with or without a device.	
		DC
	· · · · · · · · · · · · · · · · · · ·	
	, ' °	
M1845. Toiletir		SO RO
•	o maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, pan, urinal. If managing ostomy, includes cleaning area around stoma, but not anaging equipment.	DC
Enter Code	Able to manage toileting hygiene and clothing management without assistance.	
	Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for	
<u>-</u>	the patient.	
	2. Someone must help the patient to maintain toileting hygiene and/or adjust clothing.	
	Patient depends entirely upon another person to maintain toileting hygiene.	
M1850. Transfe	erring	so
Current ability to	o move safely from bed to chair, or ability to turn and position self in bed if patient is bedfast.	RO
Enter Code	Able to independently transfer.	FL DC
Ш	Able to transfer with minimal human assistance or with use of an assistive device. Able to bear weight and pivot during the transfer process but unable to transfer cells.	טכ
	 Able to bear weight and pivot during the transfer process but unable to transfer self. Unable to transfer self and is unable to bear weight or pivot when transferred by another person. 	
	4. Bedfast, unable to transfer but is able to turn and position self in bed.	
	5. Bedfast, unable to transfer and is unable to turn and position self.	
M1860 Ambul	L ation/Locomotion	00
	o walk safely, once in a standing position, or use a wheelchair, once in a seated position, on a variety of surfaces.	SO RO
Enter Code	O. Able to independently walk on even and uneven surfaces and negotiate stairs with or without railings (specifically:	FL
	needs no human assistance or assistive device).	DC
	1. With the use of a one-handed device (for example, cane, single crutch, hemi-walker), able to independently walk on	
	even and uneven surfaces and negotiate stairs with or without railings.	
	2. Requires use of a two-handed device (for example, walker or crutches) to walk alone on a level surface and/or	
	requires human supervision or assistance to negotiate stairs or steps or uneven surfaces.	
	 Able to walk only with the supervision or assistance of another person at all times. Chairfast, <u>unable</u> to ambulate but is able to wheel self independently. 	
	5. Chairfast, <u>unable</u> to ambulate and is unable to wheel self.	
	6. Bedfast, unable to ambulate or be up in a chair.	
	i l	

OAS	IS-D	Function	onal Abilit	ies and Go	als	
			ing: Everyda	-	vitico prior	to the current illness, exacerbation, or injury.
IIIuica	ite trie p	allerii s usu	ai ability with	everyuay acti	-	
Codin	_	malamat Dad	:	م ملا الما	↓ Enter C	A. Self Care: Code the patient's need for assistance with bathing, dressing,
2.	activities assistive helper. Needed partial a comple Dependent	s by him/he e device, w d Some He assistance f te any activ dent - A hel es for the pa	per complete	without an ince from a eeded person to		B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury. C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.
		plicable				D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.
		or Device U			- 4l	nd illeges are substituted as in in its
indica			-	patient prior t	tne curre	nt illness, exacerbation, or injury.
		k all that ap		alah = !::		
		A. B.	Manual whe	elchair heelchair and	or scooter	
			Mechanical I		or scooler	
			Walker	···•		
		E.	Orthotics/Pro	osthetics		
		Z.	None of the	above		
GG01	30. Self	Care				
				patient's usua goal(s) using t		nce for each activity using the 6 point scale. If activity was not attempted, code the scale.
[SOC	(ROC] U	lse of codes	s 07, 09, 10 o	r 88 is permis	sible to co	de discharge goal(s).
Codin	ng:					
_		uality of Pesistance pro		If helper assi	stance is re	equired because patient's performance is unsafe or of poor quality, score according to
Activit	ties may	be comple	ted with or wi	thout assistiv	e devices.	
					•	self with no assistance from a helper.
	Superv	ision or to	uching assis	stance - Help	er provides	ns up; patient completes activity. Helper assists only prior to or following the activity. verbal cues and/or touching/steadying and/or contact guard assistance as patient out the activity or intermittently.
03.	Partial/		assistance -			N HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less
02.	Substa half the		mal assistan	ce - Helper do	es MORE	THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than
01.				of the effort. P		none of the effort to complete the activity. Or, the assistance of 2 or more helpers
If activ	vity was	not attemp	ted, code rea	son:		
-		refused				
					-	perform this activity prior to the current illness, exacerbation or injury.
						, lack of equipment, weather constraints)
	at SOC		e to medical [at Fol-Up]	conditions of	n salety C	DILCHIIS
_	OC/	2. DC	4. Fol-Up	3. DC		
	Perf	Goal	Perf	Perf		
	↓	Enter Code	es in Boxes ↓			
						ting: The ability to use suitable utensils to bring food and/or liquid to the mouth
						d swallow food and/or liquid once the meal is placed before the patient.
						al Hygiene: The ability to use suitable items to clean teeth. Dentures (if plicable): The ability to insert and remove dentures into and from mouth, and
						anage denture soaking and rinsing with use of equipment.
	可		Ш	Ш	C. To	ileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and er voiding or having a bowel movement. If managing an ostomy, include wiping the ening but not managing equipment.
	n t					ower/bathe self: The ability to bathe self, including washing, rinsing, and drying
						If (excludes washing of back and hair). Does not include transferring in/out of uper body dressing: The ability to dress and undress above the waist; including
					fas	steners, if applicable. wer body dressing: The ability to dress and undress below the waist, including
					fas	steners; does not include footwear. Itting on/taking off footwear: The ability to put on and take off socks and shoes or
						ner footwear that is appropriate for safe mobility; including fasteners, if applicable.



OASIS-E	Section GG	Functional Abilities and Goals	GG
	_		

	•					
		ing: Everyda	-			SOC
Indicate the	patient's usu	al ability with	everyday act	_		ROC
		tient complete erself, with or		↓ Enter (A. Self Care: Code the patient's need for assistance with bathing, dressing, using the toilet, and eating prior to the current illness, exacerbation, or injury.	
assist helper 2. Need	ive device, w r. ed Some He	rith no assista Ip - Patient ne	nce from a		B. Indoor Mobility (Ambulation): Code the patient's need for assistance with walking from room to room (with or without a device such as cane, crutch or walker) prior to the current illness, exacerbation, or injury.	
compl 1. Depe activit	lete any activ ndent - A hel ies for the pa	lper complete			C. Stairs: Code the patient's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation or injury.	
8. Unkn 9. Not A	own pplicable				D. Functional Cognition: Code the patient's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.	
GG0110. Pr	ior Device U	lse				SOC
			patient prior t	o the curre		ROC
	ck all that ap					
	A. B.	Manual whee Motorized wh		or scooter		
		Mechanical I		701 3000181		
		Walker				
	E. Z.	Orthotics/Pro				
GG0130. Se		THORIC OF LITE	dbove			SOC
					nce for each activity using the 6 point scale. If activity was not attempted, code the	ROC
	· · · · · · · · · · · · · · · · · · ·	's discharge g	. , , .	· ·		FU DC
Coding:	Use of codes	s 07, 09, 10 0	or 88 is permis	ssible to co	de discharge goal(s).	
	Quality of Pe	erformance -	If helper assi	stance is re	equired because patient's performance is unsafe or of poor quality, score according to	
	ssistance pro					
		ted with or wi			of the state of th	
					self with no assistance from a helper. ns up; patient completes activity. Helper assists only prior to or following the activity.	
					verbal cues and/or touching/steadying and/or contact guard assistance as patient	
	-				out the activity or intermittently.	
	al/moderate and the all the effort.		Helper does l	LESS THA	N HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less	
02. Subst	tantial/maxir ne effort.	mal assistand			THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than	
		er does ALL c patient to com			s none of the effort to complete the activity. Or, the assistance of 2 or more helpers	
-		ted, code reas	•	vity.		
07. Patie	· ·					
					perform this activity prior to the current illness, exacerbation or injury.	
		e to environr e to medical			, lack of equipment, weather constraints) oncerns	
[at SO	C/ROC]	[at Fol-Up]				
1. SOC/ ROC Perf	2. DC Goal	4. Fol-Up Perf	3. DC Perf			
		es in Boxes ↓				
					tting: The ability to use suitable utensils to bring food and/or liquid to the mouth	
					d swallow food and/or liquid once the meal is placed before the patient. Tal Hygiene: The ability to use suitable items to clean teeth. Dentures (if	
				ар	plicable): The ability to use suitable items to clean teem. Dentures (if plicable): The ability to insert and remove dentures into and from mouth, and anage denture soaking and rinsing with use of equipment.	
				aft	bileting Hygiene: The ability to maintain perineal hygiene, adjust clothes before and the rer voiding or having a bowel movement. If managing an ostomy, include wiping the ening but not managing equipment.	
					nower/bathe self: The ability to bathe self, including washing, rinsing, and drying	
				F. Ur	If (excludes washing of back and hair). Does not include transferring in/out of oper body dressing: The ability to dress and undress above the waist; including steners, if applicable.	
				G. Lo	ower body dressing: The ability to dress and undress below the waist, including steners; does not include footwear.	
					utting on/taking off footwear: The ability to put on and take off socks and shoes or ner footwear that is appropriate for safe mobility; including fasteners, if applicable.	

GG0170. Mobility

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Coding

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent Patient completes the activity by him/herself with no assistance from a helper.
- 05. Setup or clean up assistance Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.
- 02. **Substantial/maximal assistance** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
- 01. **Dependent** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

If activity was not attempted, code reason:

- 07. Patient refused
- 09. Not applicable Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints

	-				e.g., lack of equipment, weather constraints)
		e to medical		or sate	y concerns
[at SOC/	2. DC	[at Fol-Up] 4. Fol-Up	[at DC] 3. DC		
ROC Perf	Goal	4. Foi-Op Perf	S. DC Perf		
	Lnter Code	es in Boxes ↓		Α.	Roll left and right: The ability to roll from lying on back to left and right side, and
				A.	return to lying on back on the bed.
				B.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	П	П	П	C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
	П			D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
				E.	Chair/bed to chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
				F.	Toilet transfer: The ability to get on and off a toilet or commode.
				G.	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
				I.	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or
					similar space.
					If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).
				J.	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
				K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
				L.	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
				M.	1 step (curb): The ability to go up and down a curb and/or up and down one step. If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.
				N.	4 steps: The ability to go up and down four steps with or without a rail.
					If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object.
				Ο.	12 steps: The ability to go up and down 12 steps with or without a rail.
				P.	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
					Q1/Q3/Q4. Does patient use wheelchair and/or a scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
				R.	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
					RR1/RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
				S.	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
					SS1/SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized



Gſ				

[SOC/ROC/Follow-Up/DC] Code the patient's usual performance for each activity using the 6 point scale. If activity was not attempted, code the reason. Code the patient's discharge goal(s) using the 6 point scale.

ROC FU

DC

[SOC/ROC] Use of codes 07, 09, 10 or 88 is permissible to code discharge goal(s).

Cod

SOC

ROC

FU

DC

Safety and Quality of Performance - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. **Independent** Patient completes the activity by him/herself with no assistance from a helper.
- 05. Setup or clean up assistance Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. **Partial/moderate assistance** Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort
- 02. **Substantial/maximal assistance** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort
- 01. **Dependent** Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.

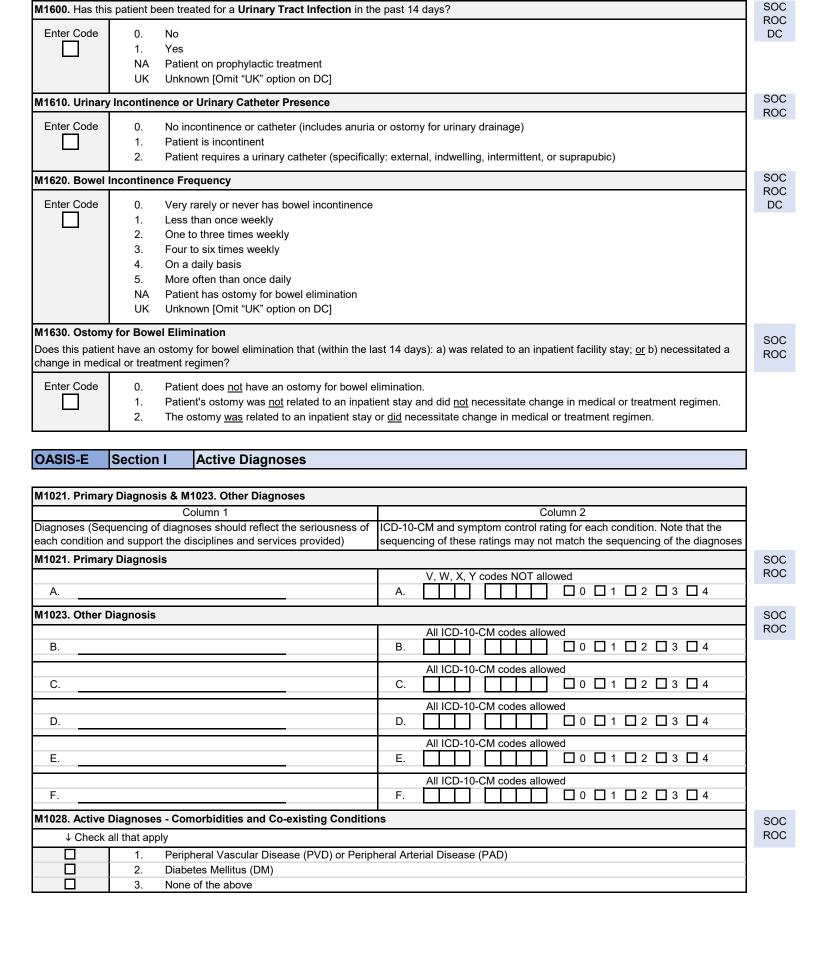
If activity was not attempted, code reason:

- 07. Patient refused
- 09. Not applicable Not attempted and the patient did not perform this activity prior to the current illness, exacerbation or injury

	10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)				
88. Not attempted due to medical conditions or safety concerns					
[at SO	C/ROC]	[at Fol-Up]	[at DC]		•
1. SOC/	2. DC	4. Fol-Up	3. DC		
ROC Perf	Goal	Perf	Perf		
	↓ Enter Code	es in Boxes ↓			
				Α.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	Н			B.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
				C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
				D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
				E.	Chair/bed to chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
				F.	Toilet transfer: The ability to get on and off a toilet or commode.
				G.	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
				I.	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.
					If performance is coded 07, 09, 10 or 88 →skip to GG0170M, 1 step (curb).
				J.	Walk 50 feet with two turns: Once standing, the ability to walk 50 feet and make two turns.
				K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.
				L.	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
				M.	1 step (curb): The ability to go up and down a curb and/or up and down one step.
				N.	If performance is coded 07, 09, 10 or 88, → Skip to GG0170P, Picking up object. 4 steps: The ability to go up and down four steps with or without a rail.
			Ш		
				0.	12 steps: The ability to go up and down 12 steps with or without a rail.
				P.	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
					 Q. Does patient use wheelchair and/or a scooter? 0. No → Skip GG0170R, GG0170RR1, GG0170S, and GG0170SS. 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns.
				R.	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
					RR1/RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
				S.	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
					SS1/SS3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized

OASIS-D	Elimination Status					
<u> </u>			000			
M1600 . Has th	is patient been treated for a Urinary Tract Infection in th	e past 14 days?	SOC			
Enter Code	O. No Section 1. Yes NA Patient on prophylactic treatment UK Unknown [Omit "UK" option on DC]					
M4C40 Univers						
	y Incontinence or Urinary Catheter Presence		SOC ROC			
Enter Code	 No incontinence or catheter (includes anuria Patient is incontinent Patient requires a urinary catheter (specifica 	ly: external, indwelling, intermittent, or suprapubic)	FU			
M1620. Bowel	Incontinence Frequency		SOC			
Enter Code	 Very rarely or never has bowel incontinence Less than once weekly One to three times weekly Four to six times weekly On a daily basis More often than once daily NA Patient has ostomy for bowel elimination UK Unknown [Omit "UK" option on DC] 		ROC FU DC			
Does this patie	M1630. Ostomy for Bowel Elimination Does this patient have an ostomy for bowel elimination that (within the last 14 days): a) was related to an inpatient facility stay; or b) necessitated a change in medical or treatment regimen?					
	Patient Diagnoses ry Diagnosis & M1023. Other Diagnoses Column 1 equencing of diagnoses should reflect the seriousness of	Column 2 ICD-10-CM and symptom control rating for each condition. Note that the				
each condition	and support the disciplines and services provided)	sequencing of these ratings may not match the sequencing of the diagnoses				
M1021. Prima	ry Diagnosis	V, W, X, Y codes NOT allowed A.	SOC ROC FU (o)			
M1023. Other	Diagnosis		SOC			
В		All ICD-10-CM codes allowed B.	ROC FU (o)			
C		All ICD-10-CM codes allowed C.				
D		D.				
E		E.				
F		F. 0 1 2 3 4				
See OASIS Gu	Diagnoses - Comorbidities and Co-existing Conditiouidance Manual for a complete list of relevant ICD-10 code		SOC ROC			
	all that apply 1. Peripheral Vascular Disease (PVD) or Periph	horal Arterial Disease (PAD)				
	Peripheral Vascular Disease (PVD) or Periph Diabetes Mellitus (DM)	ileral Arterial Disease (PAD)				

None of the above



H/I

OASIS-E Section H Bladder and Bowel



OASIS-D	Patient History (continued) / Sensory Status (continued) / Health Conditions	
	r Hospitalization lowing signs or symptoms characterize this patient as at risk for hospitalization?	SOC ROC
↓ Check	all that apply 1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months) 2. Unintentional weight loss of a total of 10 pounds or more in the past 12 months 3. Multiple hospitalizations (2 or more) in the past 6 months 4. Multiple emergency department visits (2 or more) in the past 3 months 5. Decline in mental, emotional, or behavioral status in the past 3 months 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months 7. Currently taking 5 or more medications 8. Currently reports exhaustion 9. Other risk(s) not listed in 1-8 10. None of the above	FU
M1242. Freque	ncy of Pain Interfering with patient's activity or movement 0. Patient has no pain	SOC ROC FU
	1. Patient has pain that does not interfere with activity or movement 2. Less often than daily 3. Daily, but not constantly 4. All of the time	DC
J1800. Any Fal	Is Since SOC/ROC, whichever is more recent	TRF DC
Enter Code	Has the patient had any falls since SOC/ROC, whichever is more recent? 0. No → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH 1. Yes → Continue to J1900, Number of Falls Since SOC/ROC	
J1900. Number Coding: 0. None 1. One 2. Two or n	A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the	TRF DC
	patient to complain of pain C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	
M1910. Has this	O. No O. Yes, and it does not indicate a risk for falls. Yes, and it does indicate a risk for falls.	SOC(o) ROC(o)
M1400. When i	s the patient dyspneic or noticeably Short of Breath?	SOC ROC
Enter Code	 Patient is not short of breath When walking more than 20 feet, climbing stairs With moderate exertion (for example, while dressing, using commode or bedpan, walking distances less than 20 feet) With minimal exertion (for example, while eating, talking, or performing other ADLs) or with agitation 	FU(o) DC

At rest (during day or night)

							C. Major injury: Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	
	SOC(o)	•						
	ROC(o)							
	SOC		M1400. When is	s the patie	nt dyspneic or noticeably S	hort of B	reath?	SO
	ROC FU(o)		Enter Code	0.	Patient is not short of b	reath		RO
	DC			1.	When walking more tha	•	•	
)				2.		-	ple, while dressing, using commode or bedpan, walking distances less than 20 feet)	
				3. 4.	At rest (during day or night		le, while eating, talking, or performing other ADLs) or with agitation	
	也s	HP						

OASIS-E Section J

Enter Code

Enter Code

Enter Code

Enter Code

Coding:

0. None 1. One

2. Two or more

J0510. Pain Effect on Sleep

M1033. Risk for Hospitalization

9.

3.

J0520. Pain Interference with Therapy Activities

to pain?"

2

4.

2.

4

J0530. Pain Interference with Day-to-Day Activities

Health Conditions

Which of the following signs or symptoms characterize this patient as at risk for hospitalization?

exercise) in the past 3 months

Currently reports exhaustion

Other risk(s) not listed in 1-8

10. None of the above

Rarely or not at all Occasionally Frequently

Almost constantly 8. Unable to answer

> Rarely or not at all Occasionally

> Almost constantly Unable to answer

therapy session) because of pain?" 1. Rarely or not at all Occasionally

> Almost constantly Unable to answer

J1900. Number of Falls Since SOC/ROC, whichever is more recent

Frequently

Frequently

J1800. Any Falls Since SOC/ROC, whichever is more recent

Currently taking 5 or more medications

1. History of falls (2 or more falls – or any fall with an injury – in the past 12 months)

Multiple emergency department visits (2 or more) in the past 6 months

Decline in mental, emotional, or behavioral status in the past 3 months

Multiple hospitalizations (2 or more) in the past 6 months

SOC/ROC; Skip to J1800 Any Falls Since SOC/ROC at DC

Has the patient had any falls since SOC/ROC, whichever is more recent?

Yes → Continue to J1900, Number of Falls Since SOC/ROC

Enter Codes in Boxes

0. Does not apply – I have not received rehabilitation therapy in the past 5 days

Unintentional weight loss of a total of 10 pounds or more in the past 12 months

Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet,

Ask patient: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"

0. Does not apply – I have not had any pain or hurting in the past 5 days \rightarrow Skip to M1400, Short of Breath at

Ask patient: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due

Ask patient: "Over the past 5 days, how often you have limited your day-to-day activities (excluding rehabilitation

0. **No** → Skip to M1400, Short of Breath at DC; Skip to M2005, Medication Intervention at TRN and DAH

patient to complain of pain

A. No injury: No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the

patient; no change in the patient's behavior is noted after the fall

B. Injury (except major): Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the SOC

ROC FU

SOC ROC

DC

SOC

ROC

DC

SOC

ROC

DC

TRF

DC

TRF DC

M1060. Height	and Weig	ght - While measuring, if the number is X.1-X.4 round down; X.5 or greater round up.	SC
inches	A.	Height (in inches). Record most recent height measure since the most recent SOC/ROC	
pounds	В.	Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)	

OASIS-D Patient History (continued) / ADL/IADLs (continued) / Health Conditions

M1030. Therap	ies the pa	tient receives at home:	SOC			
↓ Check	all that ap	ply	ROC			
	1.	Intravenous or infusion therapy (excludes TPN)	FU(o)			
	2.	Parenteral nutrition (TPN or lipids)				
	3.	Enteral nutrition (nasogastric, gastrostomy, jejunostomy, or any other artificial entry into the alimentary canal)				
	4.	None of the above				
M1870. Feedin	g or Eatir	ng	SOC			
Current ability to	Current ability to feed self meals and snacks safely.					
Note: This refer	s only to t	he process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	DC			
Enter Code	0.	Able to independently feed self.				
	1.	Able to freed self independently but requires:				
	'-	a. meal set-up; OR				
		b. intermittent assistance or supervision from another person; OR				
		c. a liquid, pureed or ground meat diet.				
	2.	Unable to feed self and must be assisted or supervised throughout the meal/snack.				
	3.	Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.				
	4.	Unable to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.				
		, , , , , , , , , , , , , , , , , , , ,				
	5.	Unable to take in nutrients orally or by tube feeding.				

M1800-M1860. Other ADL/IADLs shown in section G



OASIS-E	Section K	Swallowing/Nutritional Status						
M1060. Heig	jht and Weight - Wh	nile measuring, if the number is X.1-X.4 round down; X.5 o	r greater round up.					
inches	A. Heigl	nt (in inches). Record most recent height measure since the	ne most recent SOC	/ROC				
pounds	B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard agency practice (for example, in a.m. after voiding, before meal, with shoes off, etc.)							
K0520. Nutr	itional Approaches		SOC/ROC	SOC/ROC DC				
1. O n	Admission - Check	all that apply on admission	1.	4.	5.			
4. La	st 7 days - Check al	that were received in the last 7 days	On Admission	Last 7 days	At Discharge			
5. At	Discharge - Check	all that were being received at discharge	↓ Check all that apply ↓					
A.	Parenteral/IV fe	eding						
В.	Feeding tube (e	.g., nasogastric or abdominal (PEG))						
C.		tered diet - require change in texture of food or liquids d, thickened liquids)						
D.	Therapeutic die	t (e.g., low salt, diabetic, low cholesterol)						

11870. Feeding	g or Eatir	ng	SOC
current ability to	feed self	f meals and snacks safely.	ROC
lote: This refer	s only to t	he process of <u>eating</u> , <u>chewing</u> , and <u>swallowing</u> , <u>not preparing</u> the food to be eaten.	DC
Enter Code	0.	Able to independently feed self.	
	1.	Able to feed self independently but requires:	
		a. meal set-up; <u>OR</u>	
		b. intermittent assistance or supervision from another person; OR	
		c. a liquid, pureed or ground meat diet.	
	2.	<u>Unable</u> to feed self and must be assisted or supervised throughout the meal/snack.	
	3.	Able to take in nutrients orally and receives supplemental nutrients through a nasogastric tube or gastrostomy.	
	4.	<u>Unable</u> to take in nutrients orally and is fed nutrients through a nasogastric tube or gastrostomy.	
	5.	Unable to take in nutrients orally or by tube feeding.	

OASIS-D	Integumentary Status				
114000 D		, l			
	is patient have at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? e 1 pressure injuries and all healed pressure ulcers/injuries)	SOC ROC			
Enter Code	 No → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable at DC Yes 	FU DC			
M1307. The OI	dest Stage 2 Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)	DC			
Enter Code	1. Was present at the most recent SOC/ROC assessment 2. Developed since the most recent SOC/ROC assessment. Record date pressure ulcer first identified:				
	NA. No Stage 2 pressure ulcers are present at discharge				
M1311. Currer	t Number of Unhealed Pressure Ulcers/Injuries at Each Stage				
Enter Number	Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.	SOC ROC FU(o)			
	A1. Number of Stage 2 pressure ulcers - If 0 → Skip to M1311B1, Stage 3	DC			
Enter Number	A2. Number of these Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
Enter Number	Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.	SOC ROC FU(o)			
Ш	B1. Number of Stage 3 pressure ulcers - If 0 → Skip to M1311C1, Stage 4	DC			
Enter Number	B2. Number of these Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
Enter Number	Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.	SOC ROC			
	C1. Number of Stage 4 pressure ulcers - If $0 \rightarrow$ Skip to M1311D1, Unstageable: Non-removable dressing/device	FU(o) DC			
Enter Number	C2. Number of these Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
Enter Number	Unstageable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	soc			
	D1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If $0 \rightarrow Skip$ to M1311E1, Unstageable: Slough and/or eschar	ROC FU(o) DC			
Enter Number	D2. Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
Enter Number	Unstageable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	soc			
	E1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M1311F1, Unstageable: Deep tissue injury	ROC FU(o) DC			
Enter Number	E2. Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
Enter Number	Unstageable: Deep tissue injury	SOC			
	F1. Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable	ROC FU(o) DC			
Enter Number	F2. Number of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC	DC			
M1322. Currer	t Number of Stage 1 Pressure Injuries	soc			
	non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have ing; in dark skin tones only it may appear with persistent blue or purple hues.	ROC FU(o)			
Enter Code	0	. 5(5)			
	1 2				
	3 4 or more				
Excludes press	of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable ure ulcer/injury that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough or deep tissue injury.	SOC ROC FU(o)			
Enter Code	1. Stage 1 2. Stage 2 3. Stage 3 4. Stage 4	DC			
	NA Patient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries	SHP			

DASIS-E	Section M	Skin Conditions
	•	
		re at least one Unhealed Pressure Ulcer/Injury at Stage 2 or Higher or designated as Unstageable? ROO ROO ROO ROO ROO ROO ROO R
Enter Code	F	 o → Skip to M1322, Current Number of Stage 1 Pressure Injuries at SOC/ROC; Skip to M1324, Stage of Most roblematic Unhealed Pressure Ulcer/Injury that is Stageable at DC es
/11307. The Ol	dest Stage 2	Pressure Ulcer that is present at discharge: (Excludes healed Stage 2 pressure ulcers)
Enter Code		/as present at the most recent SOC/ROC assessment eveloped since the most recent SOC/ROC assessment. Record date pressure ulcer first identified:
		o Stage 2 pressure ulcers are present at discharge
//1311. Curren	t Number of	Unhealed Pressure Ulcers/Injuries at Each Stage
Enter Number	_	: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. Description of present as an intact or open/ruptured blister.
	A1. N	umber of Stage 2 pressure ulcers - If 0 → Skip to M1311B1, Stage 3
Enter Number	A2. N	umber of these Stage 2 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number		: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough present but does not obscure the depth of tissue loss. May include undermining and tunneling.
	B1. N	umber of Stage 3 pressure ulcers - If 0 → Skip to M1311C1, Stage 4
Enter Number	B2. N	umber of these Stage 3 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number		: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts ound bed. Often includes undermining and tunneling.
	C1. N	umber of Stage 4 pressure ulcers - If 0 → Skip to M1311D1, Unstageable: Non-removable dressing/device
Enter Number	C2. N	umber of these Stage 4 pressure ulcers that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstag	eable: Non-removable dressing/device: Known but not stageable due to non-removable dressing/device
		umber of unstageable pressure ulcers/injuries due to non-removable dressing/device If 0 → Skip to M1311E1, Unstageable: Slough and/or eschar
Enter Number	D2. N	umber of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstag	eable: Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar
		umber of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar If 0 → Skip to M1311F1, Unstageable: Deep tissue injury
Enter Number	E2. N	umber of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
Enter Number	Unstag	eable: Deep tissue injury
	F1. N	umber of unstageable pressure injuries presenting as deep tissue injury If 0 → Skip to M1324, Stage of Most Problematic Unhealed Pressure Ulcer/Injury that is Stageable
Enter Number	F2. N	umber of these unstageable pressure ulcers/injuries that were present at most recent SOC/ROC - enter how many were noted at the time of most recent SOC/ROC
/11322. Curren	t Number of	Stage 1 Pressure Injuries
		le redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have cin tones only it may appear with persistent blue or purple hues.
Enter Code	0	
	1	
	2 3 4 or mo	re
11324 Stone		
_	ure ulcer/inju	y that cannot be staged due to a non-removable dressing/device, coverage of wound bed by slough
Enter Code	1. S	tage 1
	2. 8	tage 2
		tage 3 tage 4
		atient has no pressure ulcers/injuries or no stageable pressure ulcers/injuries

M1330. Does th	is patient have a Stasis Ulcer?	SOC
Enter Code	 No → Skip to M1340, Surgical Wound Yes, patient has BOTH observable and unobservable stasis ulcers Yes, patient has observable stasis ulcers ONLY Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound 	ROC FU(o) DC
M1332. Curren	t Number of Stasis Ulcer(s) that are Observable	SOC ROC
Enter Code	 One Two Three Four 	FU(o)
M1334. Status	of Most Problematic Stasis Ulcer that is Observable	SOC
Enter Code	 Fully granulating Early/partial granulation Not healing 	ROC FU(o) DC
M1340. Does th	nis patient have a Surgical Wound?	SOC
Enter Code	 No → Skip to N0415, High-Risk Drug Classes: Use and Indication Yes, patient has at least one observable surgical wound Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication 	FU(o) DC
M1342. Status	of Most Problematic Surgical Wound that is Observable	SOC
Enter Code	Newly epithelialized Fully granulating Early/partial granulation Not healing	FU(o) DC



		000
//1330. Does th	is patient have a Stasis Ulcer?	SOC ROC
Enter Code	 No → Skip to M1340, Surgical Wound Yes, patient has BOTH observable and unobservable stasis ulcers Yes, patient has observable stasis ulcers ONLY Yes, patient has unobservable stasis ulcers ONLY (known but not observable due to non-removable dressing/device) → Skip to M1340, Surgical Wound 	DC
11332. Curren	t Number of Stasis Ulcer(s) that are Observable	soc
Enter Code	1. One 2. Two 3. Three 4. Four	ROC
/11334. Status	of Most Problematic Stasis Ulcer that is Observable	SOC
Enter Code	Fully granulating Early/partial granulation Not healing	ROC DC
/1340. Does th	nis patient have a Surgical Wound?	SOC
Enter Code	 No → Skip to N0415, High-Risk Drug Classes: Use and Indication Yes, patient has at least one observable surgical wound Surgical wound known but not observable due to non-removable dressing/device → Skip to N0415, High-Risk Drug Classes: Use and Indication 	ROC DC
/11342. Status	of Most Problematic Surgical Wound that is Observable	SOC
Enter Code	Newly epithelialized Fully granulating Early/partial granulation Not healing	ROC DC

M2001 Drug R	egimen Review	SOC
_	drug regimen review identify potential clinically significant medication issues?	ROC
Enter Code	 No - No issues found during review → Skip to M2010, Patient/Caregiver High-Risk Drug Education Yes - Issues found during review NA - Patient is not taking any medications → Skip to M2102, Types and Sources of Assistance 	
oid the agency	tion Follow-up contact a physician (or physician-designee) by midnight of the next calendar day and complete mmended actions in response to the identified potential clinically significant medication issues?	SOC ROC
Enter Code	0. No 1. Yes	
M2005. Medica	tion Intervention	TDE
	contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next ch time potential clinically significant medication issues were identified since the SOC/ROC?	TRF DC
Enter Code	 No Yes NA - There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications 	
las the patient/	Caregiver High-Risk Drug Education caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, etc.) and how and when to report problems that may occur?	SOC ROC
Enter Code	 No Yes NA Patient not taking any high-risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications 	
At the time of, o other health car	/Caregiver Drug Education Intervention r at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or e provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and o report problems that may occur?	TRF DC
Enter Code	O. No No Patient not taking any drugs	
Patient's curren	ement of Oral Medications t ability to prepare and take <u>all</u> oral medications reliably and safely, including administration of the correct dosage te times/intervals. <u>Excludes</u> injectable and IV medications. (NOTE: This refers to ability, not compliance or willingness.)	SOC ROC DC
Enter Code	 Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times. Able to take medication(s) at the correct times if: individual dosages are prepared in advance by another person; OR another person develops a drug diary or chart. Able to take medication(s) at the correct times if given reminders by another person at the appropriate times Unable to take medication unless administered by another person. No oral medications prescribed. 	
Patient's curren	ement of Injectable Medications t ability to prepare and take <u>all</u> prescribed injectable medications reliably and safely, including administration of at the appropriate times/intervals. Excludes IV medications.	SOC ROC FU(o)
Enter Code	 Able to independently take the correct medication(s) and proper dosage(s) at the correct times. Able to take injectable medication(s) at the correct times if: individual syringes are prepared in advance by another person; OR another person develops a drug diary or chart. Able to take medication(s) at the correct times if given reminders by another person based on the frequency of the injection Unable to take injectable medication unless administered by another person. No injectable medications prescribed. 	
		Ш,

OASIS-D Medications

DASIS-E	Section N	Medications		
OC/ROC and	Discharge			
		s: Use and Indication		
1. Is tak		s. Use and mulcation		
Check pharm 2. Indica	if the patient is t nacological classi ation noted	taking any medications by ification, not how it is used, in the	1. Is Taking	2. Indication Noted
	umn 1 is checked dications in the d	I, check if there is an indication noted for Irug class	L Chock all	that apply I
A.	Antipsychotic		↓ Crieck all	that apply ↓
E.	Anticoagulant			
F.	Antibiotic			
H. I.	Opioid Antiplatelet			
J.		(including insulin)		
Z.	None of the abo			
_	egimen Review			
id a complete	drug regimen rev	view identify potential clinically significant medication issues	s?	
Enter Code	1. Yes -	No issues found during review \rightarrow Skip to M2010, Patien - Issues found during review Patient is not taking any medications \rightarrow Skip to O0110,		
12003. Medica	tion Follow-up			
		an (or physician-designee) by midnight of the next calendar s in response to the identified potential clinically significant		
Enter Code	0. No 1. Yes			
oid the agency		n plete physician (or physician-designee) prescribed/recomm clinically significant medication issues were identified since		the next
Enter Code		There were no potential clinically significant medication iss medications	ues identified since SOC/ROC	C or patient is not taking
las the patient/	caregiver receive etc.) and how an 0. No 1. Yes NA Patie	-Risk Drug Education ed instruction on special precautions for all high-risk medical d when to report problems that may occur? ent not taking any high-risk drugs OR patient/caregiver fully all high-risk medications		
Patient's curren	te times/intervals	e and take <u>all</u> oral medications reliably and safely, including s. <u>Excludes</u> injectable and IV medications. (NOTE: This refe	ers to ability, not compliance o	r willingness.)
Enter Code	1. Able a. b. 2. Able 3. <u>Unab</u>	to independently take the correct oral medication(s) and protost to take medication(s) at the correct times if: individual dosages are prepared in advance by another person develops a drug diary or chart. to take medication(s) at the correct times if given remindent to take medication unless administered by another personal medications prescribed.	erson; <u>OR</u> s by another person at the app	
12030. Manag	ement of Injecta	ble Medications		
		e and take <u>all</u> prescribed injectable medications reliably and e times/intervals. <u>Excludes</u> IV medications.	d safely, including administrati	ion of
Enter Code	1. Able a. b. 2. Able 3. <u>Unab</u>	to independently take the correct medication(s) and proper to take injectable medication(s) at the correct times if: individual syringes are prepared in advance by another per another person develops a drug diary or chart. to take medication(s) at the correct times if given remindent to take injectable medication unless administered by another person developed.	erson; <u>OR</u> s by another person based on	

	za Vaccine Data Collection Period	TRF DC
Does this episo	de of care (SOC/ROC to Transfer/Discharge) include any dates on or between October 1 and March 31?	
Enter Code	0. No → Skip to M1051, Pneumococcal Vaccine	
	1. Yes → Continue to M1046, Influenza Vaccine Received	
M1046. Influen	za Vaccine Received	TRF
Did the patient	receive the influenza vaccine for this year's flu season?	DC
Enter Code	1. Yes ; received from your agency during this episode of care (SOC/ROC to Transfer/Discharge)	
	2. Yes; received from your agency during a prior episode of care (SOC/ROC to Transfer/Discharge)	
	3. Yes; received from another health care provider (for example, physician, pharmacist)	
	4. No ; patient offered and declined	
	5. No ; patient assessed and determined to have medical contraindication(s)	
	6. No ; not indicated - patient does not meet age/condition guidelines for influenza vaccine	
	7. No ; inability to obtain vaccine due to declared shortage	
	8. No ; patient did not receive the vaccine due to reasons other than those listed in responses 4-7.	
M1051. Pneum	ococcal Vaccine	TRF
Has the patient	ever received the pneumococcal vaccination (for example, pneumovax)?	DC
Enter Code	0. No	
	1. Yes [Go to M2005 at TRN; Go to M1242 at DC]	
M1056. Reason	n Pneumococcal Vaccine not received	TRF
If patient has ne	ever received the pneumococcal vaccination (for example, pneumovax), state reason:	DC
Enter Code	1. Offered and Declined	
	2. Assessed abd determined to have medical contraindication(s)	
	3. Not indicated; patient does not meet age/condition guidelines for Pneumococcal Vaccine	
	4. None of the above	
M2200. Therap	y Need	
-	alth plan of care for the Medicare payment episode for which this assessment will define a case mix group, what is	SOC
	ped for therapy visits (total of reasonable and necessary physical, occupational, and speech-language pathology	ROC
)? (Enter zero ["000"] if no therapy visits indicated.)	FU(o)
	Number of therapy visits indicated (total of physical, occupational and speech-language pathology combined).	
	NA - Not Applicable: No case mix group defined by this assessment.	₽ ¢
		_

OASIS-D Patient History (continued)

SOC/ROC and			
	Discharge		
orro. Specia	I Treatments, Procedures, and Programs	a. On Admission	c. At Discharge
	following treatments, procedures, and programs that apply.	↓ Check all	that apply ↓
ancer Treatm	ents		
	notherapy		
	A2. IV A3. Oral		
	A10. Other		
B1. Radia			
espiratory Th	nerapies		
C1. Oxyg			
	C2. Continuous C3. Intermittent		
	24. High-concentration		
D1. Suction			
	O2. Scheduled		
	O3. As needed		
	neostomy Care ive Mechanical Ventilator (ventilator or respirator)		
	nvasive Mechanical Ventilator		
	G2. BIPAP		
C	G3. CPAP		
incer Treatm			
H1. IV Me	edications d2. Vasoactive medications		
	12. Vasoactive medications 13. Antibiotics		
	14. Anticoagulation		
H	110. Other		
	fusions		
J1. Dialys			
	2. Hemodialysis 3. Peritoneal dialysis		
O1. IV Ac			
C	D2. Peripheral		
	O3. Mid-line		
	04. Central (e.g., PICC, tunneled, port)		
Z1. None	of the Above	П	
	za Vaccine Data Collection Period		
	de of care (SOC/ROC to Transfer/Discharge) include any dates on or between	en October 1 and March 31?	
Enter Code	0. No → Skip to M2401, Intervention Synopsis		
	Yes → Continue to M1046, Influenza Vaccine Received		
1046 Influen	I za Vaccine Received		
	receive the influenza vaccine for this year's flu season?		
Enter Code	Yes; received from your agency during this episode of care (SO)	C/POC to Transfer/Discharge	
	2. Yes ; received from your agency during this episode of care (SO)	•	
	3. Yes; received from another health care provider (for example, pl		,
	4. No ; patient offered and declined		
	5. No ; patient assessed and determined to have medical contraind		
		es for influenza vaccine	
	8. No ; patient did not receive the vaccine due to reasons other than	n those listed in responses 4-7	7.
	 No; patient offered and declined No; patient assessed and determined to have medical contrained No; not indicated - patient does not meet age/condition guideline No; inability to obtain vaccine due to declared shortage 	lication(s) es for influenza vaccine	7.

OASIS-D Items Collected at TRF/DC (continued)								
M2401. Intervention Synopsis At the time of or at any time since the most recent SOC/ROC assessment, were the following interventions BOTH included in the physician-ordered plan of care AND implemented? (Mark only one box in each row.)								
Plan/Intervention		No	Yes	Not Applicable				
		↓Check or	nly one box in	each row↓				
for the p lower ex	foot care including monitoring presence of skin lesions on the attremities and patient/caregiver on on proper foot care	0	1	□NA	Patient is not diabetic or is missing lower legs due to congenital or acquired condition (bilateral amputee).			
B. Falls pro	evention interventions	0	1	□NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.			
medicat treatme	sion intervention(s) such as ion, referral for other nt, or a monitoring plan ent treatment	0	1	□NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression; or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.			
D. Interven	tion(s) to monitor and mitigate	0	1	□NA	Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.			
E. Interven	ntion(s) to prevent e ulcers	0	1	□NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.			
	e ulcer treatment based on es of moist wound healing	O	1	□ NA	Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.	1		

M0906. Discharge/Transfer/Death Date shown in section A



OASIS-E	DASIS-E Section Q Participation in Assessment and Goal Setting							
M2401. Interv	vention Synopsis							
						wing interventions BOTH included in the		
ohysician-ordered plan of care AND implemented? (Mark only one box in each row.)								
Plan/Intervention		No	Yes	Not Applicable				
			↓Check or	nly one box in	each row↓			
B. Falls p	revention interve	ntions	0	1	NA	Every standardized, validated multi-factor fall risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no risk for falls.		
medica treatme	esion intervention ation, referral for e ent, or a monitori rent treatment	other	0	1	NA	Patient has no diagnosis of depression AND every standardized, validated depression screening conducted at or since the most recent SOC/ROC assessment indicates the patient has: 1) no symptoms of depression or 2) has some symptoms of depression but does not meet criteria for further evaluation of depression based on screening tool used.		
D. Interve pain	ntion(s) to monite	or and mitigate	0	1	□NA	Every standardized, validated pain assessment conducted at or since the most recent SOC/ROC assessment indicates the patient has no pain.		
	ntion(s) to prever	nt	0	1	□NA	Every standardized, validated pressure ulcer risk assessment conducted at or since the most recent SOC/ROC assessment indicates the patient is not at risk of developing pressure ulcers.		

0

F. Pressure ulcer treatment based on principles of moist wound healing

____ 1

NA

Patient has no pressure ulcers OR has no pressure ulcers for which moist wound healing is indicated.

Q

TRF DC